**FY 2023 RWHAP Part A Formula Unobligated Balance Penalty Waiver Request**

[INSERT RWHAP PART A RECIPIENT’S NAME]

Date (Month day, year)

RE: [Recipient’s Grant Number] FY 2023 RWHAP Part A Formula UOB Penalty Waiver

Dear [Project Officer Name],

The [City/County of XXXX EMA/TGA] [choose “reported” or “plans to report”] a Ryan White HIV/AIDS Program (RWHAP) Part A formula Unobligated Balance (UOB) of $[insert FY 2023 RWHAP Part A formula UOB amount] on the FY 2023 Federal Financial Report, which amounts to [insert percentage of FY 2023 RWHAP Part A formula UOB]% of the $[insert FY 2023 RWHAP Part A formula award amount] awarded in RWHAP Part A formula funding.

The [City/County of XXXX EMA/TGA] is requesting a formula UOB penalty waiver as a direct result of the COVID-19 pandemic. The COVID-19 pandemic directly impacted the [EMA/TGA] in FY 2023 as described below:

[Include description here].

If you have any questions, please feel free to contact me at [Enter phone number] or [Enter e-mail address].

Sincerely,

[Program Director Name]

[Program Director Signature]