Statement of Interest
Requesting Supplemental 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 supplemental funds that are being requested, by cost element.

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

2. Input a narrative detailing the specific costs that are proposed along with the benefit to the APEX Accelerator program.

3. Input a narrative detailing the level of risk you will have in the execution of the requested funds.

4. Provide a spend plan 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				