

# FEMA Return of Funds Form

To return funds to FEMA, mail the completed Return of Funds Form and check to the appropriate lockbox address below. If the payment is sent via another method please email the completed form to [fema-finance-accountsreceivable-deposits@fema.dhs.gov](mailto:fema-finance-accountsreceivable-deposits@fema.dhs.gov)

Note: Form may be completed by FEMA Grant POC and provided to grantee. If not provided, grantee should complete all applicable fields.

Grantee Name:		EIN:
Contact Name:		Contact Email/Tel:
Payment System Used :	<input type="checkbox"/> PARS <input type="checkbox"/> AFG <input type="checkbox"/> HHS/PMS <input type="checkbox"/> Lost Wages <input type="checkbox"/> Other: _____	
Check #:	Total Check Amount:	Check Date:

Grant Number	ACCS Line/Funding Information	Type of Return	Return Funds to Award	Amount
<b>Total:</b>				

## Instructions:

**Grantee Name.** Name of the grantee returning the funds. It should match the name on the SF-424 for the award(s).

**EIN.** Federal Employee Identification Number.

**Contact Name/Email/Tel.** Name and contact information of the form preparer.

**Check #.** List only one check number per form.

**Payment System Used.** Check the appropriate box to indicate the payment system used. If selecting "Other," please provide a description.

**Grant Number and ACCS line/Funding Information.**

- **Program Type.** Include program type (i.e. HMGP, PA, IA-CC-ISP, etc.) for disaster awards along with grant number. Example: FEMA-DR-XX-9999 HMGP.
- **ACCS line.** Located on the obligating document (FEMA Form 76-10) or the period of performance establishment letter for disaster awards.

**Type of Return.**

