

**New Jersey Department of Health
Accounting and Procurement
P.O. Box 360
Trenton, NJ 08625-0360**

**STATEMENT OF INTEREST EARNED FROM ADVANCED PAYMENTS
DEPOSITED INTO AN INTEREST BEARING ACCOUNT**

*This statement is to be submitted on an annual basis and will be due no later than 20 days after the end of the agency's fiscal year.
Only one statement is required to be submitted for all Grants awarded to your agency.*

SUBMIT THIS FORM ALONG WITH CHECK TO ABOVE ADDRESS

NAME OF AGENCY		FEDERAL ID NUMBER
ADDRESS		
AGENCY'S FISCAL YEAR ENDS:	NJDOH GRANT(S):	INTEREST BEARING ACCOUNT NO.:
NAME OF BANK		
BRANCH NAME		

Interest Earned	Amount
Total Interest Earned During Fiscal Year Ending.....	_____
Less \$500.....	_____
Balance To Be Remitted.....	_____

I certify that an interest bearing account has been established.
All funds received are deposited upon receipt to this account.

NAME (Print)	SIGNATURE	DATE
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In accordance with Subpart F of the "Terms and Conditions for Administration of Grants", grantees that receive less than \$250,000 in Federal and State awards per year will not be required to deposit funds received on the advanced payment system into an interest-bearing account, but if a grantee chooses to deposit the grant funds into an interest-bearing account, then the grantee must submit any interest earned over \$500 to the Department. If a grantee receives \$250,000 or more in Federal and State awards per year, the grantee must deposit all grant funds received on the advance payment system into an interest-bearing account and submit any interest earned over \$500 directly to the New Jersey Department of Health at the address listed above. The grantee may keep interest amounts up to \$500 per year for administrative expenses.