Program Support Center

MANAGING THE BUSINESS OF GOVERNMENT™

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# Financial Management Portfolio

## Payment Management Services

# OVERVIEW OF THE PAYMENT MANAGEMENT SYSTEM AND THE FEDERAL FINANCIAL REPORT FOR IHS BEHAVIORAL HEALTH PROGRAMS

***November 2017***

Welcome to the Department of Health and Human Services Payment Management System (PMS). This PowerPoint presentation is to introduce our office, the Payment Management Services to you.

Payment Management Services (previously known as the Division of Payment Management) has almost 40 years' experience providing grant and grant-like payments, cash management, and grant accounting support services to Federal Agencies. Payment Management Services uses a custom-developed Payment Management System (PMS) that provides awarding Agencies and Grant recipients the tools to manage grant payment requests, and disbursement reporting activities. The PMS has been selected by the Chief Financial Officers Council - by authority of OMB - as one of the two non-DOD grants payment systems for use by the entire Federal Government. PMS leverages efficient business processes, state-of-the-art information technology, E-Government initiatives, and business expertise to build a critical link in the operation of Federal Financial assistance programs. PMS is a full service centralized grants payment and cash management system. The system is fully automated to receive payment requests, edit them for accuracy and content, transmit the payment to either the Federal Reserve Bank or the U.S. Treasury for deposit into the grantee's bank account, and record the payment transactions and corresponding disbursements to the appropriate account(s).

This PowerPoint presentation also provides you guidelines on how you may withdraw funds from your grants through the PMS and how to process required reporting electronically.

# Agenda Items

- PMS access fundamentals;
- Learn how to perform account inquiries;
- Learn how to complete a payment request;
- Learn how to correctly complete the Federal Financial Report (FFR)
- General Information

# PMS Access Fundamentals

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Program Support Center

**Payment Management System Access Request**

***Must be competed correctly and in its entirety in order to be processed***

*Please print or type*

**Action(s) Requested** *(Select only one)*

- ☐ Establish New User Access
- ☐ Update Existing User Contact Information: Current PMS Username
- ☐ Change Existing User Access: Current PMS Username
- ☐ Deactivate User Access: Current PMS Username if not known, print or type first and last name of person to be deactivated and complete sections 1, 2 and 5 below

1. Name of Institution/Organization

2. Payee Identification Number(s) (PIN) if not known, list EIN:

Is the action requested for all accounts associated with this PIN(s) or EIN?

☐ Yes ☐ No

3. Request to Establish/Change Access or Update Contact Information for:

| Name (Please Print) | Title | Telephone # |
|---|---|---|
| | | |

| E-Mail Address | Mailing Address |
|---|---|
| | |

4. Type of access requested for user (Please complete either Section A **OR** Section B):

A. Please check all that apply (please note **inquiry** is included).

- ☐ Payment Requests
- ☐ Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR) Access
- ☐ Federal Financial Report (FFR): Financial Status Report (FSR) - Preparer Access
- ☐ Federal Financial Report (FFR): Financial Status Report (FSR) - Certifier Access

B. Please check if account should be read **ONLY**

- ☐ Read Only Access

5. Supervisor's Approval of requested action (recipient organization authorized representative)

**If you are the highest ranking person in your organization, please sign your own form.**

| Supervisor Name (Please Print) | Supervisor's Title | Supervisor's Telephone Number |
|---|---|---|
| | | |

Supervisor's Signature

**IF THIS IS A NEW ACCOUNT, PLEASE SEND THIS FORM ALONG WITH YOUR SF-1199A DIRECT DEPOSIT FORM. YOU MAY FAX THE FORMS TO 301-492-5096 or 301-492-4581. PLEASE FAX ONE FORM AT A TIME.**

All individuals who need access to the Payment Management System must complete this form.

Form should be sent **separately** via **Fax** to our form system to one of the following numbers:

- 301- 492-5096
- 301- 492-4511
- 301- 492-4571
- 301- 492-4581

Individuals will be notified once form has been processed.

**All sections** must be completed in its entirety.

Note: Section 4 (only select items in A **or** B)

Incomplete forms will not be accepted

**All other versions will no longer be acceptable (effective 12.01.14)**

# Payment Management Access Request Instructions

You can only request access for one individual per form. You will need to submit an individual form for each individual that needs access for your organization.

**Select the action requested**

- **Establish New User Access**: This is for an individual that has never had access to the PMS or their access has been deactivated.
- **Change Existing User Access**: This is for an individual that is adding/removing a PMS Account Number(s) to an existing username.)
- **Update Existing User Contact Information**: This is for an individual that is changing their current profile information (Email, phone, etc.).
- **Deactivate User Access**: This is for an individual that should no longer have PMS Access.

**Sections 1-3**

This is the name and contact information for the individual that access is being requested for.

**Section 4 - Type of access requested for user**

- **Payment Requests**: Access to request funds. This access includes access to view inquires.
- **Federal Financial Report (FFR) Federal Cash Transaction Report (FCTR):** Access to prepare and certify the quarterly FCTR in which recipients report cumulative federal cash disbursements. This report is used by Payment Management Services to manage recipient accounts. This access includes access to view inquires. This report is required for all G and P type accounts.
- ***Federal Financial Report (FFR) Financial Status Report (FSR) Preparer**: Access to prepare the expenditure report formerly known as the Financial Status Report (FSR). This access includes access to view inquires.
- ***Federal Financial Report (FFR) Financial Status Report (FSR) Certifier:** Access to certify the expenditure report formerly known as the Financial Status Report (FSR). This access includes access to view inquires.

*The FFR report is submitted electronically to the federal awarding agency for review and approval/disapproval. Please check the PMS website at (insert URL) to see if you are required to submit this report in the Payment Management System.

- **Read Only Access** – This access is Inquiry Only access. This should only be selected if you have not selected any other access. This access automatically comes with all other accesses.

**Section 5 – Supervisor's Approval**

Supervisor's Approval of requested action (recipient organization authorized representative)

If you are the highest ranking person in your organization, please sign your own form. We accept electronic signatures (this does not include signatures created in word processing software).

# Payment Management Access Form
# "Notes"

1. Form can be obtained from our home page, under the section Grant Recipients

2. If multiple accounts, only one form should be submitted.

3. If all PMS Accounts are not able to be listed under Section 2, a separate sheet can be submitted with the access form listing all PMS Accounts

4. Process may take up to 10 business days.

5. Notification will be sent via Email once completed

6. Form must be submitted for updates, changes, and to delete an individual.

# Accessing Payment Management System


**Go to:** https://pms.psc.gov

**Click on "Login to PMS"**

**Review messages on this page**

Department of Health and Human Services
Program Support Center
Payment Management System

CONTACT US
Login to PMS »

HOME | ABOUT US | AWARDING AGENCIES | GRANT RECIPIENTS | RESOURCES & TRAINING | FAQ

HOME > *Warning*

## ** WARNING **

- You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- By using this information system, you understand and consent to the following:
  - You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
  - Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Yes, I Agree

You are required to accept the terms and conditions for using the Payment Management System. That consent is given by selecting the red "**Yes, I agree**" button at the bottom of the Warning page.

Department of Health and Human Services
Program Support Center
Payment Management System

CONTACT US

Login to PMS »

HOME | ABOUT US | AWARDING AGENCIES | GRANT RECIPIENTS | RESOURCES & TRAINING | FAQ

HOME > *Login Page*

» Password Reset
» Hours of Operation
» Contact Us

## PMS LOGIN PAGE

Please select your desired service:

### The Payment Management System is Unavailable.

Payment Management System hours are Monday through Friday, 5 a.m. to 11 p.m., and Saturday and Sunday, 9 a.m. to 9 p.m, Eastern Time.

PMS Training Information

PSC offers training sessions for both grant recipient organizations and awarding agencies that issue awards to those recipient/grantee organizations. Register for training today!

Department of Health and Human Services
Program Support Center
Payment Management System

CONTACT US
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HOME > *Login Page*

» Password Reset
» Hours of Operation
» Contact Us

## PMS LOGIN PAGE

Please select your desired service:

### Login to the Payment Management System

Payment Management System hours are Monday through Friday, 5 a.m. to 11 p.m., and Saturday and Sunday, 9 a.m. to 9 p.m, Eastern Time.

### Password Reset

All users will be required to answer security questions before they can reset their password. Visit our Password Reset page to view instructions on how to update your security questions or reset your password.

If your password expired before you set up your Security Questions, please contact the Help Desk to reset your password.

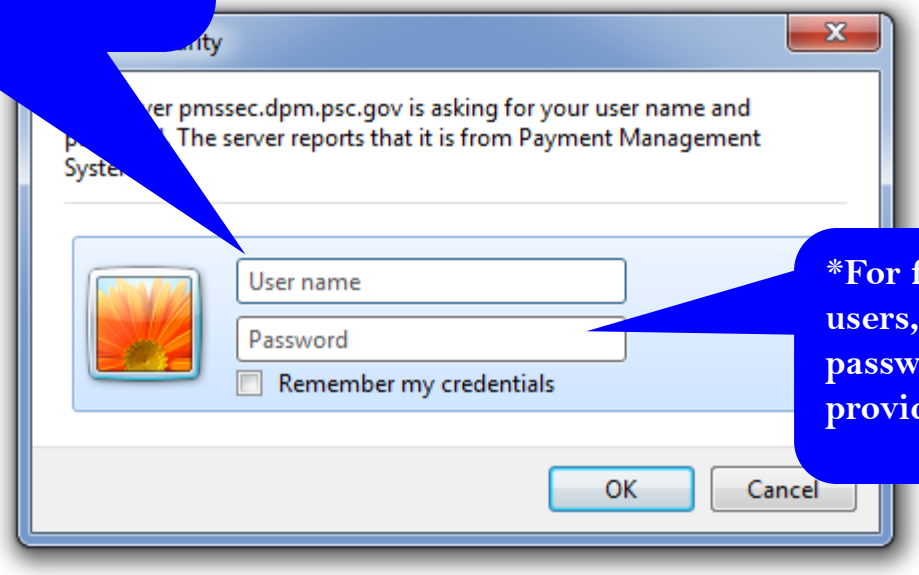
### PMS Training Information

PSC offers training sessions for both grant recipient organizations and awarding agencies that issue awards to those recipient/grantee organizations. Register for training today!

On the PMS Login Page, select the "**Login to the Payment Management System**" link

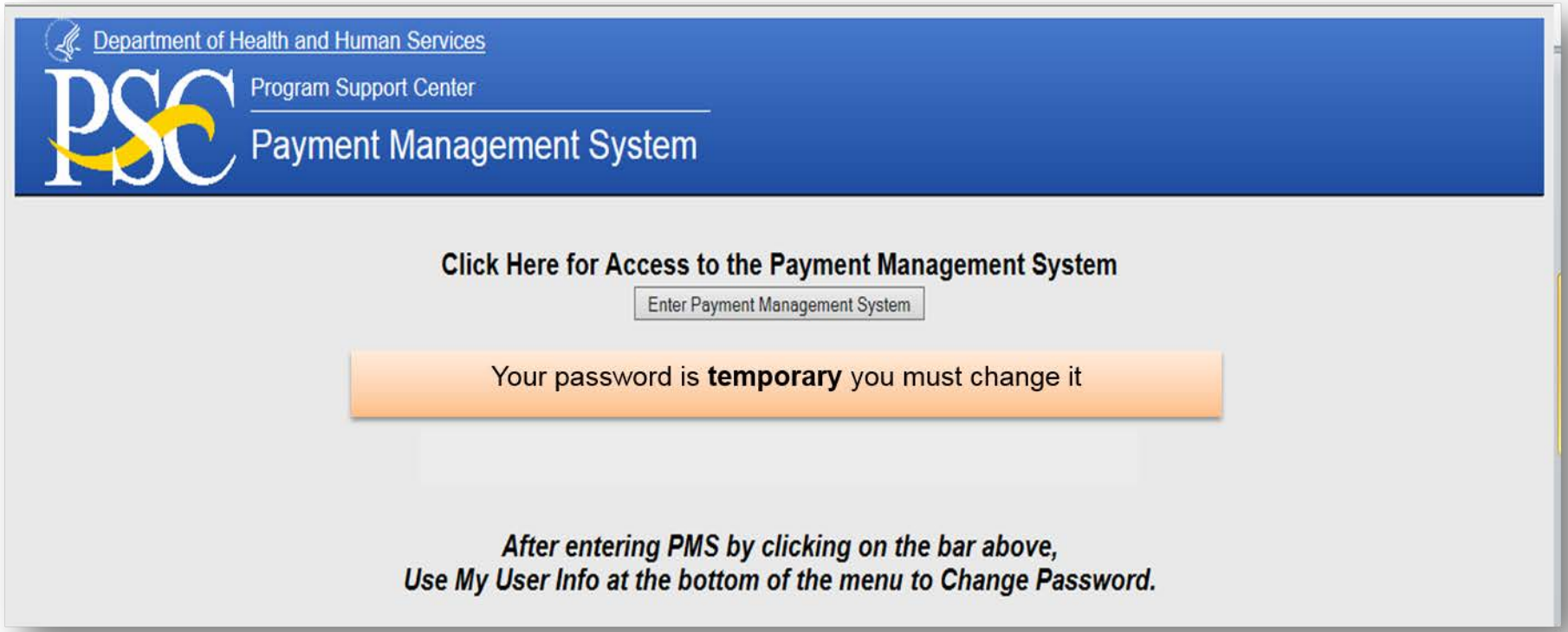
**User name**: Established by DPM (case sensitive)

**Password**: set by the users. Must be at least 8 alpha-numeric characters (e.g., **#Grantee1**)

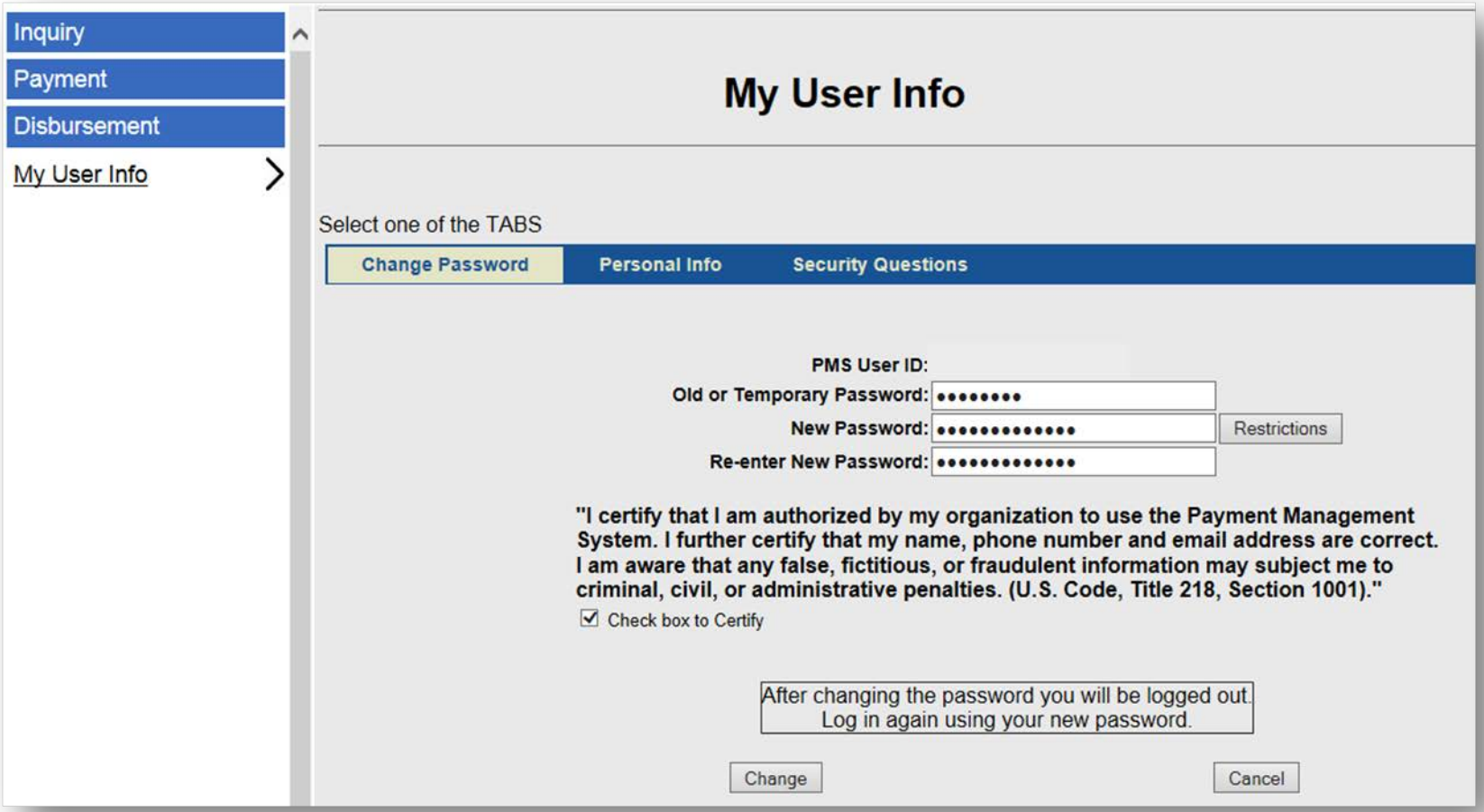



***For first time users, the initial password is provided by DPM.**

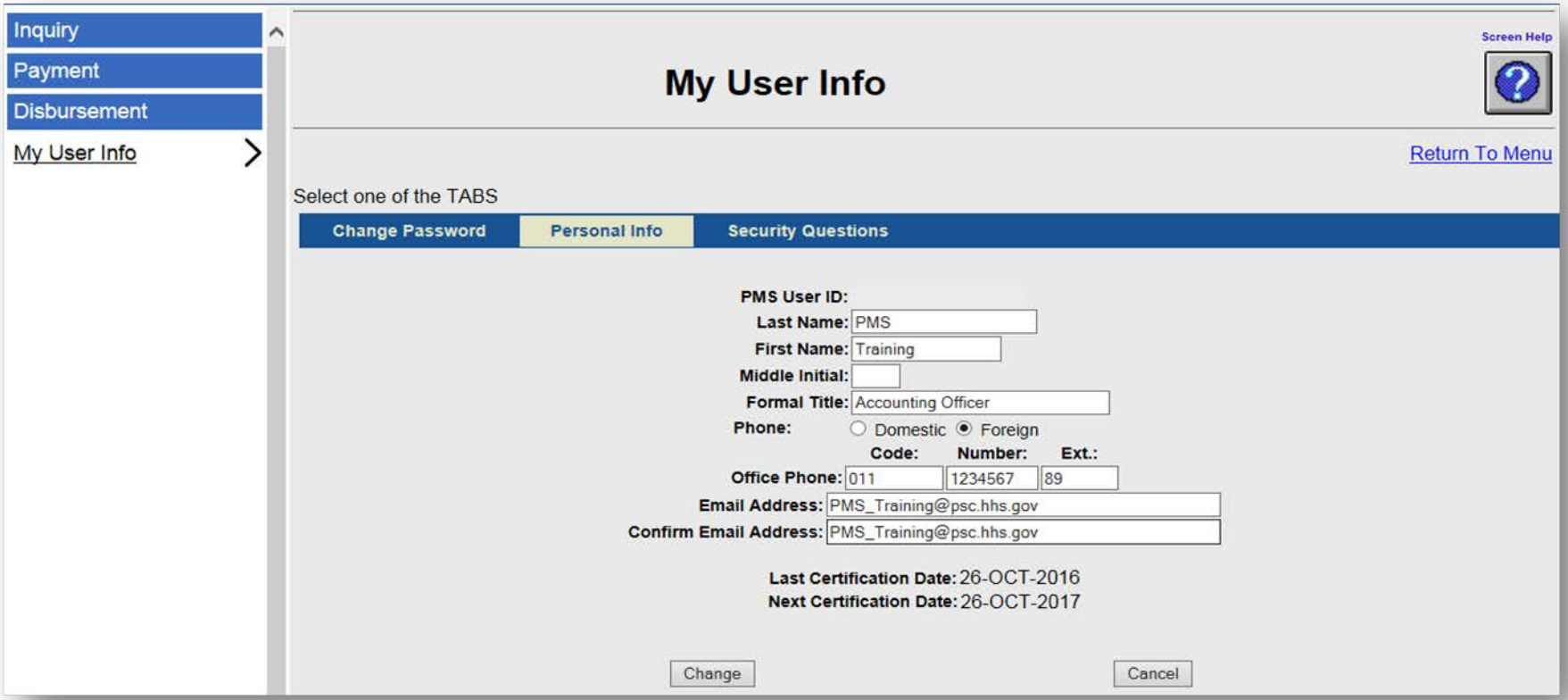
Please **do not** check the box to Remember my credentials



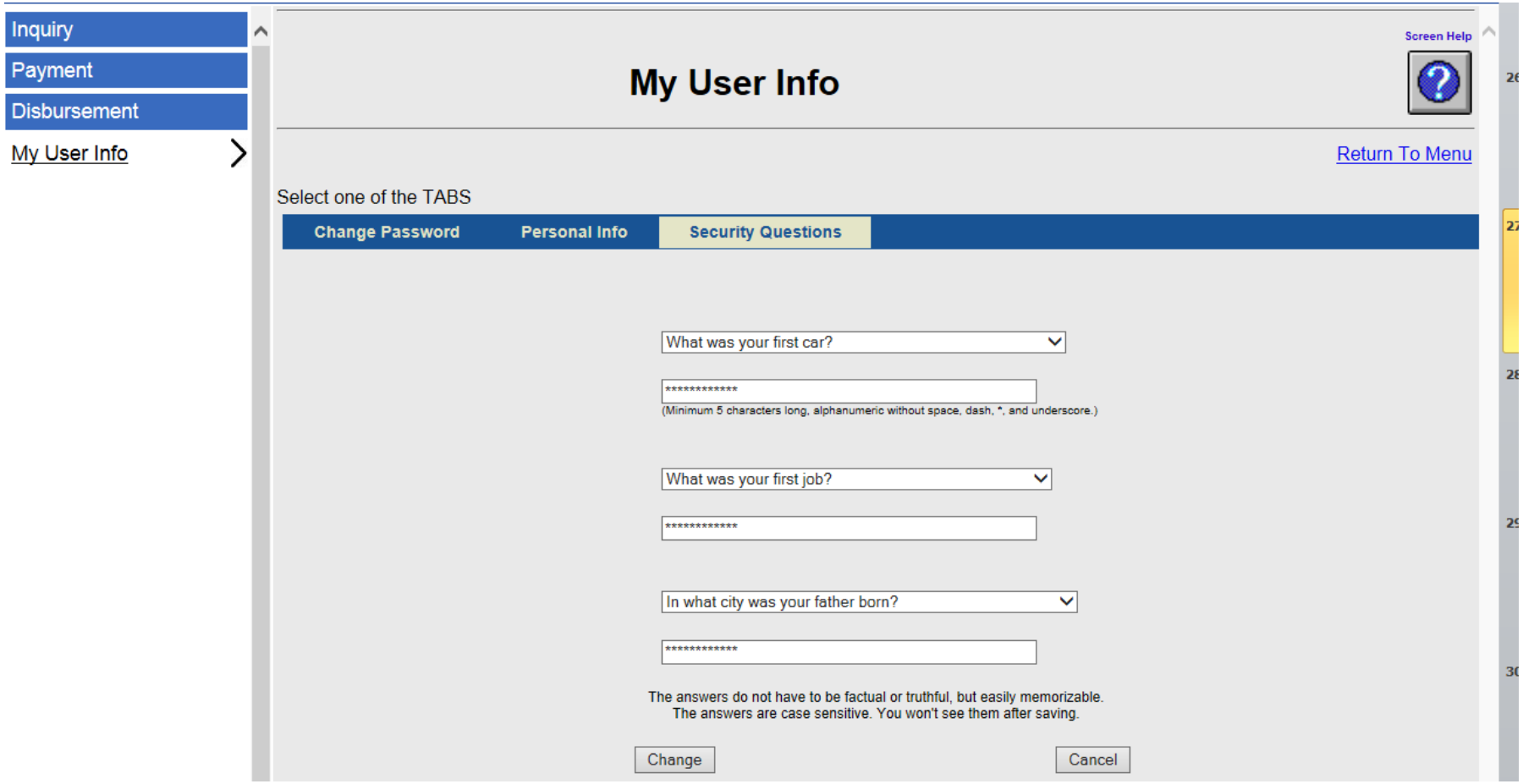

- If your password is “temporary”, you must change it under the “My User Info Link”
- Click “Enter Payment Management System” to change password



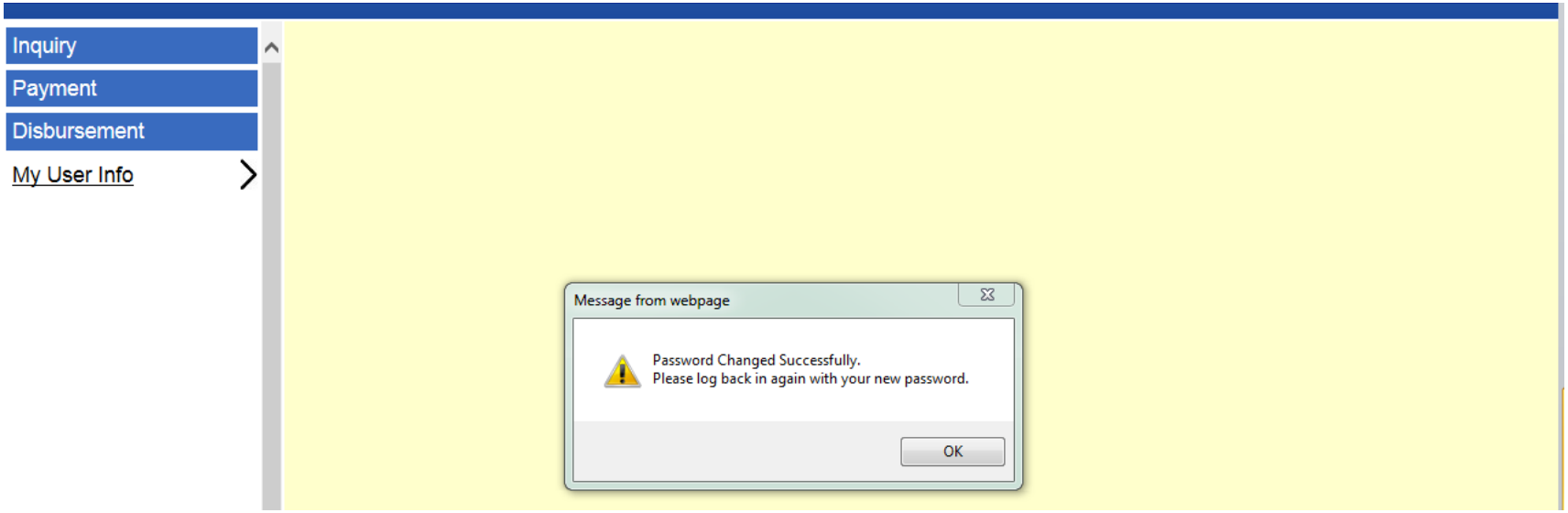

- Once you have completed the password section, check the box to certify
- Click “Change”




**You "must" update the information under Office Phone:**
Select Phone: "DOMESTIC"
Box 1 (Code): 1st 3 digits of your phone number
Box 2 (Number): Next 7 digits of your phone number
Box 3 (Ext): Remaining digits of your phone number




Establish “Security Questions” then select “Change”




Click "OK" and log back in to PMS with your NEW Password

# Learning How To Perform Account Inquires

## Use this process for creating, running, and storing Grantee Inquiries in the Payment Management System

- **Account Balance Data**
  Authorized grant award information, payments made and funds available

- **Authorization Transactions**
  Award amount, budget period and date posted in PMS

- **Payment Data**
  Payment History including payments deposited and rejected

- **Summary Grant Data**
  Grant expenditures reported on the most recent FFR 425 Federal Cash Transaction Report (FCTR)

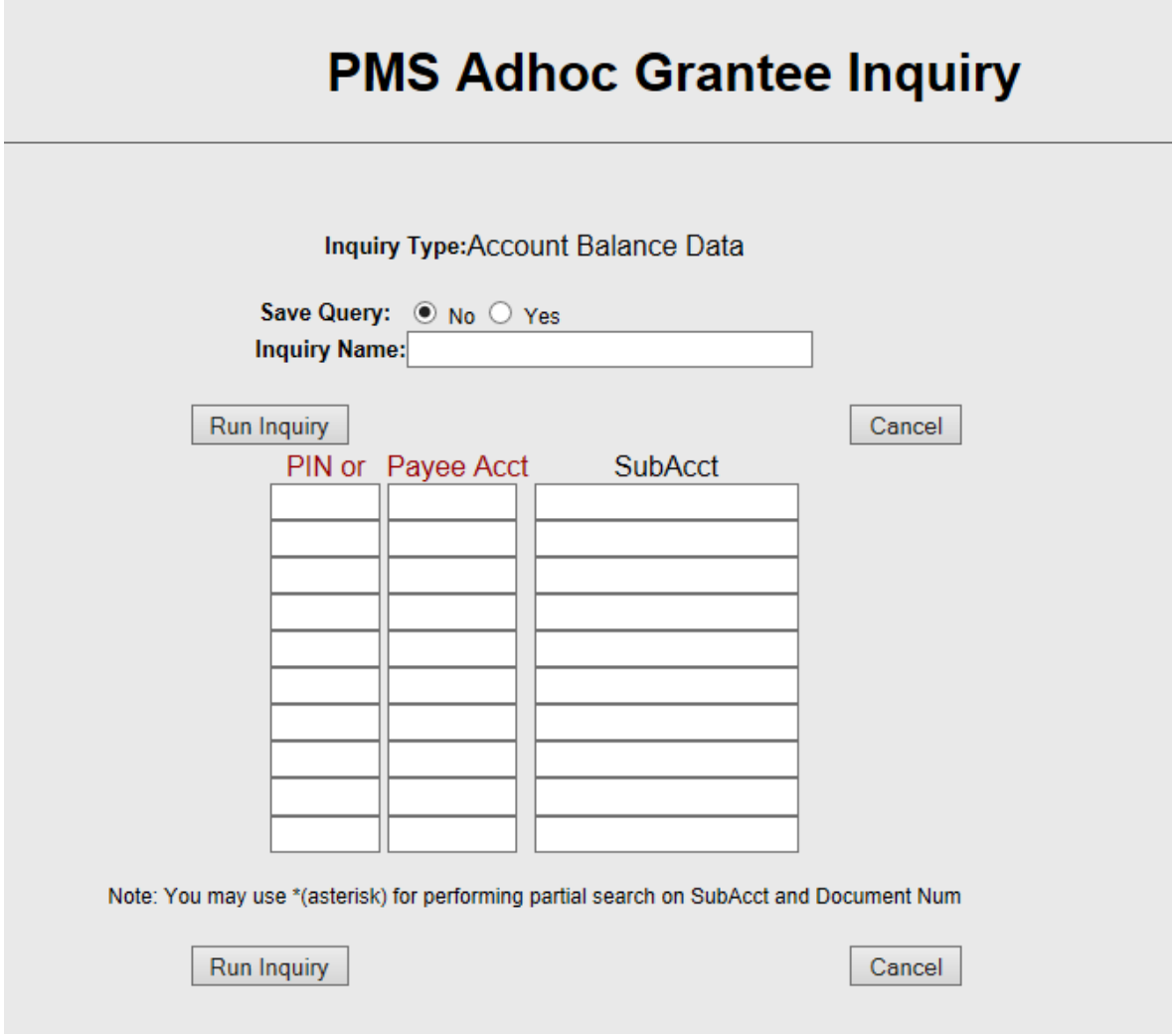

1) Click on "**Inquiry**"
2) Click on "**Adhoc Grantee Inquiry**"
3) Select desired Inquiry Type from the dropdown menu
5) Click on "**Continue**"

# Account Balance Data

Entering an **Inquiry Name** is not necessary. Only use if you wish to save your query for a later date.

Enter the assigned PMS "**Payee Account Number (PAN)**" Note: You may also enter the PMS sub-account number, if desired.

Click the "**Run Inquiry**" Button



## Authorized grant award information, payments made and funds available

| SUBACCOUNT | ******AUTHORIZED****** | ******PAYMENTS******* | ***FUNDS AVAILABLE*** | |
|---|---|---|---|---|
| 1413CAMTRB | $1,910.00 | $1,000.00 | $910.00 | |
| | | | $910.00 | AVAILABLE AMT > 90 DAYS (EXPIRED) |
| 1413CANSIT | $30,729.00 | $30,729.00 | $.00 | |
| 1413CAT6CG | $37,210.00 | $37,210.00 | $.00 | |
| 1413CAT6NS | $203,310.00 | $203,310.00 | $.00 | |
| 1414CAMTRB | $1,910.00 | $.00 | $1,910.00 | |
| | | | $1,910.00 | AVAILABLE AMT > 90 DAYS (EXPIRED) |

PMS must obtain approval from Awarding Agency if grantee request funds from an **"expired"** grant. An "**expired**" grant is one that is more than 90 days past the Budget End Date.

Payments requests will be rejected if approval is not received within three (3) business days of notification from DPM Liaison Staff.

# Authorization Transactions

Entering an **Inquiry Name** is not necessary. Only use if you wish to save your query for a later date.

- Enter the assigned PMS "**Payee Account Number (PAN)**" Note: You may also enter the PMS sub-account number, if desired.
- Click the "**Run Inquiry**" Button

## PMS Adhoc Grantee Inquiry

**Inquiry Type:** Authorization Transactions

**Save Query:** ◉ No ○ Yes

**Inquiry Name:**

Run Inquiry | Cancel

| PIN or | Payee Acct | Document Num | from Post Date | to Post Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Note: You may use *(asterisk) for performing partial search on SubAcct and Document Num

Run Inquiry | Cancel

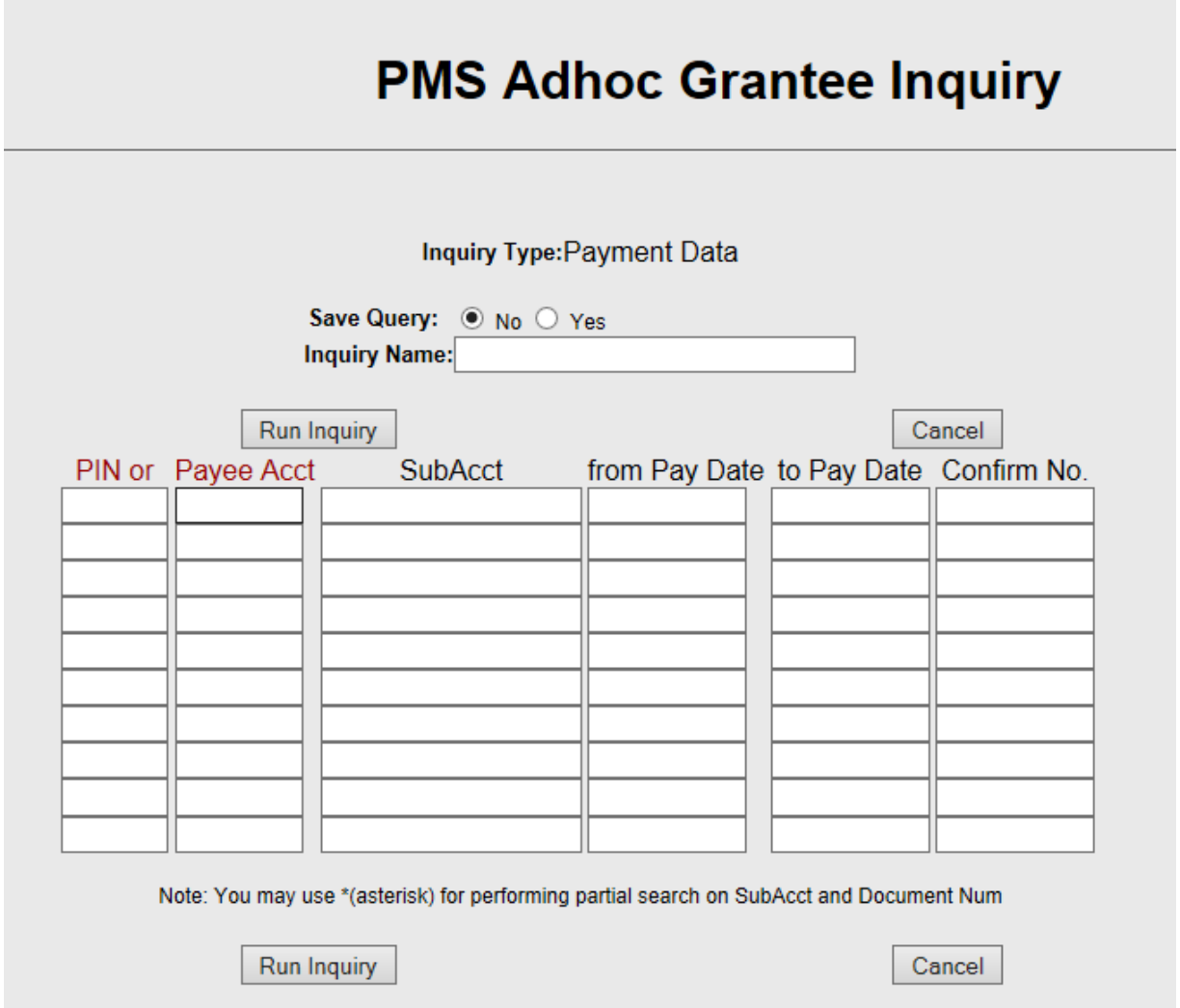
# Award amount, budget period and date posted in PMS

```
INQUIRY: AUTHC-G        DATE: 11/27/2017  TIME: 07:37:26 PM

-----------------------------------------------------

PIN:      ACC:        DOC:H1D4IHS0139B        AGY:FHHIJ94 OLD AGY:J94 AUTH TC's Follow --
T/C* ******FCO******** *****INC-AUTH***** POST DATE  START DATE END DATE   ISSUE DATE
050  2017-J9407JC-4145        243,007.00 11/22/2016 01/01/2017 12/31/2017 01/01/2017
050  2016-J9407JC-4145        243,007.00 03/29/2016 04/01/2016 12/31/2016 04/01/2016
               NET TC:        486,014.00
```

# Payment Data

Entering an **Inquiry Name** is not necessary. Only use if you wish to save your query for a later date.

- Enter the assigned PMS "**Payee Account Number (PAN)**" Note: You may also enter the PMS sub-account number, if desired.
- Click the "**Run Inquiry**" Button



```
INQUIRY: PAY-G        DATE: 11/27/2017  TIME: 07:40:48 PM

---PIN:      ---ACC:        ----------------------------------------
T/C* ***DEBIT** **POSTED** *******AMOUNT****** *DATE**SCHED* **CONFIRM*
927             11/24/2017         $220,948.00 171124 113784 4036903656
  1714CAT6NS                     $33,004.00          FAMVIOL16                    $50,631.00
  BH16IHS0010B                   $53,546.00          1714CAT6CG                    $4,345.00
  1614CAMTRB                      $2,080.00          1713CAT6CG                    $4,079.00
  1713CAT6NS                     $43,694.00          BH15IHS0021B                 $29,569.00
927  06/08/2017 06/07/2017          $90,485.00 170607  63376 4036689581
  1514CAMTRB                        $193.00          1513CAMTRB                      $807.00
  1Z0331374A                     $89,485.00
Z27             06/05/2017         $360,246.00
  IHS-SDPI                       $33,463.00          FAMVIOL16                    $14,165.00
  FAMVIOL14                      $16,003.00          BH16IHS0010B                 $47,940.00
  1Z0331374A                    $109,833.00          1414CAT6NS                   $20,830.00
  1413CAT6NS                     $49,140.00          BH15IHS0021B                 $68,872.00
```

Payment History including payments deposited and rejected

**T/C (Transaction Codes)**

908 = Return of Funds
911 = Return of Interest
916 = Fed Wire "Same" Day Payments
927 = ACH "Next" Day Payments
Z27 = Payment was rejected
PNT = Banking Updated

# Summary Grant Data

- Entering an **Inquiry Name** is not necessary. Only use if you wish to save your query for a later date.
- Enter the assigned PMS "**Payee Account Number (PAN)**" Note: You may also enter the PMS sub-account number, if desired.
- Click the "**Run Inquiry**" Button

## PMS Adhoc Grantee Inquiry

**Inquiry Type:** Summary Grant Data

**Save Query:** ◉ No ○ Yes

**Inquiry Name:**

Run Inquiry | Cancel

| PIN or | Payee Acct | Document Num | DS |
|---|---|---|---|
| | | | NC |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Note: You may use *(asterisk) for performing partial search on SubAcct and Document Num

Run Inquiry | Cancel

**DS (Document Status)**

C = Closed
O = Opened
A = Active Grants
I = Inactive Grants
P = Closing Transaction Begun
NC = Not Closed

Amount Reported on the FCTR

FCTR Quarter Disbursements were last reported

Grant expenditures reported on the most recent FFR 425 Federal Cash Transaction Report (FCTR)

*PIN* *ACCT**

| AGY | *******GRANT******** | ******AUTHORIZED**** | *****DISBURSED***** | *RPT DISB* | DS |
|---|---|---|---|---|---|
| 2 | 1413CAMTRB | $1,910.00 | $.00 | 03/31/2016 | O |
| 2 | 1413CANSIT | $30,729.00 | $30,729.00 | 12/31/2016 | O |
| 2 | 1413CAT6CG | $37,210.00 | $37,210.00 | 12/31/2016 | O |
| 2 | 1413CAT6NS | $203,310.00 | $203,310.00 | 03/31/2017 | O |
| 2 | 1414CAMTRB | $1,910.00 | $.00 | 03/31/2016 | O |
| 2 | 1414CANSIT | $25,510.00 | $25,510.00 | 12/31/2016 | O |
| 2 | 1414CAT6CG | $37,210.00 | $37,210.00 | 12/31/2016 | O |
| 2 | 1414CAT6NS | $203,310.00 | $203,310.00 | 03/31/2017 | O |
| G | 14RMCAFVPS | $131,096.00 | $131,096.00 | 12/31/2015 | O |
| 2 | 1513CAMTRB | $1,870.00 | $1,870.00 | 12/31/2016 | O |
| 2 | 1514CAMTRB | $1,870.00 | $1,189.00 | 03/31/2017 | O |
| G | 15RMCAFVPS | $130,848.00 | $120,700.00 | 03/31/2017 | O |
| 2 | 1614CAMTRB | $2,080.00 | $2,080.00 | 06/30/2017 | O |
| G | 16RMCAFVPS | $123,844.00 | $123,844.00 | 09/30/2017 | O |
| 2 | 1713CAMTRB | $1,760.00 | $.00 | 09/30/2017 | O |
| 2 | 1713CANSIT | $13,615.00 | $.00 | 09/30/2017 | O |
| 2 | 1713CAT6CG | $13,820.00 | $8,420.00 | 09/30/2017 | O |
| 2 | 1713CAT6NS | $73,990.00 | $73,990.00 | 09/30/2017 | O |
| 2 | 1714CAMTRB | $1,760.00 | $.00 | 09/30/2017 | O |
| 2 | 1714CANSIT | $12,388.00 | $.00 | 09/30/2017 | O |
| 2 | 1714CAT6CG | $13,820.00 | $8,846.00 | 09/30/2017 | O |
| 2 | 1714CAT6NS | $73,990.00 | $73,990.00 | 09/30/2017 | O |
| G | 17RMCAFVPS | $122,178.00 | $.00 | 09/30/2017 | O |
| 5 | 1Z0331374A | $230,196.00 | $250,544.00 | 06/30/2017 | P |
| J | BH15IHS0021B | $375,000.00 | $168,665.00 | 09/30/2017 | O |
| J | BH16IHS0010B | $386,000.00 | $182,208.00 | 09/30/2017 | O |
| J | H1D1IHS0006B | $648,342.00 | $175,309.00 | 03/31/2016 | O |

| | ******AUTHORIZED**** | *****DISBURSED***** |
|---|---|---|
| TOTAL: | $2,899,566.00 | $1,860,030.00 |

Agency (AGY)
J = HIS Grant

# OPDIV "Agency" Codes

| OPDIV CODE | HHS OPDIVS |
|---|---|
| 1 | Office of the Secretary (OS) |
| 2 | Administration for Communnity Living (ACL); formerly Administration on Aging (AOA) |
| 3 | Health Resources and Services Administration (HRSA) |
| 4 | Social Security Administration (SSA) |
| 5 | Centers for Medicare & Medicaid Services (CMS), legacy HCFA |
| 6 | Food and Drug Administration (FDA) |
| 8 | National Institutes of Health (NIH) |
| 9 | Centers for Disease Control and Prevention (CDC) |
| A | OASH (Office of the Assistant Secretary of Health) |
| C | Substance Abuse and Mental Health Services Administration (SAMHSA) |
| G | Administration for Children and Families (ACF) |
| J | Indian Health Service (IHS) |
| K | Agency for Healthcare Research and Quality (AHRQ) |

| OPDIV CODE | NON-HHS |
|---|---|
| B | Department of Homeland Security (DHS) |
| L | Small Business Administration (SBA) |
| M | Department of Veterans Affairs (VA) |
| N | Department of the Treasury (Treas.) |
| P | Executive Office of the President (EOP) |
| R | Department of State (DOS) |
| S | National Aeronautics and Space Administration (NASA) |
| T | Department of Labor (DOL) |
| U | Corporation for National & Community Service (CNCS) |
| W | DOI (Department of Interior) |
| X | Department of Agriculture (USDA) |
| Z | United States Agency for International Development (USAID) |

# Learn How To Complete A Payment Request

## Payment requests may be made as often as needed:

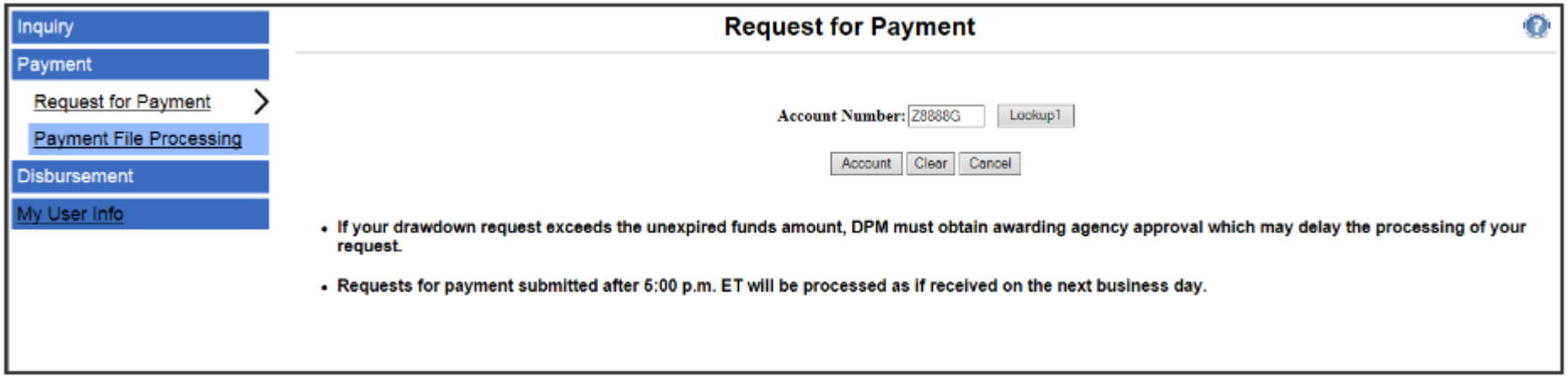

- ✓ Daily
- ✓ Weekly
- ✓ Monthly
- ✓ Bi-monthly

## Funds must be spent within three business days!

In accordance with Department of Treasury regulations, federal cash **MUST BE DRAWN SOLELY TO ACCOMMODATE YOUR IMMEDIATE NEEDS ON AN "AS NEEDED" BASIS ONLY**, and **must not be held in excess of three (3) working days**. The Department of Treasury issued regulations governing the flow of federal cash to recipient organizations. These regulations are intended to ensure that federal cash is disbursed from U.S. Treasury coffers only when the recipient needs cash for payment purposes. The regulations minimize the negative impact of federal cash withdrawals on the public debt and related financing costs to the Federal Government. At no time, therefore, should cash be requested to cover unliquidated encumbrances, obligations, or accrued expenditures until actual program disbursements are anticipated. {Reference Circular 1075 & 1084}

With certain exceptions as outlines in Section 22 (k) and (1) of OMB Circular A-110, Federal funds are required to be maintained in interest bearing bank accounts. Interest earned is to be remitted to DPM annually. Interest up to $250 may be retained to cover administrative expenses.

# Requesting Funds on a Cash Pooling Account
# {Non-Subaccounts = G}




1. Enter PMS Account Number
2. Click on Account

1. Enter or Verify Name, Telephone # & E-Mail Address
2. Enter Payment Due Date *
3. Enter Payment Information +
4. Click on Continue

## Request for Payment

### Person Requesting Funds

First Name * : Test
Last Name * : User
Middle Initial :
Phone No. * : 123 - 456 - 1234 -
E-Mail Address : PMS_Training@psc.hhs.gov

### Payment Details

Payment Due Date*: 11/28/2017
Expected Disbursement Amount $ * : 1500
Cash on Hand $ * : 0
Payment Request Amount $ * : 1500

### Account Details

Account Number:
DUNS: -

☐ Check here if information shown is correct; otherwise,please update.

Continue Clear Cancel

***Payment Due Date** will be the **next business days** from the date you are entering the request in PMS; unless otherwise stated in your initial welcome letter.

+ **Expected Disbursement** means the amount needed to pay invoices, etc.

**Cash On Hand** means the amount remaining from a previous payment request

**Payment Request Amount** means the amount you are expected to receive in your bank account.

## Request for Payment

### Account Review

**Account Number:**
**DUNS:** -
**Name:** Test User
**Phone No:** (123)456-1234 Ext:
**E-Mail Address:** PMS_Training@psc.hhs.gov
**Payment Due Date:** 11/28/2017
**Payment Request Amount $:** $1,500.00

| Account | Unexpired Funds (A) | Expired Funds (B) | In-Transit Payments (C) | Total Funds (A+B-C) | Amt Requested $ |
|---|---|---|---|---|---|
| | $1,480.70 | $80.84 | $0.00 | $1,561.54 | $1,500.00 |

Request_Payment | Cancel

*** If your drawdown request exceeds the unexpired funds amount, DPM must obtain awarding agency approval which may delay the processing of your request.**

*** Requests for payment submitted after 5:00 p.m. ET will be processed as if received on the next business day.**

1. Review the Payment Request information on the screen. If you need a copy of the screen, print the screen now.
2. Select the Request Payment button. You will not be able to go back to a previous screen after selecting Request Payment.

# Request for Payment

Request Payment
Completed Transaction Info

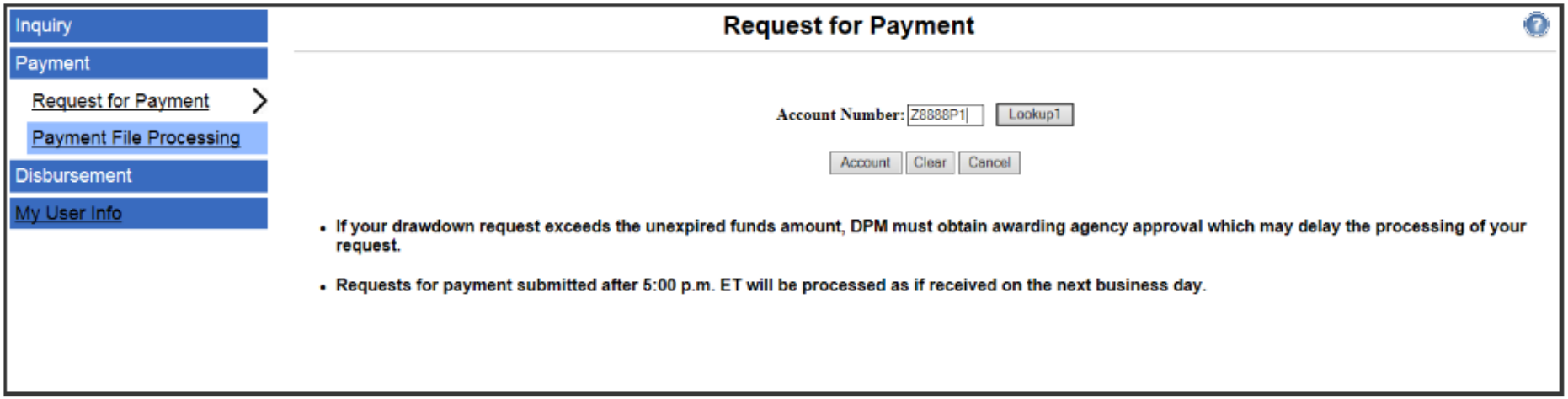
| | | | |
|---|---|---|---|
| Account: | | Payment Request Amount: | $1,500.00 |
| Request Date: | 11/27/2017 | DUNS Number: | |
| Settlement Date | 11/28/2017 | | |

Payment Request is in Holding file. The Transaction Number For Future Reference:2050172621

Done

1. If you need a copy of the screen, print the screen now
2. Review the Payment Request information on the screen and then click “Done”.
3. You will see a message reading "Done - Transaction Complete". Your payment request has now been submitted via the Payment Management System.

# Requesting Funds on a Non-Cash Pooling Account {Sub-Accounts = B & P}




1. Enter PMS Account Number
2. Click on Account

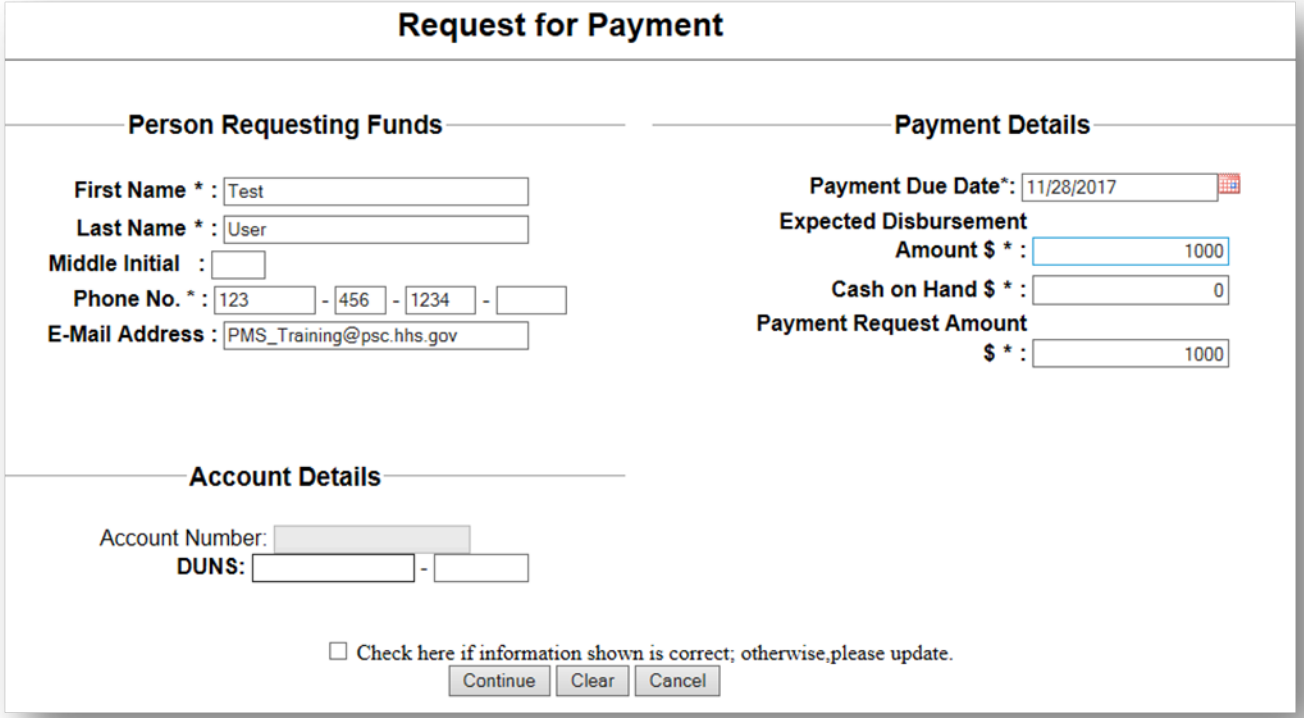
1. Enter or Verify Name, Telephone # & E-Mail Address
2. Enter Payment Due Date *
3. Enter Payment Information +
4. Click on Continue

*__Payment Due Date__ will be the __next business day__ from the date you are entering the request in PMS; unless otherwise stated in your initial welcome letter.

+ **Expected Disbursement** means the amount needed to pay invoices, etc.

**Cash On Hand** means the amount remaining from a previous payment request

**Payment Request Amount** means the amount you are expected to receive in your bank account.



# Request for Payment

## Account Review

**Account Number:**
**DUNS:** -
**Name:** Test User
**Phone No:** (123)456-1234 Ext:
**E-Mail Address:** PMS_Training@psc.hhs.gov
**Payment Due Date:** 11/28/2017
**Payment Request Amount $:** $1,000.00

## Sub Account(s)

| | | | |
|---|---|---|---|
| ☑ HEALTHCARECENTERS_16 | ☑ IHS-OUIH | ☑ IHS-SDPI | ☑ IHS-UIHP |

SubAmount Cancel

1. Select the PMS Sub-account you wish to request funds from. You may click on one, two, etc.
2. Click on Sub-Amount

# Request for Payment

## Account Review

**Account Number:**
**DUNS:** -
**Name:** Test User
**Phone No:** (123)456-1234 Ext:
**E-Mail Address:** PMS_Training@psc.hhs.gov
**Payment Due Date:** 11/28/2017
**Payment Request Amount $:** $1,000.00

| Subaccount | Bank Account | Unexpired Funds (A) | Expired Funds (B) | In-Transit Payments (C) | Total Funds (A+B-C) | Subacct Amt Requested $ |
|---|---|---|---|---|---|---|
| HEALTHCARECENTERS_16 | ###############O | $601,996.91 | $0.00 | $0.00 | $601,996.91 | 500 |
| IHS-OUIH | ###############O | $0.00 | $0.00 | $0.00 | $0.00 | |
| IHS-SDPI | ###############O | $80,686.75 | $0.00 | $0.00 | $80,686.75 | 250 |
| IHS-UIHP | ###############O | $170,786.99 | $0.00 | $0.00 | $170,786.99 | 250 |

Request_Payment | GOTO Subacct | Cancel

1. For each sub-account, enter the amount you are requesting
2. Click on Request Payment

# Request for Payment

Request Payment
Completed Transaction Info

| | | | |
|---|---|---|---|
| Account: | | Payment Request Amount: | $1,000.00 |
| Request Date: | 11/27/2017 | DUNS Number: | |
| Settlement Date | 11/28/2017 | | |

| Subaccount | Amount |
|---|---|
| HEALTHCARECENTERS_16 | $500.00 |
| IHS-SDPI | $250.00 |
| IHS-UIHP | $250.00 |

Payment Request is in Process, The Transaction Number For Future Reference:4036903860

Done

1. Review Information on screen
2. Click Done

If you need a copy of the screen, please print before you click on the Request for Payment button. You will not be able to go back to a previous screen.

## Request for Payment

Done

Transaction Complete

You may select another process from the menu.
OR
Repeat Same Transaction Type

Your payment request has now been submitted via the Payment Management System

# Types of Payment Requests

## Advanced Requests

**Payment Details**

| | |
|---|---|
| Payment Due Date*: | 4/14/2016 |
| Expected Disbursement Amount $ * : | 5000 |
| Cash on Hand $ * : | 0 |
| Payment Request Amount $ * : | 5000 |

## Reimbursable Requests

**Payment Details**

| | |
|---|---|
| Payment Due Date*: | 4/14/2016 |
| Expected Disbursement Amount $ * : | 0 |
| Cash on Hand $ * : | -5000 |
| Payment Request Amount $ * : | 5000 |

## Combination Requests

**Payment Details**

| | |
|---|---|
| Payment Due Date*: | 4/14/2016 |
| Expected Disbursement Amount $ * : | 5000 |
| Cash on Hand $ * : | -1000 |
| Payment Request Amount $ * : | 6000 |

# Reason for Denied Payments / Manual Review Flags

- **Agency Restriction**
  - Awarding agency has the authority to restrict grant funding and payment requests
- **Expired Grants**
  - Grants that are 90 days or greater past the award budget ending period. Approval must be received from awarding agency within three (3) business days of receipt of E-Mail from PMS Staff.
- **Reasonableness**
  - Excessive payment requests may be rejected due to large payments in budget period
- **Late Federal Financial Report (FFR)**
  - If the Federal (FCTR) and/or the Financial Status Report (FSR) is not filed before the due date, temporary suspension of funding privileges will occur
- **Excess Cash on Hand - 3 day rule (FCTR)**
  - Funding requests will be denied if there is excessive cash on hand (FCTR)

# Learn How to Correctly Complete the Federal Financial Report (FFR – 425)

**FCTR**
Lines 10a thru 10c

**FSR**
Lines 10d thru 11f

## FEDERAL FINANCIAL REPORT

(Follow form instructions)

| | | | | |
|---|---|---|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) | | Page 1 | of pages |
| 3. Recipient Organization (Name and complete address including Zip code) | | | | |
| 4a. DUNS Number | 4b. EIN | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) | 6. Report Type ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final | 7. Basis of Accounting ☐ Cash ☐ Accrual |
| 8. Project/Grant Period From: (Month, Day, Year) | To: (Month, Day, Year) | | 9. Reporting Period End Date (Month, Day, Year) | |

| 10. Transactions | Cumulative |
|---|---|
| *(Use lines a-c for single or multiple grant reporting)* | |
| **Federal Cash (To report multiple grants, also use FFR Attachment):** | |
| a. Cash Receipts | |
| b. Cash Disbursements | |
| c. Cash on Hand (line a minus b) | |
| *(Use lines d-o for single grant reporting)* | |
| **Federal Expenditures and Unobligated Balance:** | |
| d. Total Federal funds authorized | |
| e. Federal share of expenditures | |
| f. Federal share of unliquidated obligations | |
| **g. Total Federal share (sum of lines e and f)** | |
| h. Unobligated balance of Federal funds (line d minus g) | |
| **Recipient Share:** | |
| i. Total recipient share required | |
| j. Recipient share of expenditures | |
| k. Remaining recipient share to be provided (line i minus j) | |
| **Program Income:** | |
| l. Total Federal program income earned | |
| m. Program income expended in accordance with the deduction alternative | |
| n. Program income expended in accordance with the addition alternative | |
| o. Unexpended program income (line l minus line m or line n) | |

| | a. Type | b. Rate | c. Period From | Period To | d. Base | e. Amount Charged | f. Federal Share |
|---|---|---|---|---|---|---|---|
| 11. Indirect Expense | | | | | | | |
| | | | | | | | |
| | | | | g. Totals: | | | |

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:*

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures,

# Component #1

# Cash Transaction Report

## (How Grantees Report Disbursements)

***If your PMS account ends with a "B", you are not required to complete this report via the Payment Management System; unless instructed by your Awarding Agency***

- The Federal Financial Report (FFR) consists of both the Federal Cash Transaction Report (FCTR) and the Financial Status Report (FSR).

- The FFR Federal Cash Transaction Report must be filed within **30 days** at the end of each of the following quarter end dates:

  - ✓ December 31 (1st Quarter of fiscal year)
  - ✓ March 31 (2nd Quarter of fiscal year)
  - ✓ June 30 (3rd Quarter of fiscal year)
  - ✓ September 30 (4th Quarter of fiscal year)

- Adjustments to cumulative disbursements may be *saved* (to be completed at a later time **BEFORE** the deadline date) or *certified* .

- **If the FCTR is not filed before or on the due date, funds will be frozen until the report as been submitted.**

**This is an "EXPENDITURE" report. It should be submitted each quarter regardless if you have requested funds via the Payment Management System.**

After logging in to the Payment Management System with a PMS User ID and password:

Click the PMS menu heading entitled: "**Disbursement**"

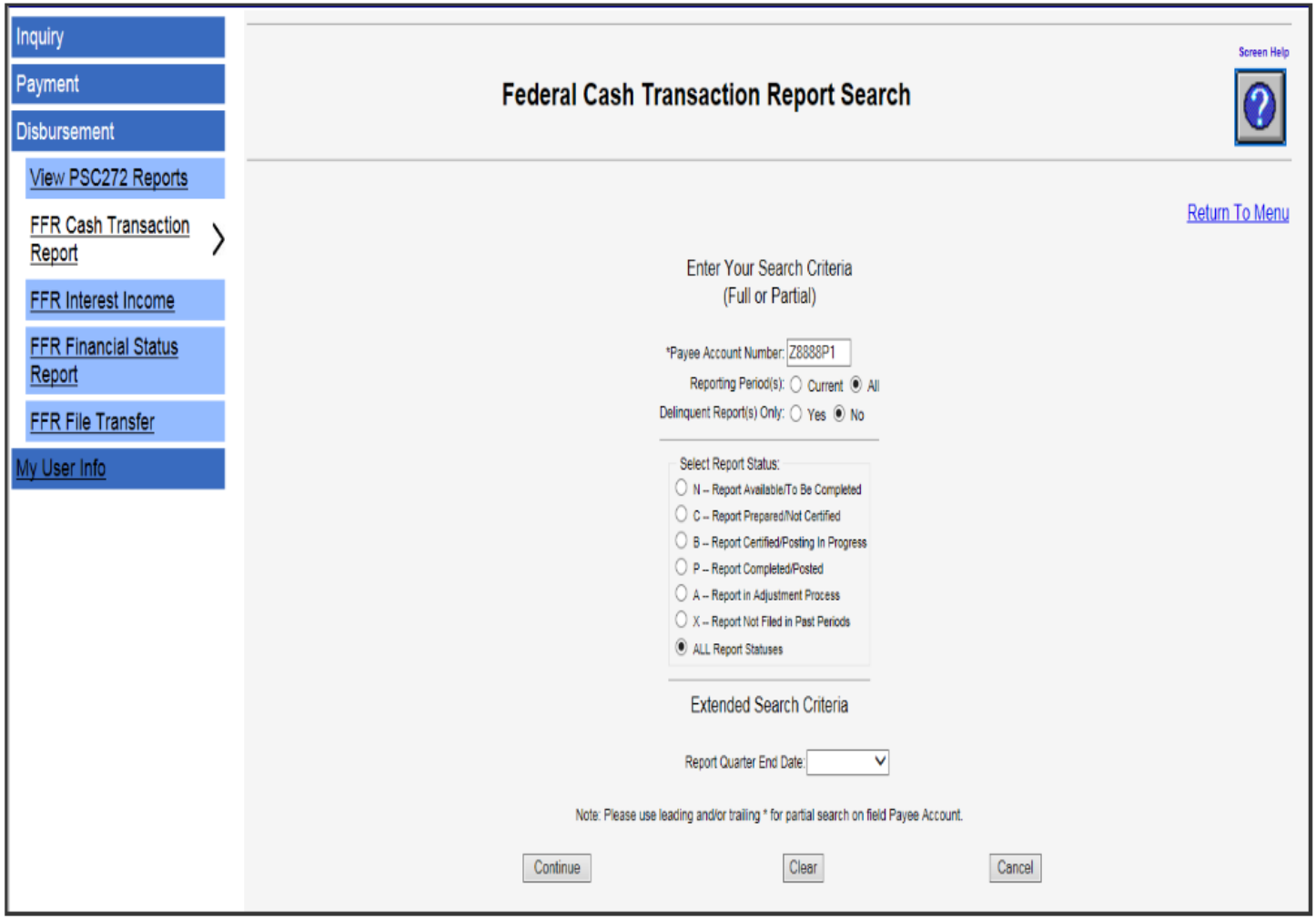
Click the sub-heading entitled: "**FFR Cash Transaction Report**"

Enter your **PMS Account Number**

Select the Reporting Period **"All"**

Leave everything else as it and at the default

Click Continue



# Federal Cash Transaction Report
# All Report Screen

All Report Listing
Payee Account Contains
Status:**ALL REPORT STATUSES**

| Action | Payee | End Date | Due Date | Submit Date | Status |
|---|---|---|---|---|---|
| I want to... ... ... ... | | 31-MAR-2017 | 30-APR-2017 | 13-JUN-2017 | B |
| I want to... ... ... ... | | 31-DEC-2016 | | 16-FEB-2017 | P |
| I want to... ... ... ... | | 30-SEP-2016 | | | X |
| I want to... ... ... ... | | 30-JUN-2016 | | 03-AUG-2016 | P |
| I want to... ... ... ... | | 31-MAR-2016 | | 17-JUN-2016 | P |
| I want to... ... ... ... | | 31-DEC-2015 | | 09-MAR-2016 | P |
| I want to... ... ... ... | | 30-SEP-2015 | | | X |
| I want to... ... ... ... | | 30-JUN-2015 | | 22-JUL-2015 | P |
| I want to... ... ... ... | | 31-MAR-2015 | | 24-APR-2015 | P |
| I want to... ... ... ... | | 31-DEC-2014 | | 30-JAN-2015 | P |
| I want to... ... ... ... | | 30-SEP-2014 | | 29-OCT-2014 | P |

New Search

**Report Status:**
A -- Report in Adjustment Process
B -- Report Certified/Posting In Progress
C -- Report Prepared/Not Certified
N -- Report Available/To Be Completed

Under the **Action** column, from the drop down I want to...menu select your desired action

Prepare/Certify
Preparer
Certifier

Note: System will display desired selection information

**Note: You can only complete the current quarters report.**

**If status is "X", the report is no longer available for submission.**

## Federal Cash Transaction Report
## All Report Screen

All Report Listing
Payee Account Contains:Z8888P1
Status:**ALL REPORT STATUSES**

| Action | Payee | End Date | Due Date | Submit Date | Status |
|---|---|---|---|---|---|
| I want to... ... ... ... <br> Prepare/Certify <br> Subscribe <br> See Workflow | Z8888P1 | 30-SEP-2016 | 30-OCT-2016 | | N |

New Search

**Report Status:**
A -- Report in Adjustment Process
B -- Report Certified/Posting In Progress
C -- Report Prepared/Not Certified
N -- Report Available/To Be Completed
P -- Report Completed/Posted
X -- Report Not Filed in Past Periods

PMS will automatically populate Agency, Grantee Information, DUNS, EIN as stated in the database.

Box 6, Box 7, & Box 9 are defaulted automatically by the system.

To report disbursements on the grant, click on the "**Report Disbursements**" button at the top of the page.

**The Report Disbursement page must be completed first.**

## Federal Cash Transaction Report

Return

Save | Certify | Report Disbursements | Cancel

| | | | | | |
|---|---|---|---|---|---|
| FEDERAL FINANCIAL REPORT | | | (Prescribed by OMB A-102 and A-110) | | |
| 1. Federal Agency and Organizational Element to Which Report is Submitted | | | | 2. Federal Grant or Other Identifying Number | |
| | | | | | |
| 3. Recipient Organization (Name and complete address including Zip code) | | | | | |
| | | | | | |
| 4a. DUNS Number | 4b. EIN | 5. Recipient Account Number or Identifying Number | 6a. Report Frequency | 6b. Report Type | 7. Basis of Accounting |
| | | | Quarterly | Interim Report | Cash |
| 8. Project/Grant Period(month,day,year) | | | 9. Reporting Period End Date(month,day,year) | | |
| From: | | To: | 12/31/2016 | | |
| **10. Transactions** | | | | Cumulative | |
| (Use lines a-c for single or multiple grant reporting) | | | | | |
| **Federal Cash (To report multiple grants, also use Report Disbursements):** | | | | | |
| a. Cash Receipts | | | | 567,594.41 | |
| b. Cash Disbursements | | | | 0.00 | |
| c. Cash on Hand (line a minus b) | | | | 0.00 | |

Grantees must check the "**Report Inactive Grant**" listing each quarter to ensure that all disbursements on these grants are up-to-date. These grants are still opened in PMS and will remain open to the Awarding Agency takes the necessary action to close them. They are in the list because the ending budget period has ended.

In Box 5, report "**CUMULATIVE**" expenditures for each grant listed.

Net Quarter Disbursements will automatically calculate at the bottom in the box titled **"TOTAL"**

**Note:** The **Rec Acct Num** column is optional. This is for your use only!

However, PMS will retain this information and it will populate on each quarters report.

**Remember this is an expenditure report. You must report actual expenditures regardless if you have not requested funds**.

Report Inactive Grants

Grant Number-----Auth. Amount-----Disb. Amount

12SM60465A----- 199,201.00----- 199,201.00
14SM60465B----- 101,057.00----- 100,602.32
90IF006101----- 250,227.35----- 250,227.35
90IF008301----- 195,182.70----- 195,182.70
RHL121422A----- 261,822.22----- 261,836.00

5. List information below for each grant covered by this report. Use additio ... are denoted with an asterisk "*" and hig Blue.

| Sel One | Grant Num | Rec Acct Num | | Cum. Disb. Amt | Cum Feder |
|---|---|---|---|---|---|
| | | PRJ77FN | 398,388.37 | 394,631.78 | 398,388.37 |
| | | PRJ89GC | 1,479,722.00 | 1,074,875.24 | 1,074,875.24 |
| | | PRJ85PD | 399,631.00 | 317,974.74 | 399,631.00 |
| | | MIL109517 | 1,197,578.00 | 735,509.00 | 735,509.00 |
| | | PRJ86YM | 428,096.00 | 342,172.47 | 342,172.47 |
| | | PRJ86BB | 562,816.00 | 467,588.51 | 467,588.51 |
| | | PRJ84LR | 417,516.00 | 255,974.56 | 417,516.00 |
| | | AAA4984 | 163,804.00 | 128,138.15 | 163,804.00 |
| | | PRJ92YB | 224,250.00 | 209,275.42 | 224,250.00 |
| | | AAA2545-2 | 196,477.00 | 25,454.89 | 25,454.89 |
| | | AAA2537-2 | 200,000.00 | 79,999.36 | 79,999.36 |
| | | TOTAL (Should correspond to the amount on Line 10b on Page 1) | | | 2,105,240.58 |

Cash Receipts = the Ending Cash on Hand from the prior quarter's report + funds received and/or returned during the quarter.

You must calculate 10c "Cash On Hand" Line 10a minus Line 10b.

If 10c is a positive amount, you must provide an explanation on line 12.

Save | Certify | Report Disbursements | Cancel

| | | | | | |
|---|---|---|---|---|---|
| FEDERAL FINANCIAL REPORT | | | | (Prescribed by OMB A-102 and A-110) | |
| 1. Federal Agency and Organizational Element to Which Report is Submitted | | | | 2. Federal Grant or Other Identifying Number | |
| | | | | | |
| 3. Recipient Organization (Name and complete address including Zip code) | | | | | |
| | | | | | |
| 4a. DUNS Number | 4b. EIN | 5. Recipient Account Number or Identifying Number | 6a. Report Frequency | 6b. Report Type | 7. Basis of Accounting |
| | | | Quarterly | Interim Report | Cash |
| 8. Project/Grant Period(month,day,year) | | | 9. Reporting Period End Date(month,day,year) | | |
| From: | | To: | 12/31/2016 | | |
| **10. Transactions** | | | | Cumulative | |
| (Use lines a-c for single or multiple grant reporting) | | | | | |
| **Federal Cash (To report multiple grants, also use Report Disbursements):** | | | | | |
| a. Cash Receipts | | | | 567,594.41 | |
| b. Cash Disbursements | | | | 2,105,240.58 | |
| c. Cash on Hand (line a minus b) | | | | -1,537,646.17 | |

Scroll to the bottom of the page to enter remarks, if applicable in box 12.

Enter Certifying Officer's name in Box 13b

Scroll to the top or bottom of the page and click the "Certify" button to attest to the accuracy and completeness of the report.

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

Funds drawn at the end of the month for payroll

| | | | |
|---|---|---|---|
| Prepared by : | User01,Testgrantee | Phone No. : | 456-123-379 |
| Email Address: | testusr01@email.com | | |

**13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001).**

| | |
|---|---|
| a. Typed or Printed Name and Title of Authorized Certifying Official | c. Telephone (Area code, number and extension) |
| | d. Email Address |
| b. Signature of Authorized Certifying Official | |
| PMS Preparer Signature | e. Date Report Submitted |
| | 14. Agency use only |

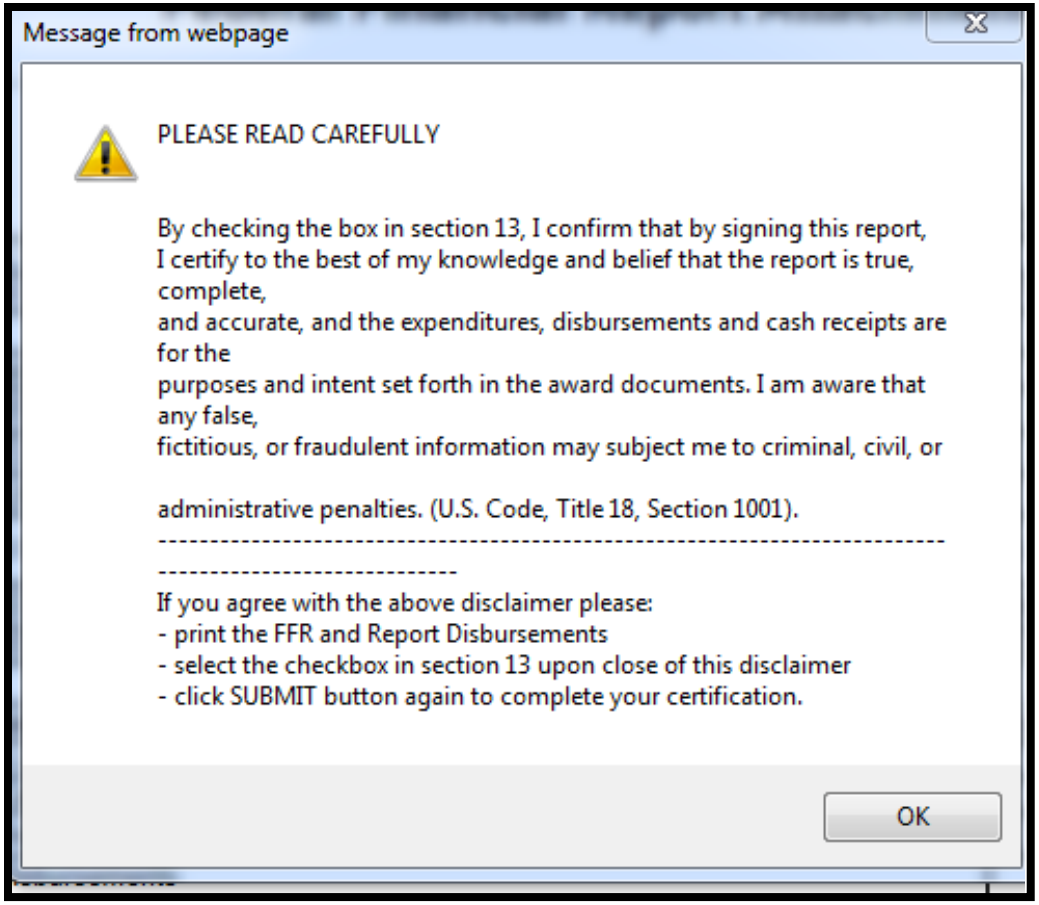
| | |
|---|---|
| User Code | |
| Payee Account | Z8888P1 |
| DPM Rep Name | |
| Phone Number | |

**Paperwork Burden Statement**
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

| | |
|---|---|
| Standard Form | 425 - Revised 6/28/2010 |
| OMB Approval Number | 0348-0061 |
| Expiration Date | 10/31/2011 |

Save | Certify | Report Disbursements | Cancel

Read Windows message and click “OK” if you agree



Check the box under 13b

Click on the **"Submit"** button.

Once report is submitted, the message "**Certify Transaction Complete**" will appear

Updates to the report, can be made 24 hours after submission.

**13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001).**

| | |
|---|---|
| a. Typed or Printed Name and Title of Authorized Certifying Official | c. Telephone (Area code, number and extension) |
| User01,Testgrantee | 456-123-379 |
| accountant | d. Email Address |
| b. Signature of Authorized Certifying Official | testusr01@email.com |
| PMS Preparer Signature | e. Date Report Submitted |
| | |
| ☑ By checking this box, I certify that this report is true, complete and accurate to the best of my knowledge. | 14. Agency use only |
| | |

| | |
|---|---|
| User Code | |
| Payee Account | Z8888P1 |
| DPM Rep Name | |
| Phone Number | |

**Paperwork Burden Statement**
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

| | |
|---|---|
| Standard Form | 425 - Revised 6/28/2010 |
| OMB Approval Number | 0348-0061 |
| Expiration Date | 10/31/2011 |

Save | Submit | Report Disbursements | Cancel

Your report has now been submitted.

You can click on the **"Return to List"** button to see the new status of your report.

If you missed a past report, you must complete the current quarters report in order to be compliant.

## Federal Financial Report Attachment

Certify

Transaction Complete

**The report will be available for recertification the next business day.**

You may select another process from the menu.
OR
Return to List
OR
Repeat Same Transaction Type

# Federal Financial Report (FFR – 425)

# <u>Component #2</u>
# Financial Status Report

- The Office of Management and Budget (OMB) requires that federal agencies transition to the Federal Financial Report (FFR) beginning with Fiscal Year 2010 reports (for the quarter ending 12/31/2009). The Federal Financial Report (FFR or Standard Form 425) will consolidate and replace the SF 269 (Financial Status Report) and PSC 272 (Federal Cash Transactions Report) with a single report.

- **The following Federal Agencies are utilizing the FSR via the Payment Management System.** If you do not have grants with one of the below agencies, please contact your grants officer regarding the submission of the FSR-269.

  - **F49D** – Veterans Affairs/SSVF & Ntl Ctr on Homelessness – *Final*
  - **F50** - Executive Office of the President - *Quarterly*
  - **F95C** - IRS/VITA - *Final*
  - **F81** - Department of State (all users codes) - *Quarterly*
  - **F88** - USDA/OAO - *Quarterly*
  - **CMS** (Sub-accounts: SDIC-CMS; DOP-CMS; TEFT-CMS) – *Semi-Annual*
  - **ACF**** (Sub-accounts matching document # 90CH; 90RV; 90ZU; 90CI; 90CH) - *Semi-Annual*
  - **ACF**** (Sub-accounts: TCSE16 and REFSS16) - *Quarterly*

**Note: Grantees should contact their grants officer in regards to the submission of the FSR report.**

**** ACF Grantees can check the ACF web page under Grants & Funding to obtain additional information regarding "REPORTING REQUIREMENTS"**

After logging in to the Payment Management System with a PMS User ID and password:

Click the PMS menu heading entitled: "**Disbursement**"

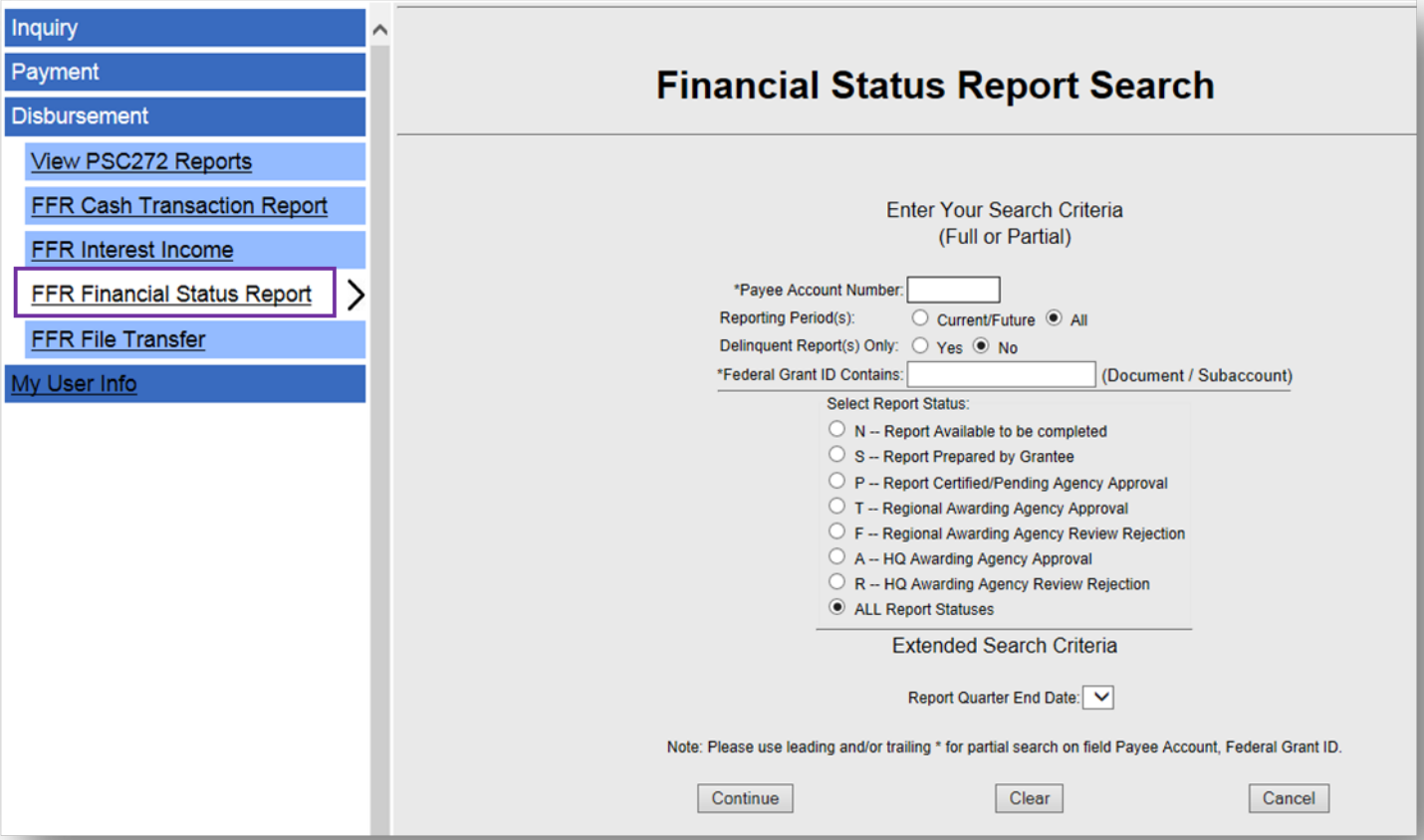
Click the sub-heading entitled: "**FFR Financial Status Report**"

Enter your **PMS Account Number**

Select the Reporting Period **"All"**

Leave everything else as it and at the default

Click Continue




Currently IHS is not utilizing PMS for the submission of their FSR's

# Payment Management Services General Information

- **All** organizations must submit the following forms in order to get established in PMS; regardless if they already have a PMS Account Number (PAN) with a different Federal Agency. Awarding agency funds are not commingled. You will have a PMS PAN for each awarding agency/department you have grants for.

- Example: If you have a grant from US Department of Labor, your US Department of Health and Human Services grant will not be in the same PMS PAN. You will have a separate PMS PAN for your US DHHS grant(s).)

  - Direct Deposit Sign-Up Form (SF-1199A)
  - DPM PMS System Access Form
    - Submit for each individual who need access

- All documentations can be submitted via the following methods:

**Express** Mail:
U. S. Department of Health & Human Services
Program Support Center (PSC)
FMS/Payment Management Services
7700 Wisconsin Avenue – Suite 920
Bethesda, Maryland 20814

**Regular** Mail:
U. S. Department of Health & Human Services
PSC/FMS/Payment Management Services
Post Office Box 6021
Rockville, Maryland 20857

**PMS Liaison Account** via Email. Please contact them first.

PSC

**TO ENSURE ACCURACY WHEN COMPLETING DIRECT DEPOSIT FORM:**

1) Box 1A: Name must match organization name on notice of grant award
2) Box 1B: Leave Blank [Note: **SF1199A form will be rejected if individual's name appears**]
3) Box 1C: Organization's taxpayer identification number must be included in this field
4) **Original signatures must exist on form**

**COMMON ERRORS**

1) Corrections in Depositor Account Number and Bank Routing Number
2) Alternations that appear on original form are not acceptable (i.e. white out, strike overs, cross-outs, etc.)
3) Depositor Account Title not filled in
4) Depositor Account Title does not match Name of Payee
5) No signatures

**For bank changes, please include PMS Account Number(s) at the top of the form**

Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

# DIRECT DEPOSIT SIGN-UP FORM

DUNS # _____

SAMPLE

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The number and type of payment are printed on Government checks (see the back of this form.) This information is stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

**SECTION 1** *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*: ABC Corporation, Inc.

ADDRESS *(street, route, P.O. Box, APO/FPO)*: 123 ABC Street – Suite 123

CITY: Anywhere STATE: US ZIP CODE: 12345

TELEPHONE NUMBER AREA CODE: (123) 555-5678 ext. 910

B NAME OF PERSON(S) ENTITLED TO PAYMENT: Leave Blank

C CLAIM OR PAYROLL ID NUMBER (Prefix / Suffix): Type/Print 9-Digit Tax ID #

D TYPE OF DEPOSITOR ACCOUNT: [X] CHECKING [ ] SAVINGS

E DEPOSITOR ACCOUNT NUMBER: 1 2 3 4 5 - 0 1 2 3

F TYPE OF PAYMENT *(Check only one)*
- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed Salary/Mil. Civilian Pay
- ☐ Mil. Active _____
- ☐ Mil. Retire _____
- ☐ Mil. Survivor _____
- ☒ Other Dept of _____ *(Specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*
TYPE: N/A AMOUNT:

**PAYEE/JOINT PAYEE CERTIFICATION**

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE: ABC Corporation Representative DATE: 00-00-00
SIGNATURE DATE

**JOINT ACCOUNT HOLDERS' CERTIFICATION** *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE DATE
SIGNATURE DATE

**SECTION 2** *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME: Awarding Agency Information & Contact Person

GOVERNMENT AGENCY ADDRESS: Awarding Agency Address

**SECTION 3** *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION:
ABC Bank Name
123 Bank Street
Bank, US 99999

ROUTING NUMBER: 1 2 3 4 5 6 7 8 CHECK DIGIT: 9

DEPOSITOR ACCOUNT TITLE: ABC Corporation, Inc.

**FINANCIAL INSTITUTION CERTIFICATION**

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME: ABC Bank Name Representative
SIGNATURE OF REPRESENTATIVE: ABC Bank Name Representative
TELEPHONE NUMBER: (123) 555-0987
DATE: 00-00-00

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

1

NSN 7540-01-058-0224 1199-207

**We have new banking information. How do we update PMS?** You must submit a new Direct Deposit Sign-Up Form (SF-1199A) and send the form directly to the Payment Management Services (unless otherwise instructed by your awarding agency). The form can be obtained from your Financial Institution or from our web page (https://pms.psc.gov) under the section "How Do I…Access PMS" Grant Recipients and then select International Bank Account Instructions and SF-1199A Form.

**How do we know the banking has been updated?** Your accountant liaison will send you an Email confirmation once receipt of your forms. You can check the Payment Data Inquiry for T/C that states "**PNT**". Adhoc Grantee Inquiry – Payment Data

| T/C* | ***DEBIT** | **POSTED** | *******AMOUNT****** | *DATE** | SCHED* | **CONFIRM* |
|---|---|---|---|---|---|---|
| Z27 | | 06/21/2012 | $100,000.00 | | | |
| SPRMCO11CA106 | | | $100,000.00 | | | |
| PNT | | 06/14/2012 | $.00 | 120614 | | 63991 |
| Z27 | | 05/03/2012 | $100,000.00 | | | |
| SPRMCO11CA106 | | | $100,000.00 | | | |

**How do we update our organizations information (Name, DUNS, Address)?** For name changes, you must submit a copy of the IRS Letter and/or Executive Order which states the old name and the new name (documentations should be sent to your grants officer **and** your PMS Liaison Accountant). For DUNS and address changes, you can provide this information on your organizations letterhead with an authorized signature directly to your grants officer. **How do we know the information has been updated?** Once the next quarter's reports are generated, you will be able to see the updated information.

Listed below are some of the agencies currently serviced by PMS.

**The HHS agencies are**:
Administration for Children and Families (ACF)
Administration for Community Living (ACL); formerly Administration on Aging (AOA)
Agency for Healthcare Research and Quality (AHRQ)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS), legacy HCFA
Food and Drug Administration (FDA)
Health Resources and Services Administration (HRSA)
Indian Health Service (IHS)
National Institutes of Health (NIH)
Office of the Secretary (OS)
Substance Abuse and Mental Health Services Administration (SAMHSA)

**The Federal Non-HHS agencies and departments include**:
Department of Agriculture (USDA)
Corporation for National & Community Service (CNCS)
Department of Homeland Security (DHS)
Department of Labor (DOL)
Department of State (DOS)
Department of the Treasury (Treas.)
Department of Veterans Affairs (VA)
Executive Office of the President (EOP)
National Aeronautics and Space Administration (NASA)
Small Business Administration (SBA)
United States Agency for International Development (USAID)

## Internet Access

Payment Management Services
Home Page
https://pms.psc.gov

## Hours of Operation

Monday through Friday:
5:00 a.m. until 11:00 p.m. EST*

Saturday and Sunday:
9:00 a.m. until 9:00 p.m. EST*

*Requests for payment submitted after 5:00 p.m. EST will be processed as if received on the next business day.

## Help Desk Number

Telephone #: 877/614-5533
E-Mail: PMSSupport@psc.hhs.gov

## PMS Federal Holidays

Payment Management Services is considered an Essential Government Office due to the nature of its business activities. This means as a general rule, PMS remains open for business year round except Federal Holidays and bank holidays.

**Payment Management Services is closed on the following Federal holidays**

New Year's Day
Martin Luther King, Jr. Day
President's Day
Memorial Day
Fourth of July
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Day
Christmas Day

# Returning Funds

- **All** funding requested via the Payment Management System, must be returned back to our office for proper credit.

- **All** returns should include (1) PMS Account Number(s), (2) Grant Number, (3) Amount, and (4) reason for return (excess cash, interest, etc). If you are not able to provide this information on the transmission, please send an E-Mail to your liaison accountant informing them of the return and include all information stated above.

- **Remember to update your FCTR to reflect the funds return**.

- Once the funds have been received and posted back to your PMS Account, you can check the payment data inquiry screen.

- On electronic returns there are fields in place for submitting information with the financial data. Please make use of these fields. Please include pertinent subaccount information if it applies.

The Payment Management Services prefers that you return funds using **ACH Direct Deposit (REX or Remittance Express) or FedWire.**

**ACH Returns (Direct Deposit)**
Returning funds to DPM via ACH (Automated Clearing House) means you will most likely be returning funds to DPM in the manner in which they were received at your organization. You will need the following information:

- The DPM ACH Routing Number is: **051036706**
- The DPM DFI Accounting Number: **303000**

**Bank Name:** Credit Gateway - ACH Reciever
**Location:** St. Paul, MN

**FedWire Returns**
A FedWire return is a return via a WIRE. You will need the following information:

- The DPM FedWire Routing Number: **021030004**
- The DPM ALC (Agency Location Code): **75010501**

ALC is known as our Account Number

**Bank Name:** Federal Reserve Bank
Treas NYC/Funds Transfer Division
**Location:** New York, NY

(*Please note that if your organization initiates a payment, then it is likely to incur a charge from your Financial Institution for this type of payment.)

**Check Returns**

**Please allow 4-6 weeks for processing of a payment by check to be applied to the appropriate PMS account.**

If a recipient does not have electronic remittance capability, please be sure to use the following information:

- Check made payable to The Department of Health and Human Services
- Indicate your Payment Management System (PMS) Account Number (PAN) on the check. [NOTE: The Payment Management System (PMS) Account Number (PAN) is the same series of alpha-numeric characters which are used for payment request purposes (for example: C1234G1)].
- Mail the Check to:

HHS Program Support Center
PO Box 530231
Atlanta, GA 30353-0231

***Please include a brief statement explaining the nature of the return.***

# Specific Information


Specific information can be found under the section “Grant Recipients”

# Thank You for Attending