Reset Form Print Form

# STATEMENT OF INTEREST INCOME

Recipient: _____

Address: _____

City: _____ Zip: _____

Project Title: _____

Grant Award Number: _____

Grant Award Period: From: _____ To: _____

Contact Person: _____

Telephone Number: _____

Interest income, generated from grant funds, in the amount of $ _____ has been earning during the grant award period identified above. In accordance with OES policy, the project is aware this amount must be submitted to OES along with the final report of expenditures.

_____

Project Director Date

_____

Financial Officer Date

***Note: this form must be attached to the Final OES 201***

**OES USE ONLY**