## The University of Alabama in Huntsville Contracts & Grants Accounting HEERF Cost Transfer Form

			DATE:	
			ng transferred. The signed form and ng at CGA@UAH.EDU for further approvals.	
SECTION 1 – Identifica	ation of Costs – (check applic	able box	<u>:)</u>	
A. Implement evid	dence based onitor & suppress COVID	D	Lost Revenue	
B. Conduct outre	ach to financial aid applicants	E	Reimbursement for expenses already incurred	
<u> </u>	ost associated with distance	F	Other (enter description)	
education <b>SECTION 2 – Explana</b> t	tion – The explanation should	<u>address</u>	the questions below:	
·	se prevent and mitigate the spread a , F is checked in Section 1)	and transn	nission of COVID-19 at UAH?	
2. How does the expense relate to outreach to financial aid applicants about the opportunity to receive financial aid adjustment due to the recent unemployement of a family member or independent student, or other circumstances described in section 479A of the HEA. (only answer if B is checked in Section 1)				
3. Are the expenses reas	sonable and necessary? If so, expla	ain.		
<ol> <li>Explain the source of the lost revenue associated with the COVID-19 pandemic. Attach support that meets the lost revenue requirements.</li> </ol>				
See FAQ: https://www2.ed.gov/about/offices/list/ope/heerflostrevenuefaqs.pdf				
5. Use this space for additional remarks				

NOTE: Generic or incomplete justifications will be returned to the preparer for additional explanation

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J # SECTION 4 - Transfer Cost DATE: TO: Budget Unit to be Charged Index# Fund# Account Code FROM: Budget Unit to be Credited Index# Fund# Account Code Quantity Description Unit Price Total Amount **TOTAL** <u>SECTION 5 - Certification (Secure digital signatures are acceptable)</u> **Document Total** I certify that the above mentioned costs are appropriate charges to the project. **Budget Unit** CREDITED: Print Signature Date Budget Unit CHARGED: Print Signature Date SECTION 6 - Approvals - CGA Use Only CGA Accountant Print Signature Date \*Director, CGA: Print Date

\*Required when cost transfer is over 90 days