**U.S. Department of Education**

**Office of Postsecondary Education**

**Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA)**

**Endowment Excise Tax: Allocation Reduction Waiver**

This correspondence confirms receipt of your institution’s Endowment Excise Tax Form and provides your institution the opportunity to request a waiver of the reduction of its CRRSAA allocation.

**Directions:** Please complete the information below and respond to this message within 10 calendar days of receipt of this document by emailing HEERF@ed.gov.

**In accordance with CRRSAA section 314(d)(6)(B), the Secretary may waive the requirements to reduce a grantee’s CRRSAA allocation by 50 percent, if upon application, an institution of higher education demonstrates need (including need for additional funding for financial aid grants to students, payroll expenses, or other expenditures) for the total amount of funds such institution is allocated under section 314(a)(1) of CRRSAA.**

**Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OPE ID: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check if Waiver Requested: \_\_\_\_\_\_\_\_ DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  | **Institutional Portion (84.425F)** |
| **PR/Award Number** |  |
| **Waiver request is to expend the entire allocation?** | **Yes \_\_\_\_\_ No \_\_\_\_\_** |

**Please describe the institution’s unmet needs for the full amount of its allocation associated with the PR/Award Number listed above. Use a separate sheet as needed.**

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**Authorized Representative (signature):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Representative (print name):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Representative (title):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Paperwork Burden Statement**

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 1840-0858. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (Coronavirus Response and Relief Supplemental Appropriations Act, 2021). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application, or survey, please contact Karen Epps, 400 Maryland Avenue, SW. Washington, D.C. 20202 directly.