



Massachusetts Service Alliance Program Year Closeout



Organizational Information

Organization: Insert legal name of the entity.

Organization Address: Insert address of the legal organization.

Federal ID #: Insert the Federal Identification number.

Period Covered by Report: Begin with the end date from the last expenditure report and end with the current date.

Contact Name and Telephone Number: Insert the name of the individual to contact if there are any questions concerning this report.

Grant #: Insert the grant number listed on your cooperative agreement

Grant Award: Amount of funds granted to the Agency for this initiative.

Date Prepared: Insert the date the request is prepared.

Fiscal Information

This form is used to closeout funds for program year. It must be accompanied by a completed Expenditure Report.

Line A

This is the total of funds budgeted for the grant period. This information can be found on the last approved budget amendment.

Line B

This is the total of Alliance funds actually paid out and received by the Agency to date.

Line C

This information can be found on the final Financial Status Report submitted, column III, Line g.

Line D

If agency has received more payments/advances than actual CNCS expenditures, attach a check payable to the Massachusetts Service Alliance for the difference.

Line E

If the total CNCS federal budget for the grant period is greater than total CNCS federal share of expenditures the agency will have a carryover balance.

Certification

Sign and date the form and submit it to the Program Officer for approval.

