Statement of Interest
Return Funds

Applicant Name	
Applicant Unique Entity Identifier	
Applicant Address	
Applicant Point of Contact	

By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001).

** I Agree

Authorized Representative	
Name	
Title	
Signature	

1. Provide amount of obligated funds that cannot be expended during fiscal year, by cost element.

	Non- Distressed	Distressed
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Other		
Indirect Costs		
Total		

2. Do you wish to have your federal share reduced by this amount, or only have the obligation drawn down?

   ☐ Reduce Federal Share and Obligation Value

   ☐ Reduce only Obligation Value

3. Input a narrative explaining why there are funds that cannot be expensed (for example, unexpected vacancy, delay in event).

4. Provide an estimate detailing the new obligation total and showing estimate to complete.

	Award Value	Expensed to date	Estimate to Complete	Estimated Final Cost
Federal				
Non-Federal Share				