

Ack. Recpt. _____

Date _____

NOTICE OF ML PROJECT COMPLETION

SUB-RECIPIENT _____ PROJECT NO. _____

PROJECT TITLE _____

PROJECT PERIOD: From _____ To _____

TOTAL FUNDS EXPENDED \$ _____

1. All project activities have been completed? _____ YES _____ NO
If "No" - briefly explain why.

2. Records to backup all expenditures are available in event of state or federal audit? _____ YES _____ NO
(All records will be retained for three years, either after the end of the project period, or after final audit is resolved, and equipment records will be retained three years after non-expendable equipment is properly disposed.)

Location of Records: _____

3. Was equipment acquired under this project? _____ YES _____ NO

COMPLETE THE FOLLOWING WITH YES OR NO:

_____ 1. Project disbursements are equal between expenditure ledgers and documents.

_____ 2. Expenditures are all listed in their respective categories.

_____ 3. Both the final Financial Report and final Progress Report have been submitted to IDJC.

_____ 4. Special project conditions were adhered to.

_____ 5. All equipment purchased with ML funds has been recorded and property inventory reports submitted to IDJC.

CERTIFICATION: I HEREBY CERTIFY that the following reports represent actual receipt and expenditure of funds for the period covered and for the total project to date, and made in accordance with the approved budget for the above-named project.

DATE

SIGNATURE OF FINANCIAL OFFICER

DATE

SIGNATURE OF PROJECT DIRECTOR

MAIL TO: Dept. of Juvenile Corrections
Grants Section
PO Box 83720
Boise ID 83720-0285

NOTICE OF ML PROJECT COMPLETION, page 2

To be completed if there was any equipment purchased, in whole or in part, greater than \$300 with ML funds.

Sub-recipient: _____

Project Title: _____

Project Number: _____

Description of Property: _____

Serial Number or Other ID Number: _____

Property Purchased From: _____

Titleholder of Property: _____

Acquisition Date: _____ Cost of Property: \$ _____

Percentage of ML funds used to purchase property/equipment: _____

Location of Property: _____

Equipment/Property Purchased as: New _____ Used _____

Condition of Equipment/Property: _____

If Applicable: Disposal Date: _____ Sale Price: _____

(Use additional pages if necessary. Attach any applicable property records or materials.)

Property Management Notes:

Other recipient and sub-recipient procedures for maintaining equipment (including replacement), whether acquired in whole or in part with project funds, will, at a minimum, meet the following requirements:

Property records must be maintained which include:

- a. Description of the property;
- b. Serial number or other identification number;
- c. Source of the property;
- d. Identification of title holder;
- e. Acquisition date;
- f. Cost of the property;
- g. Percentage of State participation in the cost of the property;
- h. Location of the property;
- i. Use and condition of the property; and
- j. Disposition data, including the date of disposal and sale price.

A physical inventory of the property must be taken and the results reconciled with the property records at least once every 2 years.

A control system must exist to ensure adequate safeguards to prevent:

- a. Loss;
- b. Damage; or
- c. Theft of the property

Any loss, damage, or theft shall be promptly and properly investigated by the recipient and sub-recipient, as appropriate.

Adequate maintenance procedures must exist to keep the property in good condition.

If the recipient or sub-recipient is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.

Source: "Property and Equipment" Financial Guide 2008, U.S. Department of Justice

Recpt _____

Date: _____

ML PROJECT SUMMARY REPORT PAGE 1

SUBRECIPIENT: _____

ADDRESS: _____

TELEPHONE: _____

PROJECT NO: _____

AWARD AMOUNT: _____

PROJECT PERIOD: _____

NUMBER OF VOLUNTEERS FOR PROJECT: _____ TOTAL HOURS: _____

1. Is this project continuing? _____ Yes _____ No
How is it being funded? (Client fees, grants, donations, etc)

2. What was the assessed need for your program and to what extent did you meet the needs(s)?

DATE

SIGNATURE OF PROJECT DIRECTOR

ML PROJECT SUMMARY REPORT
PAGE 2

3. What were the strengths, accomplishments, and successful features of your program? Did you try anything innovative? If so, please explain.

4. Identify challenges that you encountered in implementing your program and explain any steps that were taken to overcome those problems.

5. Other comments. Attach additional sheets if necessary.

TARGET POPULATION
DEMOGRAPHIC REPORT

Sub-Recipient: _____

Project Number: _____

Enter Number of Juveniles Served by this Project

Juveniles should be counted **only once** in each category, as appropriate.

Total Juveniles Served: _____

Race/Ethnicity:

_____ American Indian/Alaskan Native

_____ Black/African American

_____ Hispanic or Latino (of any race)

_____ Native Hawaiian/ Pacific Islander

_____ Other race

_____ White/Caucasian

Gender:

_____ Male

_____ Female

Age:

_____ Under 11

_____ 12-13

_____ 14-15

_____ 16-17

_____ 18 and Over

Juveniles may be counted **more than once** in each category, as appropriate.

Justice-Related Criteria:

_____ At-risk population (no prior offense)

_____ First time offenders

_____ Repeat offenders

_____ Sex offenders

_____ Status offenders

_____ Violent offenders

High Risk Groups

_____ Mental Health

_____ Pregnant

_____ Substance Abuse

_____ Truant / Dropout

Child Welfare Criteria:

_____ Victims of physical abuse

_____ Victims of psychological abuse

_____ Victims of sexual abuse

_____ Children of substance abuser