



SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
23-15	May 7, 2024	FMD, GMD, ISD	1 of 5
SUBJECT:	CLOSEOUT OF WIO	A PROGRAM ACTIVITIES	

I. PURPOSE

The purpose of this directive is to establish a uniform procedure for the closeout of all Workforce Innovation and Opportunity Act (WIOA) program activities.

II. GENERAL INFORMATION

The WIOA closeout period, spanning 60 days after a grant code or Subgrant agreement's term end date or full fund utilization, is a crucial phase in the grant cycle. Within this timeframe, the San Joaquin County Employment and Economic Development Department (EEDD) initiates the submission of a comprehensive closeout package to the state.

During the closeout period, EEDD ensures that all necessary administrative actions and stipulated work related to the grant code or subgrant agreement have been satisfactorily completed by the subrecipient. This process allows for the liquidation of any remaining obligations and facilitates the preparation and transmission of final fiscal and program documents.

This PPD supersedes PPD D-37 Closeout – Grants and Contracts, dated July 1, 2017.

References

- 2 CFR 200.343-345
- WSD 16-05 WIOA Closeout Requirements

Definitions

Contract – A legal instrument by which a subrecipient purchases property or services needed to carry out the project or program under a federal award.

Grant Code – A three- or four-digit code that identifies a particular allocation. The Central Office Workforce Services Division (COWSD) accounts for each allocation by grant code. Therefore, several grant codes exist within a subgrant agreement.

Accrued Expenditures – An obligation for a good or service that has been received within the report period but has not been paid.

Unliquidated Obligations – A formal contractual commitment for a good or service that has not been received and has not been paid for within the report period.

III. POLICY

It is the policy of EEDD that this procedure be complied with, to insure the effective disposition of the grant funds.

This policy is based on EEDD interpretation of WIOA law and subsequent federal, state, and local laws, regulations, and policies and will be reviewed and updated based on any additional federal or state guidance.

IV. PROCEDURE

Preparation for the closeout of a grant code or subgrant agreement should begin three months prior to its closeout period. Subrecipients must close out grant codes or subgrant agreements within 60 calendar days of the term end date or when the funding has been fully utilized, whichever comes first. Formula funds (including Rapid Response and Layoff Aversion) do not need to be closed out until 60 calendar days after the term end date. To accurately report expenses and make any necessary adjusting entries within the period of performance, EEDD will complete the steps below during the suggested timeframes.

Closeout Timelines:

Three months prior to closeout

- Update cash disbursement and expenditure reports in the CalJOBS system as necessary.
- Fully expend program income.

One month prior to closeout

- Identify all unliquidated obligations and work toward finalizing the cost, since no unliquidated obligations can be shown on a closeout report.
- Gather the necessary closeout documents as described in this directive.
- Inform staff that the grant code or subgrant agreement is closing and no staff time can be charged after it is closed out.

 Notify any subrecipients or contractors that all final expenditures or invoices must be submitted by a specific date, and that failure to do so will result in non-payment for goods or services rendered.

During the closeout period

- Do not allow costs of any kind against the agreement.
- Draw down cash to cover all expenses. All cash must be drawn to meet the expenditures incurred when a closeout package is submitted.
- Pay all accrued expenses prior to submitting the closeout package.
 Closeout packages will not be processed until all accrued expenditures are paid.
- Prepare and enter closeout expenditure reports into the CalJOBS system.
- Complete, sign and mail all necessary closeout forms to the following address:

Attn: WIOA Closeout Desk
Financial Management Unit, MIC 69
Central Office Workforce Services Division
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

- Complete and e-mail the End of Project Report to your Project Manager or Regional Advisor, if applicable.
- Return any unexpended cash to the state at the address below. All
 returned funds must be documented with the name of the subrecipient,
 Year of Appropriation (YOA), subgrant agreement number, funding
 stream, grant code, and any other identifying information to allow the
 funds to be returned to the appropriate account.

Attn: Cash Control Unit Fiscal Programs Division, MIC 70 Employment Development Department P.O. Box 826217 Sacramento, CA 94230-6217

As a special caution to subrecipients that will not have ongoing WIOA funding, please note that no WIOA expenditures can take place against the closing grant code or subgrant agreement after the term end date. Prepaying for any required records storage or audits is encouraged. All closeout work that takes place after the term end date must be funded by other sources.

Closeout Package:

A closeout package contains the forms required for a subrecipient to close out a grant code or subgrant agreement. The following matrix should be utilized to determine which forms to submit as part of the closeout package. These forms are included as attachments to this directive.

	WIOA	Closeout	Subrecipient	Subrecipient's	Tax	Property	End of
	Summary of	Status of	Release	assignment of	Cert.	inventory	Project
	Expenditures	Cash		Refunds, etc.		Cert.	Report
Subgrant							
Closeout	Yes	Yes	Yes	Yes	Yes	Yes/No*	Yes**
Grant Code							
ONLY	Yes	Yes	No	No	No	No	Yes**
Closeout							

^{*} Subrecipients are required to submit the Property Closeout Inventory Certification form only when the WIOA program ends or when otherwise notified by the state.

For steps to filling out a closeout packet, refer to <u>WSD 16-05 page 5-8</u> and utilize the forms attached to this directive.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. <u>UPDATE RESPONSIBILITY</u>

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED

PATRICIA VIRGEN

EXECUTIVE DIRECTOR

Patricia Virgen

PV:mm

Attachment 1: WIOA Summary of Expenditures

Attachment 2: Layoff Aversion & Rapid Response Summary of Expenditures

Report & Instructions

Attachment 3: Youth Summary of Expenditures Report & Instructions

Attachment 4: Closeout Status of Cash

^{**} Complete the End of Project Report if the project has ended. This requirement is for all WIOA Governor's Discretionary and 25 Percent Additional Assistance projects.

Attachment 5: Subrecipient Release Attachment 6: Assignment of Refunds Attachment 7: Tax Certification

Attachment 8: Property Inventory Certification Form Attachment 9: End of Project Report

WIOA Summary of Expenditures

Sub	recipient Code:	Grant Type:		
	nt Code:	Report Type:		
	nt Term:	Report Period:		
I.	SUBGRANT INFORMATION	•		
	1. Year of Appropriation			
	2. Report Revision Number			
	3. Subgrant Number			
	4. Subgrant Term			
	5. Total Allotment			\$
	6. Closeout Report (Y/N)			
II.	TOTAL EXPENDITURES (Admin + Program)			\$
III.	ADMINISTRATIVE EXPENDITURES			
	Administrative Cash Expenditures			\$
	2. Administrative Accrued Expenditures			\$
	3. Total Administrative Expenditures			\$
IV.	OTHER REPORTABLE ITEMS (ADMIN)			
	Non-Fed Support (Stand-in)			\$
	2. Unliquidated Obligations			\$
	3. Program Income Earned			\$
	4. Program Income Expended			\$
V.	CUMULATIVE EXPENDITURES (PROGRAM)	Cash Expenditures	Accrued Expenditures	Total Expenditures
	1. Core Self Services			\$
	2. Core Registration Services			\$
	3. Intensive Services			\$
	4. Training Services			\$
	a. Training Payments			\$
	b. Other Training Services			\$
	5. Career Services			\$
	a. Basic			\$
	b. Individualized			\$
	6. Other			\$
	7. Total Program Expenditures			\$
VI.	OTHER REPORTABLE ITEMS (PROGRAM)			
	Non-Fed Support (Stand-In)			\$
	2. Unliquidated Obligations			\$
	a. Unliquidated Obligations – Core and			\$
	Intensive Services			
	b. Unliquidated Obligations – Training Services			\$
	c. Unliquidated Obligations – Other			\$
	3. Program Income Earned			\$
\/''	4. Program Income Expended	Cook Contails at	In Kind Constitution	\$
VII.	, , ,	Cash Contributions	In-Kind Contributions	Total
	Federal Mandated Match State Mandated Match			\$
	2. State Mandated Match			\$
	3. Federal Leveraged Resources			\$
	4. Non-Federal Leveraged Resources			\$

VIII. TOTAL NDWG EXP	NDITURES			
1. Participant Wag	es			\$
2. Participant Fring	ge Benefits			\$
3. Core and Intens	ive Services			\$
4. NDWG – funded	l Training			\$
5. Career Services				\$
a. Basic				\$
b. Individu	alized			\$
6. NDWG – funded	Supportive Services			\$
7. Needs Related F	Payments (NRP)			\$
8. Program Manag	ement and Oversight			\$
a. Admin	strative, excl NRP Processing			\$
b. Other	ncome Expended			\$
9. Other				\$
IX. COMMENTS		<u> </u>		
X. CERTIFICATION				
Name	Title	Phone Number		
Contact Name	Contact Title	Phone Number	Date Submitted	
Signature		Date		

Line Item Instructions

Use the following line item instructions to report expenditure information for WIOA Adult and Dislocated Worker formula funds, Governor's Discretionary funds, 25 Percent Additional Assistance funds, National Dislocated Worker Grant (NDWG) and Special Grants. Section VIII of this report has been added to capture data specific to the NDWG funds based on Department of Labor reporting requirements.

SECTION I. SUBG	SECTION I. SUBGRANT INFORMATION				
Year of Appropriation	The CalJOBS SM system will auto-fill these categories based on the entries made on the General Information screen.				
 Rev. No. Subgrant Number Subgrant Term 					
5. Total Allotment	The CalJOBS SM system will auto-fill this category based on the allotment granted for each program fund stream.				
6. Closeout Report Yes/No	Select "Yes" if filing a closeout report. If you need to revise a line item that the "Yes" was previously selected on, you must select the "Yes" again for that same report period; make the revision, then re-file the closeout.				

SECTION II. TOTAL EXPENDITURES (Administrative and Program) This area will auto-fill based on the entries to Section III and V.

SECTION III. ADM	SECTION III. ADMINISTRATIVE EXPENDITURES				
Administrative Cash Expenditures	Enter the amount of administrative cash expenditures for the grant code. Note – Cash expenditures do <u>not</u> necessarily equal amount of cash drawn. However, when filing a closeout, the expenditures must equal the amount of cash drawn.				
2. Administrative Accrued Expenditures	Since a closeout is being filed the amount shown on this line must be zero.				
3. Total Administrative Expenditures	This line will auto-fill based on the entries to Section III, lines 1 and 2.				

SECTION IV. OTHE	R REPORTABLE ITEMS (ADMIN)
1. Non-Fed	Enter the total amount of Non-Federal Support (if applicable).
Support (Stand- In)	For the definition of "Stand-In Costs" refer to the "Definitions" section of the directive.

2.	Unliquidated Obligations	Since a closeout is being filed the amount shown on this line must be zero.
3.	Program Income Earned	Enter the amount of program income earned.
4.	Program Income Expended	Enter the amount of program income expended. This amount must be equal to the program income earned at the time of closeout.

	ILATIVE EXPENDITURES (PROGRAM) Enter the amount of cumulative ditures for the selected grant code.
1. Core Self Services	Enter the total amount of core self-services expenditures.
2. Core Registration Services	Enter the total amount of core registration expenditures.
3. Intensive Services	Enter the total amount of intensive service expenditures.
4. Training Services	This line will auto-fill based on the information provided in lines 4a and 4b.
4a. Training Payments	Enter the total amount of Training Payments.
4b. Other Training Services	As defined by SB 734 per WSD12-3, line 4b should be reported as zero.
5. Career Services	This line will auto-fill based on the information provided in lines 5a and 5b.
5a. Basic	Enter total amount of basic careers services.
5b. Individualized	Enter the total amount of individualized services.
6. Other	Enter the total amount of other program expenditures that are not included in lines 1, 2, 3, 4a or 4b.
7. Total Program Expenditures	Enter the total cash expenditures in the block provided. The accrued expenditures should be a zero in the block provided. The total must agree with the total expenditures entered for lines 1 through 6 to continue. When filing a quarterly report, this line auto-fills based on the entries to lines 1 through 6.

SECTION VI. OTHER	R REPORTABLE ITEMS (PROGRAM)
Non-Fed Support (Stand-In)	Enter the total amount of Non-Federal Support (if applicable). For the definition of "Stand-In Costs" refer to "Definition of Terms" section.
2. Unliquidated Obligations	Since a closeout is being filed, the amount shown on this line must be zero.
2a. Unliquidated Obligations- Core/Intensive Services	Since a closeout is being filed, the amount shown on this line must be zero.

2b. Unliquidated Obligations- Training Service	Since a closeout is being filed, the amount shown on this line must be zero.
2c. Unliquidated Obligations- Other	Since a closeout is being filed, the amount shown on this line must be zero.
3. Program Incor	ne Enter the amount of program income earned.
4. Program Incor	to the program income earned at the time of closeout.

SE	CTION VII.	MISC	CELLANEOUS ITEMS (Admin and/or Program)
1.	Federal Mandated Match		In the appropriate columns, enter the amount of Cash Contributions and Inkind Contributions. The total column will be auto-filled.
2.	State Mandated Match		This line is not to be used unless directed to do so by the state.
3.	Federal Leveraged Resources		In the appropriate columns, enter the amount of Cash Contributions and Inkind Contributions. The total column will be auto-filled.
4.	Non-Federa Leveraged Resources	I	In the appropriate columns, enter the amount of Cash Contributions and Inkind Contributions. The total column will be auto-filled.

SE		L NDWG EXPENDITURES: Enter the amount of project operator expenditures for elected grant code. These expenditures must equal the total expenditures in on II.
1.	Participant Wages	Enter the total amount of expenditures for participant wages.
2.	Participant Fringe Benefits	Enter the total amount of expenditures for participant fringe benefits.
3.	Core and Intensive Services	Enter the combined total amount of core and intensive service expenditures.
4.	NDWG – funded Training	Enter the total amount of training expenditures funded with NDWG funds.
5.	Career Services	This line will auto-fill based on the information provided in lines 5a and 5b.
5a	. Basic	Enter total amount of basic careers services which is made available to all job seekers and include services such as labor exchange services, labor market

	information, job listings, and information on partner programs.
5b. Individualized	Enter the total amount of individualized services identified in WIOA and described in these proposed regulations are to be provided by Local Areas as appropriate to help individuals to obtain or retain employment.
6. NDWG – funded Supportive Services	Enter the total amount of supportive service expenditures funded with NDWG.
7. Needs Related Payments (NRP)	Enter the total amount of needs-related payment expenditures.
8. Program Management and Oversight	This line will auto-fill based on the entries in line 8a and 8b.
8a. Administrative, excl NRP Processing	Enter the amount of administrative expenditures, excluding any processing costs, expended for any needs-related payments.
8b. Other Income Expended	Enter the amount of expenditures for any non-administrative costs related to the management and oversight of the program.
9. Other	Enter the amount of expenditures for any program costs, not related to participant wages, participant fringe benefits, core and intensive services, training, supportive services, or needs-related payments.

SECTION IX. COMMENTS

Enter any comments in this section.

SECTION X. CERT	SECTION X. CERTIFICATION		
1. Name	Enter the name of the authorized official who will be approving the forms. A signature is required on closeout reports only.		
2. Title	Enter the title of the authorized official.		
3. Phone Number	Enter the phone number of the authorized official.		
4. Contact Name	Enter the name of the contact person to be reached if any questions should arise. The contact person will, in most cases, be the individual who prepares the report.		
5. Contact Title	Enter the contact person's title.		
6. Phone Number	Enter the contact person's phone number.		
7. Date Submitted	Date submitted defaults to the actual date data is being entered.		

WIOA Summary of Expenditures

Subr	recipient Code:	Grant Type:		
Grant Code:		Report Type:		
Grar	nt Term:	Report Period:		
I.	SUBGRANT INFORMATION			
	1. Year of Appropriation			
	2. Report Revision Number			
	3. Subgrant Number			
	4. Subgrant Term			
	5. Total Allotment			\$
	6. Closeout Report (Y/N)			
II.	TOTAL EXPENDITURES (Admin + Program)			\$
III.	ADMINISTRATIVE EXPENDITURES			
	Administrative Cash Expenditures			\$
	2. Administrative Accrued Expenditures			\$
	3. Total Administrative Expenditures			\$
IV.	OTHER REPORTABLE ITEMS (ADMIN)			
	Non-Fed Support (Stand-in)			\$
	2. Unliquidated Obligations			\$
	3. Program Income Earned			\$
	4. Program Income Expended			\$
v.	CUMULATIVE EXPENDITURES (PROGRAM)			Total Expenditures
	Program Cash Expenditures			\$
	2. Program Accrued Expenditures			\$
	3. Total 25% Rapid Response			\$
VI.	OTHER REPORTABLE ITEMS (PROGRAM)			
	1. Non-Fed Support (Stand-In)			\$
	2. Unliquidated Obligations			\$
	3. Program Income Earned			\$
	4. Program Income Expended			\$
VII.	MISCELLANEOUS ITEMS (Admin and/or Program)	Cash Contributions	In-Kind Contributions	Total
	1. Federal Mandated Match			\$
	2. State Mandated Match			\$
	3. Federal Leveraged Resources			\$
	4. Non-Federal Leveraged Resources			\$
VIII.	COMMENTS			
IX.	CERTIFICATION			
IA.	Name Title	Phone Number		
	name Title	Filone Number		
	Contact Name Contact Title	Phone Number	Date Submitt	ed
	Signature	Date		
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Line Item Instructions

Use the following line item instructions to report closeout expenditure information for WIOA 25 Percent Layoff Aversion and Rapid Response funds (Grant Codes 292, 293, 540, and 541).

SECTION I. SUBG	SECTION I. SUBGRANT INFORMATION		
Year of Appropriation	The CalJOBS SM system will auto-fill these categories based on the entries made on the General Information screen.		
 Rev. No. Subgrant Number Subgrant Term 			
5. Total Allotment	The CalJOBS SM system will auto-fill this category based on the allotment granted for each program fund stream.		
6. Closeout Report Yes/No	Select "Yes" on the drop down menu if filing a closeout report. If you need to revise a line item that the "Yes" was previously selected on, you must select the "Yes" again for that same report period; make the revision, then re-file the closeout.		

SECTION II. TOTAL EXPENDITURES (Administrative and Program) This area will auto-fill based on the entries to Section III and V.

SECTION III. ADM	SECTION III. ADMINISTRATIVE EXPENDITURES		
Administrative Cash Expenditures	Enter the amount of administrative cash expenditures for the grant code. Note — Cash expenditures do <u>not</u> necessarily equal amount of cash drawn. However, when filing a closeout, the expenditures must equal the amount of cash drawn.		
2. Administrative Accrued Expenditures	Since a closeout is being filed the amount shown on this line must be zero.		
3. Total Administrative Expenditures	This line will auto-fill based on the entries to Section III, lines 1 and 2.		

SECT	TION IV. OTHE	R REPORTABLE ITEMS (ADMIN)
	Non-Fed Supp	Enter the total amount of Non-Federal Support (if applicable).
(5	Stand-In)	For the definition of "Stand-In Costs" refer to the Definitions section in the
		directive.
2. U	Jnliquidated	Since a closeout is being filed the amount shown on this line must be zero.
С	Obligations	

3.	Program Income Earned	Enter the amount of program income earned.
4.	Program Income Expended	Enter the amount of program income expended. This amount must be equal to the program income earned at the time of closeout.

SECTION V. CUMULATIVE EXPENDITURES (PROGRAM) Enter the amount of cumulative expenditures for the selected grant code.		
Program Cash Expenditures	Enter the amount of program cash expenditures.	
2. Program Accrued Expenditures	Since a closeout is being filed, the amount shown on this line must be zero.	
3. Total 25% Rapid Response	This line will auto-fill based on entries to lines 1 and 2.	

SE	SECTION VI. OTHER REPORTABLE ITEMS (PROGRAM)		
1.	Non-Fed Supp (Stand-In)	Enter the total amount of Non-Federal Support (if applicable). For the definition of stand-in costs, refer to the "Definitions" section of the directive.	
2.	Unliquidated Obligations	Since a closeout is being filed, the amount shown on this line must be zero.	
3.	Program Income Earned	Enter the amount of program income earned.	
4.	Program Income Expended	Enter the amount of program income expended. This amount must be equal to the program income earned at time of closeout.	

SE	SECTION VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM)		
1.	Federal Mandated Match	In the appropriate columns, enter the amount of Cash Contributions and Inkind Contributions. The total column will be auto-filled.	
2.	State Mandated Match	This line is not to be used unless directed to do so by the state.	
3.	Federal Leveraged Resources	In the appropriate columns, enter the amount of Cash Contributions and Inkind Contributions. The total column will be auto-filled.	

4. Non-Federal	In the appropriate columns, enter the amount of Cash Contributions and In-
Leveraged	kind Contributions. The total column will be auto-filled.
Resources	

SECTION VIII. COMMENTS

Enter any comments in this section.

SECTION IX. CERT	IFICATION
1. Name	Enter the name of the authorized official who will be approving the forms. A signature is required on closeout reports only.
2. Title	Enter the title of the authorized official.
3. Phone Number	Enter the phone number of the authorized official.
4. Contact Name	Enter the name of the contact person to be reached if any questions should arise. The contact person will, in most cases, be the individual who prepares the report.
5. Contact Title	Enter the contact person's title.
6. Phone Number	Enter the contact person's phone number.
7. Date Submitted	Date submitted defaults to the actual date data is being entered.

WIOA Summary of Expenditures

Subrecipient Code:		Grant Type:		
Grant Code:		Report Type:		
Gran	t Term:	Report Period:		
I.	SUBGRANT INFORMATION			
	1. Year of Appropriation			
	2. Report Revision Number			
	3. Subgrant Number			
	4. Subgrant Term			
	5. Total Allotment			\$
	6. Closeout Report (Y/N)			
II.	TOTAL EXPENDITURES (Admin + Program)			\$
III.	ADMINISTRATIVE EXPENDITURES			
	Administrative Cash Expenditures			\$
	Administrative Accrued Expenditures			\$
	Total Administrative Expenditures			\$
IV.	OTHER REPORTABLE ITEMS (ADMIN)			•
	Non-Fed Support (Stand-in)			\$
	Unliquidated Obligations			<u> </u>
	Program Income Earned			\$
	Program Income Expended			\$
		Cash	Accrued	Total
V.	CUMULATIVE EXPENDITURES (PROGRAM)	Expenditures	Expenditures	Expenditures
	1. Youth In-School			\$
	2. Youth Out-of-School			\$
	3. TOTAL PROGRAM EXPENDITURES	\$	\$	\$
	3a.Youth Summer Employment Opportunities			\$
	3b. WIOA Paid and Unpaid Work Experience			\$
VI.	OTHER REPORTABLE ITEMS (PROGRAM)			
	1. Non-Fed Support (Stand-In)			\$
	2. Unliquidated Obligations			\$
	3. Program Income Earned			\$
	4. Program Income Expended			\$
VII.	MISCELLANEOUS ITEMS (Admin and/or Program)	Cash Contributions	In-Kind Contributions	Total
	1. Federal Mandated Match			\$
	2. State Mandated Match			\$
	3. Federal Leveraged Resources			\$
	4. Non-Federal Leveraged Resources			\$
VIII.	COMMENTS			
IX.	CERTIFICATION			
./	Name Title	Phone Number		
	Name Title	FIIOTIC NUITIDEI		
	Contact Name Contact Title	Phone Number	Date Submitt	ed
	Signature	Date		

Line Item Instructions

Use the following line item instructions to report closeout expenditure information for WIOA Youth formula funds only (Grant Code 301).

SECTION I. SUB	SECTION I. SUBGRANT INFORMATION			
Year of Appropriation	The CalJOBS SM system will auto-fill these categories based on the entries made on the General Information screen.			
2. Rev. No.3. SubgrantNumber4. Subgrant Term				
5. Total Allotment	The CalJOBS SM system will auto-fill this category based on the allotment granted for each program fund stream.			
6. Closeout Report Yes/No	Select "Yes" if filing a closeout report. If you need to revise a line item that the "Yes" was previously selected on, you must select the "Yes" again for that same report period; make the revision, then re-file the closeout.			

SECTION II. TOTAL EXPENDITURES (Administrative and Program) This section auto-fills based on the entries to Section III and V.

SECTION III. ADMINISTRATIVE EXPENDITURES		
Administrative Cash Expenditures	Enter the amount of administrative cash expenditures for the grant code. Note — Cash expenditures do <u>not</u> necessarily equal amount of cash drawn. However, when filing a closeout the expenditures must equal the amount of cash drawn.	
Administrative Accrued Expenditures	Since a closeout is being filed, the amount shown on this line must be zero.	
3. Total Administrative Expenditures	This line will auto-fill based on the entries to Section III, lines 1 and 2.	

SECTION IV. OTH	ER REPORTABLE ITEMS (ADMIN)
 Non-Fed Supp (Stand-In) 	Enter the total amount of Non-Federal Support (if applicable). For the definition of "Stand-In Costs," refer to the "Definitions" section of the directive.
Unliquidated Obligations	Since a closeout is being filed, the amount shown on this line must be zero.

3.	Program Income Earned	Enter the amount of program income earned.
4.	Program Income Expended	Enter the amount of program income expended. The amount must be equal to the program income earned at time of closeout.

SECTION V. CUMULATIVE EXPENDITURES (PROGRAM) Enter the amount of cumulative expenditures for the selected grant code.			
1. Youth In-School	Enter the total expenditure amount that was provided for in-school youth activities.		
2. Youth Out-of- School	Enter the total expenditure amount that was provided for out-of-school youth activities. Note – At least 75 percent of youth formula funding must be spent on out-of-school activities.		
Total Program Expenditures	Enter the total expenditures in the block provided. This amount must agree with the total expenditures entered in lines 1 and 2 in order to continue.		
3a. Youth Summer Employment Opportunities	Enter the total amount of expenditures for Summer Employment Opportunities contained within the In-School and Out-of-School total expenditures.		
3b. WIOA Paid and Unpaid Work Experience	Enter the total amount of expenditures for Work Experience, which may include summer employment opportunities, pre-apprenticeship programs, internships/job shadowing, and on-the-job training opportunities contained within the In-School and Out-of-School total expenditures.		

SE	CTION VI. OTH	ER REPORTABLE ITEMS (PROGRAM)
1.	Non-Fed Supp (Stand-In)	Enter the total amount of Non-Federal Support (if applicable). For the definition of "Stand-In Costs", refer to "Definitions" section in this directive.
2.	Unliquidated Obligations	Since a closeout is being filed, the amount shown on this line must be zero.
3.	Program Income Earned	Enter the amount of program income earned.
4.	Program Income Expended	Enter the amount of program income expended. This amount must be equal to program income earned at time of closeout.

SECTION VII. MI	SCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM)
Federal Mandated Match	In the appropriate columns, enter the amount of Cash Contributions and Inkind Contributions. The total column will be auto-filled.

2	State Mandated Match	This line is not to be used unless directed to do so by the state.
3	Federal Leveraged Resources	In the appropriate columns, enter the amount of Cash Contributions and Inkind Contributions. The total column will be auto-filled.
4	Non-Federal Leveraged Resources	In the appropriate columns, enter the amount of Cash Contributions and Inkind Contributions. The total column will be auto-filled.

SECTION VIII. COMMENTS

Enter any comments in this section.

SECTION IX. CERTIFICATION		
1. Name	Enter the name of the authorized official who will be approving the forms. A signature is required only on closeout reports.	
2. Title	Enter the title of the authorized official.	
3. Phone Number	Enter the phone number of the authorized official.	
4. Contact Name	Enter the name of the contact person to be reached if any questions should arise. The contact person will, in most cases, be the individual who prepares the report.	
5. Contact Title	Enter the contact person's title.	
6. Phone Number	Enter the contact person's phone number.	
7. Date Submitted	Date submitted defaults to the actual date data is being entered.	

WORKFORCE INNOVATION AND OPPORTUNITY ACT CLOSEOUT STATUS OF CASH

(Use for all closeouts)

Subrecipient Name and Address		
Subrecipient Code		
Subgrant Number		
Grant Code		
Project Term	to	
Total allocation for this grant code:		
1. How much cash has been drawn down under this grant code?	n 	
2. Total expenditures reported in Section of the WIOA Summary of Expenditure		
3. Unexpended balance to be deobligate	ed?	
	Subrecipient's Authorized Representative	
	Name (please print)	
	Signature	

WORKFORCE INNOVATION AND OPPORTUNITY ACT SUBRECIPIENT RELEASE

(Use only for a full subgrant closeout)

Pursuant to the terms of Subgrant Number	
with a total allocation amount of \$	(dollars/cents)
a total expenditure amount of \$	(dollars/cents)
	(dollars/cents)
(Subrecipien	e's Name and Address)
sum by the State of California, Employment Dev does remit, release, and discharge the state, its liabilities, obligations, claims and demand whatso	
IN WITNESS WHEREOF, this release has been exerged, 20	cuted this day of
	Subrecipient's Authorized Representative
	Name (please print)
	Signature
	 Title

WORKFORCE INNOVATION AND OPPORTUNITY ACT SUBRECIPIENT'S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

(Use only for a full subgrant closeout)

Subrecipient Name	
Subgrant Number	
Street Address	_
City, State, & Zip	
Pursuant to the terms of Subgrant Number, and in consideration of the reimbursement costs agreement and any assignment thereunder the gubrecipient) does hereby do the following:	and payment of fee, as provided in the said
Assign, transfer, set over and release to the (Employment Development Department, the State right, title and interest thereon, arising out of the pthe rights of action accrued or hereafter accrue the	e of California (hereafter called COWSD), all erformance of said subgrant together with all
Agree to take whatever action may be necessary to rebates, credits, or other amounts (including any idue, and forward to COWSD (checks made propertment), for all proceeds so collected. The reacollection shall constitute allowable costs when apolity the said subgrant and may be applied to reduce an under the terms thereof.	nterest thereon), due or which may become bayable to the Employment Development sonable costs of any such action to effect the oproved by the Chief of COWSD, as stated in
Agree to cooperate fully with COWSD as to any clarebates, credits, or other amounts due (including a pleading, application, power of attorney, or other page to represent it at any hearing, trial or other	ny interest thereon); to execute any protest, apers in connection therewith; and to permit
IN WITNESS WHEREOF, this assignment has, 20	been executed on this day of
	Subrecipient's Authorized Representative
	Name (please print)
	Signature
	Title

WORKFORCE INNOVATION AND OPPORTUNITY ACT CLOSEOUT TAX CERTIFICATION

(Use only for a full subgrant closeout)

	Subrecipient's Name
	Employer ID Number
Services Division, Employment Development of employer identification/account numbers, state and local taxes and the provision of W-For present employees, formerly under the amployers Guide. Information on W-2 form r Service publication, "Employer's Tax Guide,"	irements of the law, and the Central Office Workforce Department, State of California, regarding the obtaining, collection, payment, deposit, and reporting of federal 2 forms to employees who are not now my employees award, W-2 forms will be required as per the California reporting requirements is contained in Internal Revenue (Publication 15, Circular E).
IN WITNESS WHEREOF, this certification has beginning	been executed this day of
	Subrecipient's Authorized Representative
	Name (please print)
	Signature
	Title

WORKFORCE INNOVATION AND OPPORTUNITY ACT Property Closeout Inventory Certification Form

(Use this form when no longer funded with WIOA programs)

Subrecipient
☐ I certify that: ☐ all equipment (per unit) ☐ all supplies (aggregate) currently in use has a fair market value of less than \$5,000. We intend to retain, sell or dispose of these items at our discretion. Nothing will be reported to the state.
☐ I certify that: ☐ equipment (per unit) ☐ all supplies (aggregate) with a fair market value of greater than \$5,000 will be used as long as needed on any federally sponsored program. Preference will be given to programs funded by the Employment Training Administration. A completed inventory form is attached.
This GOVERNMENTAL AGENCY states: equipment (per unit) all supplies (aggregate) with a fair market value of greater than \$5,000 will no longer be used in connection with other federally sponsored activity. We will RETAIN these items and reimburse the state the fair market value within 30 days. A completed inventory form is attached.
This GOVERNMENTAL AGENCY states:
This NON-LOCAL AREA states:
This NON-LOCAL AREA states:

Property Closeout Inventory Certification Form

(Use this form when no longer funded with WIOA programs)

Subrecipient Name:	Contact Person:	
Date:	Phone Number:	
We certify that the information provided is correct and accurate.		

Property Information		Acquisition Information		Final Disposition Information		
Description	ID Number	Date Acquired	Cost Basis	Condition	Fair Market Value	Federal program transferred to (if applicable)

Printed Name	
Signature	

WORFORCE INNOVATION AND OPPORTUNITY ACT CLOSEOUT INVENTORY

(Instructions for Completing WIOA Closeout Inventory)

1.	Description	Provide a brief description of the equipment, e.g. Dell Computer Optiplex GX1. Dell Trinitron monitor.
2.	ID Number	Enter the identification number used to track the equipment for inventory control; e.g., manufacturer's serial number, model number, Federal stock number, national stock number, WIOA Tag number, or other identification number.
3.	Date Acquired	Enter the date the equipment was acquired (or date received), if the equipment was furnished by the federal government.
4.	Cost Basis	Enter the per unit cost of equipment or the aggregate cost of supplies at the time of procurement.
5.	Condition	Enter the condition of the equipment or supplies (good, fair, poor, not working, etc.) at the time of disposal.
6.	Fair Market Value	Enter the fair market value of each inventory listing. Use the instructions provided to determine the best way to compute the fair market value.
7.	Federal program transferred to	Provide the name of another federal program the inventory will be transferred to (if applicable).

WORKFORCE INNOVATION AND OPPORTUNITY ACT END OF PROJECT REPORT

Instructions: Submit the End of Project Report within 60 days of the project end date. E-mail the completed report to your assigned Project Manager or Regional Advisor. Address questions regarding the completion of the report to your Project Manager or Regional Advisor.

Subrecipient Name	Date	
Contact Person	Phone	
Subgrant #	Grant Code	
Project Name		

1. Complete the table below. In columns one and two, list the project's required performance measures and goals, as indicated in the Solicitation for Proposal. In column three, list the planned total number of participants to be enrolled in the project, and the planned number of participants to achieve each performance measure. In column four, enter the planned performance goal for each performance measure. Note — the percentages in column four should be greater than or equal to those in column two. In column five, list the actual number of participants to achieve each performance measure, as reported in CalJOBSSM. In column six, calculate the actual performance achieved for each performance measure as a percentage of the planned goal (e.g., divide the actual number of participants to achieve each performance measure by the number of participants that were planned to achieve each performance measure).

State Required Project Performance Measures & Goals		Subrecipient's Project Plan Goals		Subrecipient's CalJOBS SM Reported Performance	
		Total # of participants			
Performance Measures	Performance Goals	Planned # of Participants (A)	Planned Performance Goal	Actual # of Participants (B)	Actual % achieved of Planned Goal (B/A)
	%		%		%
	%		%		%
	%		%		%
	%		%		%

2.	List any other project objectives and provide the outcomes achieved. Note – You can also	o add
	other outcomes resulting from your project.	

Other Project Objectives	Outcomes Achieved
1.	
2.	
3.	
4.	

11. Additional comments:

	Other Project Objectives	Outcomes Achieved	
	1.		
	2.		
	3.		
	4.		
3. \	Nhat were your project's greatest achiever	ments?	
4. F	Please share at least two of your best pract	ices.	
5. What role did your partners play and how was their role beneficial to the project?			
6. What project implementation and operational challenges did you encounter and what steps did you take to overcome them?			s did
	7. Did you make any changes to the original project design after the initial subgrant was established? If yes, what changes did you make and why.		
8. What other resources and/or technical assistance would have been helpful?			
9. \	What did you learn from this experience an	d how will it change the way you do business?	
10. Will this project be continued in the future (with or without WIOA funds)?			