

**NOTICE OF RETURN OF FUNDS OR PAYMENT OF DEBT OR
OTHER AMOUNT DUE TO HUD**

[to be completed by Grant Manager/Program Action Official]

DATE:

MEMORANDUM FOR: OCFO, Fort Worth Accounting Center

FROM: *Name, Job Title, Assigned Division*

SUBJECT: Advance Notification of the Return of Funds to HUD

The *Field or Program Office* has requested the *Grantee or Payer* to return funds, as specified below:

Grantee/Payer Information:

Grantee/Payer Name: _____

Tax Identification Number: _____

Grant/Project Number: _____

Budget Line Item⁽¹⁾ (if applicable): _____

Amount to be Returned: \$ _____

⁽¹⁾ Budget Line Item refers to category to which funds will be refunded (only applies to certain grants/projects)

Reason Funds are Being Returned (please place an X next to reason):

- _____ Excessive funds drawn - return to line of credit, **available to redraw**
- _____ Excessive funds drawn – return to line of credit and **recapture**
- _____ ⁽²⁾Interest Earned – remit to Dept of Health and Human Services (DHHS)
- _____ **OIG** Audit/Monitoring disallowance
 - Audit Report Number: _____
 - ⁽³⁾Repayment Agreement (Yes/No) _____
 - _____ return to line of credit, available to redraw
 - _____ return to line of credit and recapture
 - _____ return to Treasury

Notes: _____

⁽²⁾Interest earned on advances or on Revolving Loan Fund cash balances are no longer to be paid to HUD as of 12/26/2014, per 2 CFR, Part 200.305(b)(9). Payment should be made to the Department of Health and Human Services, Division of Payment Management. For payment instructions, phone: 877-614-5533.

⁽³⁾If **YES**, include on **Program Debt/Repayment Agreement Inventory Worksheet**
If you have any questions or require further information, please contact me at **Telephone Number**
or by email at **Email Address**.