Data Entry: Edit - OMB# 1820-XXXX

| N | 601 | '601' | | all_open | 6 | | 'Partially Saved' |
|---|--------|--------------|------------------------------------|----------|--------|--|-------------------|
| | update | <u>S</u> ave | Mark as Complete and Submit to RSA | | Cancel | | |
| 1 | 20205 | 20205 | | | | | |

Grant Reallotment Form

The Rehabilitation Act of 1973, as amended, authorizes the Commissioner of the Rehabilitation Services Administration (RSA) to reallot to other grant recipients that portion of a recipient's annual grant that cannot be used. To maximize the use of appropriated funds under the formula grant programs, RSA has developed the Grant Reallotment Form. Each formula grant recipient is required to submit this form to RSA in order to determine whether the grantee is relinquishing grant funds, requesting additional grant funds, or seeking no change in the current award amount. If ample funds are not relinquished, RSA will exercise its discretion to cancel any scheduled reallotment for each program. RSA will notify grantees if a reallotment has been cancelled.

Grantee Name: (Entered Automatically, End-user Data Entry Not Required)
Address: (Entered Automatically, End-user Data Entry Not Required)

Due Date: 08/15/2010

| Program | PR Award ID | Grant Award Total | Amount Relinquished | Amount Requested | Additional Amount Approved | Revised Grant Award Total |
|--------------|--------------------------|--------------------------|------------------------|---------------------|----------------------------------|------------------------------|
| BASIC- VR | Entered Automatically | Entered Automatically | | | Entered by RSA Fiscal Staff | Calculated Automatically |
| SE | Entered Automatically | Entered Automatically | | | Entered by RSA Fiscal Staff | Calculated Automatically |
| IL | Entered Automatically | Entered Automatically | | | Entered by RSA Fiscal Staff | Calculated Automatically |
| OIB | Entered Automatically | Entered Automatically | | | Entered by RSA Fiscal Staff | Calculated Automatically |
| CAP | Entered Automatically | Entered Automatically | | | Entered by RSA Fiscal Staff | Calculated Automatically |
| PAIR | Entered Automatically | Entered Automatically | | | Entered by RSA Fiscal Staff | Calculated Automatically |

Certification Section 110(b)(3) of the Rehabilitation Act makes it clear that funds reallotted to another state are considered to be an increase to that state's allotment for the fiscal year for which funds were appropriated. Therefore, if requesting reallotment funds, I certify that the state is capable of providing sufficient match (21.3% for VR and 10% for IL-Part B and OIB) for the additional funds received by September 30th of the FFY in which the funds were appropriated.

Section 19(a) of the Rehabilitation Act authorizes formula grantees to carry over any funds appropriated, including original allotments and reallotments which are not obligated or expended by recipients by September 30th of the FFY in which the funds were appropriated. Funds carried over remain available for obligation and expenditure during the following fiscal year, provided the grantee has fully met, by September 30th of the FFY in which the funds were appropriated, any matching requirement of the funds to be carried over. I certify that the state can fulfill the matching requirement by September 30th of the FFY in which the funds were appropriated.

| Signed? 40 | Yes |
|------------|-----|
| Signed On | |
| Signed By | |
| | |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-XXXX. The time required to complete this information collection is estimated to average 0.03 hours per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, State Monitoring and Program Improvement Division, Fiscal Unit, 400 Maryland Avenue, S.W., PCP Room 5034, Washington, D.C. 20202-2800.