Department of Finance and Administration
Agency SWCAP Reconciliation Form

*All information on this form should be typed, saved as a PDF and remitted to **OFA_SWCAP@dfa.ms.gov**.

Our Agency reviewed the total requested fixed cost amount and calculated the amount recovered for the Budget Year as follows:

STATE BUDGET YEAR: _____

(1) Total Fixed Cost Amount Provided by Statewide Cost Allocation Plan Agreement	$
(2) Amount Recovered from Federal Programs (must include lapse activity)	$
(3) Amount Agency Certifies as Non-Recoverable*	$

*Line (3) should be the difference between line (1) and line (2) *(e.g. If line (1) is $10,000 and line (2) is $4,000 then line (3) should be $6,000).*

Our agency certifies the following:

- All funds eligible for recovery from federal programs related to SWCAP have been drawn for the Budget Year and there are no federal draws for indirect costs (which may include SWCAP funds) pending.
- All payments for the Budget Year have been remitted to Department of Finance and Administration.
- Any open receivable amount unpaid to DFA for fixed costs for the Budget Year should be closed.

Agency Information

Agency Name: _____

Business Area: _____

Agency SWCAP Contact Information

Contact Name: _____

Contact Title: _____

Phone Number: _____

E-mail Address: _____

Required Signatures

_____
Agency Accounting Director (Print Name and Title)

_____
Agency Accounting Director (Signature) Date of Signature