Return of Funds to FEMA

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

Note: Complete all fields that you are able to complete.

If the return of funds should be applied against the grant, please select "Refund". If the return of funds is for interest, please select "Interest".

Grantee Name:		**EIN:**	
Contact Name:		**Contact Email/Tel:**	
Payment System Used: PARS AFG HHS/PMS Other:			
Check #:	**Total Check Amount:**	**Check Date:**	

Grant Number	ACCS Line/Funding Information	Refund or Interest	Return Funds to Award	Amount
Total:				

Please use one of the following options to submit payment to FEMA. **Make checks payable to FEMA.**

Lockbox Address:	**Express Mail for Lockbox:**
FEMA	U.S. BANK
P.O. BOX 6200-16	Attn: Government Lockbox
PORTLAND, OR 97228-6200	FEMA Finance Center #6200-16
	17650 NE Sandy Blvd
	Portland, OR 97230
ACH (Automatic Clearing House)	**Fed Wire**
FEMA ABA: 0510-3670-6	Type / Sub Type Code: 1000
Account Number: 540048	Financial Institution: 021030004 TREAS NYC
	Account #: D-70070002-FEMA

Return of Funds to FEMA Instructions

Return of Funds Submissions

1) Grantees have been requested to utilize the *Return of Funds* document when returning funds to FEMA using checks, money order, Automatic Clearing House (ACH), or Fed Wire transfer. Please reference https://www.fema.gov/how-make-payment-fema for further instructions on how to make a payment.

Item Instructions for *Return of Funds* Document

1) ***Grantee Name** – name of the grantee returning the funds. It should match the name on the SF-424 for the award(s).
2) ***EIN** – please enter Federal Employee Identification Number.
3) ***Contact Name/Email/Tel** – enter the name and contact information of the form preparer.
4) ***Check Number** – list only one check per form.
5) ***Check Date** – enter check date.
6) Payment System Used – Check the appropriate box to indicate the payment system that was used. If selecting "Other", please provide a description.
7) ***Total Check Amount** – please enter check amount.
8) Grant Number and ACCS line–
   a. For Disaster awards please include the program type (i.e. HMGP, PA, IA-CC-ISP, etc.) with the grant number. Example: FEMA-DR-XX-9999 HMGP.
   b. The ACCS line can be located on the obligating document for non-disaster awards (i.e. FEMA Form 76-10) or the period of performance establishment letter for disaster awards.
9) Refund or Interest –
   a. For funds being returned due to interest indicate "Interest".
   b. If funds should be applied against the grant, please select "Refund".
10) Return Funds to Award – Select "Yes" if the funds are to be returned to the obligation or select "No" if the grant is closed and should not be returned to the obligation. Please note, if you select yes, the grantee will have the ability to redraw the funds.
11) Amount – Enter the amount that will be return to each individual ACCS line. The total amount must tie to the Total Check Amount(s).

* *Required fields*