

Illinois Community College Board
Finance and Administration
Return of Grant Funds

This form will expedite ICCB's handling of monies previously paid to grantees that must be returned or refunded as the grant funds are on hand with the grantee after the award period has closed.

Grantee Name: _____
 Program/ Grant Name: _____ Grant Agreement #: _____ Fiscal Year: _____

Total Receipts: _____ Total Expenditures: _____ Interest: _____
If Applicable

Total Refund:

Adult Education State, Federal Basic and State Performance Programs Only:

Please provide additional details about the award if it is part of a funding package (e.g. State and/or Federal Basic with State Performance, etc.). If the grant is from a single funding source, then leave this section blank.

<u>Funding Stream</u>	<u>Fiscal Year</u>	<u>Receipts</u>	<u>Expenditures</u>	<u>Interest</u> <i>If Applicable</i>	<u>Amount to be Returned</u>
State Basic					
State Performance					
Federal Basic					
				Total Refund*	

*If returning monies, the total should equal the sum of the check(s).

Grantee Contact for this Return of Grant Funds:

Name: _____
 Title: _____
 Phone: _____ Email: _____

Please enclose the closeout (or final) expenditure report for the grant award to confirm the amount of the return. If the refund amount does not match the documentation on the closeout report or if other information is missing, the check will be returned to the grantee.

Please send check(s) to: **ATTN: JAHDZIA DIAZ**
Senior Director of Finance and Operations
 Illinois Community College Board
 401 East Capital Avenue
 Springfield, IL 62701
 Phone: (217)785-0085

FOR ICCB USE ONLY

State/Federal/Appropriation Code Information: _____