

TCE Grant Award Notification Required Actions and Other Information

Contents

Form 9661, Cooperative Agreement	2
Form 13533, Sponsor Agreement	2
Program/Budget Plan Revisions	2
Form 8653, Application Plan Revisions	2
Standard Form 1199A, Direct Deposit Sign-up Form	3
Payment Management System Access Form	3
Primary Contact Form	3
Site Information	3
Payment Management System (PMS) Account Establishment	3
Completion of DPM Payment Management System Access Form	4
Completion of Standard Form 1199A, <i>Direct Deposit Sign-Up Form</i>	5
Additional Resources	6

Required Actions

In order to properly establish your grant account, the Grant Program Office requires your organization to take the following actions. Return the completed forms, revised program plan and budget revisions within **20 calendar days from the date of grant notification**.

Please retain a copy of all documents for your records. The preferred method for communicating with the Grant Program Office is via e-mail. The e-mail address of your assigned grant officer is provided in the letter announcing the award.

Failure to return the requested information by the due date or receive an **approved** exception **will result** in non-consideration for future grant opportunities.

Any questions should be directed to your assigned grant officer.

Item	Actions	Method	Due
1	Form 9661, Cooperative Agreement Review the Form 9661, <i>Cooperative Agreement</i> , with Terms and Conditions and Grant Reporting Requirements. Confirm the number of projected returns . Any change to projected returns must be approved by the Chief, Grant Program Office prior to grant acceptance. Sign the Form 9661 .	E-mail to your assigned grant officer	20 calendar days from date of grant notification
2	Form 13533, Sponsor Agreement Review Publication 4299, <i>Privacy and Confidentiality - A Public Trust</i> . You must become familiar with the safety and security requirements contained in this publication. Complete and sign Form 13533, Sponsor Agreement .	E-mail to your assigned grant officer	20 calendar days from date of grant notification
3	Program/Budget Plan Revisions Review and revise your <i>Program/Budget Plan Narrative</i> if significant changes are required due to the reduction in funds. Please <u>do not rewrite</u> your narrative but provide a summary list of the changes.	E-mail to your assigned grant officer	20 calendar days from date of grant notification
4	Form 8653, Application Plan Revisions Revise your Form 8653, <i>Application Plan</i> to identify line items changes due to the reduction in funds.	E-mail to your assigned grant officer	20 calendar days from date of grant notification

Item	Actions	Method	Due
5	<p>Standard Form 1199A, Direct Deposit Sign-up Form</p> <p>Complete recipient portion of the Standard Form 1199A, <i>Direct Deposit Sign-up Form</i>, and have your financial establishment complete their portion. The form will be mailed to Payment Management Services (PMS) for account establishment. Due to the problems experienced in completing this form correctly, line-by-line instructions are enclosed to reduce the chance the form cannot be processed by PMS. If you are a previous TCE Grant recipient, you are <u>only</u> required to submit a SF 1199A if information has changed since your previous submission.</p>	<p>Original signatures ONLY!!! Forms may be e-mailed, faxed or mailed to PMS. See the PMS liaison contact information below.</p>	<p>20 calendar days from date of grant notification</p>
6	<p>Payment Management System Access Form</p> <p>Complete the Payment Management System Access Form for the Payment Management Services.</p>	<p>E-mail to PMS</p>	<p>20 calendar days from date of grant notification</p>
7	<p>Primary Contact Form</p> <p>Complete the primary contact form for your organization for the GPO.</p>	<p>E-mail to your assigned grant officer</p>	<p>20 calendar days from date of grant notification</p>
8	<p>Site Information</p> <p>Provide a listing of sites established for this program period. Be sure to include site location, SIDN and EFIN. If no changes are required to the list submitted with the application, an e-mail notifying the grant officer that this is the case is sufficient.</p>	<p>E-mail to your assigned grant officer AND to Territory Office via Form 13715, <i>Volunteer Site Information Sheet</i></p>	<p>January 15</p>

Other Information

Payment Management System (PMS) Account Establishment

The IRS will authorize Payment Management Services (PMS) to release grant funds after all required documents and forms are received, approved and processed. It normally takes 2-3 weeks for PMS to establish your account. The primary contact person will receive an e-mail from PMS providing the electronic login and password to access and withdraw funds using the Payment Management System (PMS) at www.dpm.psc.gov. It is our intent to have all documented funds available by mid-January; however, the receipt and processing of all required forms, the PMS workload and the passage of the Congressional budget appropriating funding

for the TCE Program will dictate whether this is achievable. We will notify your organization when the account is established.

Completion of PMS Access Form and Standard Form 1199A, *Direct Deposit Sign-Up Form* - Grant recipients must have an active account in the PMS in order to request funds. The accounts are established in PMS once the completed SF 1199A and PMS Access Form are received by the Payment Management Services (PMS).

The PMS is responsible for requesting and reviewing all SF 1199A and PMS Access Forms for processing. Return both documents to PMS. The SF 1199A can be mailed, faxed or e-mailed to the attention of the PMS liaison at:

Ms. Kathleen Vardon
Accountant, Governmental & Tribal Payments Branch
Payment Management Services
Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Ave., Suite 10330C
Bethesda, MD 20857
Office: (301) 492-5011
Fax: (301) 492-4511
Email: Kathleen.Vardon@psc.hhs.gov

Additional instructions for completion of the SF 1199A and PMS Access Form follow.

Completion of DPM Payment Management System Access Form

All recipients must complete the Payment Management System Access Form and mail it to PMS. Detailed instructions follow for completion of the document.

Instructions for the DPM PMS Access Form	
Action Requested	<ul style="list-style-type: none"> • New TCE Grant recipients select “Establish New User Access” • 2017 or 2018 TCE Grant recipients select applicable box
1. Name of Institution/Organization	This should reflect the legal name recorded on the Standard Form 424, <i>Application for Federal Assistance</i> , block 8a.
2. Payee Identification Number (PIN)	Leave blank unless you were a 2016 or 2017 TCE Grant recipient. If a 2016 or 2017 TCE Grant recipient, record the PIN assigned to your TCE Grant PMS account, i.e. C####. The PIN is five digits—four numbers and one alpha character.
3. Request to Establish/Change Access or Update Contact Info	This should be the person responsible for requesting funds within PMS.
Name	Self-explanatory
Telephone Number	Self-explanatory

Instructions for the DPM PMS Access Form	
E-Mail Address	Self-explanatory – Please pay particular attention to the accuracy of this information. The password information will be communicated via e-mail.
Mailing Address	Self-explanatory – no P.O. Box addresses allowed
4. Type of access requested	Self-explanatory
5. Supervisor’s Approval	This should be the person within the organization that directs and approves the work completed by the primary contact and/or the alternate contact.
Supervisor Name	Self-explanatory
Supervisor’s Signature	Self-explanatory
Supervisor’s Title	Self-explanatory
Supervisor’s Telephone Number	Self-explanatory

Return this form to PMS.

Note: If multiple individuals will be responsible for quarterly report submission or payment requests, separate forms must be completed and submitted for each individual. See training material on the Payment Management Services website www.dpm.psc.gov for detailed instructions on “Type of access requested.”

Completion of Standard Form 1199A, *Direct Deposit Sign-Up Form*

Please read these instructions and the instructions with the SF 1199A before completing the form in order to avoid re-work. Recipients that are **not** previous TCE Grant recipients **must** complete the SF 1199A.

Note: If you are a previous TCE Grant recipient and your information changed (name, address, account number, financial institution), you must submit a SF 1199A with the revised information.

The following guidance applies to all fields on the SF 1199A. Please ensure you adhere to this guidance to avoid delay in account establishment.

1. **All information is to be typed or printed in ink on the SF 1199A.**
2. **All signatures must be original and in ink. Use blue ink so there is no doubt as to whether a signature is an original signature.**
3. **Alterations such as erasures, correction fluid or tape, and strike-outs are unacceptable and will invalidate the form.**
4. **The DUNS (Dun and Bradstreet Number) from the SF 424 block 8c must be typed or printed at the top right-hand corner of the SF 1199A.**
5. **All data elements on the SF 1199A must be completed unless a blank is indicated.**
6. **Plan ahead. Complete multiple original documents before you take them to your financial institution in case they make a mistake.**
7. **The form cannot be faxed.**

Instructions for Standard Form 1199A, Direct Deposit Sign-Up Form

Section 1 (To be completed by payee)

A. Name of Payee	This is the legal name used on the SF 424.
Address	Self-explanatory
City, State, Zip Code	Self-explanatory
Telephone Number	Self-explanatory
B. Name of Person(s) Entitled to Payment	DO NOT put an individual's name. Input your organization's name (same as A).
C. Claim or Payroll ID Number	Provide your IRS Employer Identification Number (EIN). This must be the same EIN provided on the SF 424 in block 8b.
Payee/Joint Payee Certification	Must be signed by an individual(s) having signature authority for the bank account. Be sure to date.
D. Type of Depositor Account	Select the type of account funds will be deposited in. Most organizations will mark the "checking" block.
E. Depositor Account Number	Record your organization's account number for the type of account selected.
F. Type of Payment	Mark "Other" and specify "Grant"
G. Allotment of Payment	Leave blank – Do not complete any of this section which includes the joint account holders' certification.

Section 2 (The information in this section should be left blank)

Government Agency Name	Leave Blank
Government Agency Address	Leave Blank

Section 3 (To be completed by Financial Institution)

Name and Address of Financial Institution	Self-explanatory
Routing Number	Self-explanatory
Depositor Account Title	This should be the same as Section 1 Box A.
Representative's Name	Self-explanatory
Signature of Representative	Self-explanatory
Telephone Number	Self-explanatory
Date	Self-explanatory

Before sending the completed and signed documents, review to ensure all documents are included and that no alterations were made to the SF 1199A. This was one area where recipients experienced delay in account establishment last year. **This form must be sent to:**

Ms. Kathleen Vardon
Accountant, Governmental & Tribal Payments Branch
Payment Management Services
Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Ave., Suite 10330C
Bethesda, MD 20857
Office: (301) 492-5011
Fax: (301) 492-4511
Email: Kathleen.Vardon@psc.hhs.gov

Additional Resources

You may find the following documents on www.irs.gov.

- Publication 4883, *Grant Programs Resource Guide*
- Publication 1101, *Application Package & Guidelines for Managing a TCE Program*
- Publication 1084, *IRS Volunteer Site Coordinator's Handbook*
- Form 13614-C, *Intake/Interview & Quality Review Sheet*
- Publication 4299, *Privacy and Confidentiality – A Public Trust*