Financial Management Portfolio
Payment Management Services

Payment Management System
Overview Training for
Domestic & International Grantees

February 2022
Discussion Topics

- Introduction
  - Welcome
  - Roles & Responsibilities
- User Access & Add/Update Banking
- Account Inquiries & APEX Reports
- Payment Request Submission
- Federal Financial Report
- General Information
Welcome to the U. S. Department of Health and Human Services, Payment Management Services

Payment Management Services (previously known as the Division of Payment Management) has over 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 (Grantors) and Grant recipients (Grantees) 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.

You have been informed by the Awarding Agency that granted your funding that your organization will be requesting funds through our Internet based payment system.

We look forward to working with you!
Our Fit within the HHS Hierarchy

Our Service operates and uses the Payment Management System (PMS) to provide Awarding Agencies and Grant Recipients the tools to make and manage grant payments.

ORGANIZATION

Department of Health and Human Services (HHS)

Office of the Assistant Secretary for Administration (ASA)

Program Support Center (PSC)

Financial Management Portfolio (FMP)

Payment Management Services (PMSsvc)
PMS FUNCTION, ROLES & RESPONSIBILITIES

PMS is a full-service centralized grants payment and cash management system. The system is fully automated to receive payment requests, review 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).

The Liaison Accountant is responsible for approving payments and performing cash management processes. They maintain recipients accounts, analyze accounts for excessive cash and over-disbursements, review payments that failed system edits, assesses funding methods to ensure draw-down compliance, resolves audit findings, collects Federal Funds on over-advanced accounts, and refers to uncollectible debts.

AWARDING AGENCIES ROLES & RESPONSIBILITIES

1. Establishing entities in PMS
2. Responsible for issuing awards to grant recipients.
3. PMS serves the disbursing (paying) agent for agencies that award grants.
4. Responsible for reviewing PMS Accounts at the end of the grant award.
5. Responsible for de-obligating unused funding, re-opening closed grants, and taking the necessary action to close grant in PMS.

PMS is the mediator between the Awarding Agency (Grantor) and the Grantee (YOU)
Your Awarding Agency must provide the PMS PIN and PMS EIN for your entity.

- PMS Home Page
- User Access Request
- Add/Update Banking
- PMS Dashboard
- PMS Menu Options
- PMS Main Page
First time users and users that have been deactivated from PMS due to 90 days of non-activity* (*1st notification sent on the 61st day & 2nd notification sent on the 8th day before deactivation)

Use the Request ID # to obtain information on your submission

Use if you are someone leaves your organization

Everyone in your organization who needs access to PMS must have their own assigned PMS Username
1. Select the User Type ‘Grantee/Recipient’ from the dropdown box.
2. Your email address will need to be verified prior to receiving any access to the system. Type in your email address in the ‘E-Mail Address’ field and then confirm the email address provided by typing the email address again in the ‘Confirm E-Mail Address’ field.
3. Click ‘Request Email Verification Code’ for an email to be sent to the email address.
4. An email message will be sent immediately to the email address provided containing the six-digit verification code that is required to continue with the user access request. The verification code will be valid for 15 minutes.
5. Enter the six-digit code in the ‘Email Verification Code’ field.
7. Select the ‘Submit’ button on the bottom of the page.

Note: To ensure that system emails are received, recipient IT organizations should whitelist PMSSupport@psc.gov.
The PMS Access Request form will be displayed. Select the ‘Add’ button to provide the Organization/Institution information that you want access to. Use the ‘Add’ button for each organization that you need access to.  

*Do Not Use Acronyms*
After entering your organization name*, select one of these options:

You should have been provided the PMS PIN and PMS EIN by your Grants Officer/Management Specialist

*Organization name must match what’s stated in the Payment Management System. Official name registered by the Awarding Agency (Stated in SAM.GOV)
• Check all access levels required
  • Grantee Inquiry, Accountant Maintenance, FCTR View are system defaults
UPDATING YOUR PRIVILEGES

From the “dashboard”…. 

- Select **Menu** (top right) 
- Select **User Account Maintenance**  
- Select **Update Privileges**

Now you can…….

- Add or Remove PMS PAN  
- Select or Remove Access Level
ADDITIONAL INFORMATION

• If you are locked out of the Payment Management System or you do not remember your security questions, contact the PMS Support.

• If your email address in the Payment Management System is incorrect, please contact your PMS Liaison Account for additional assistance.
In order to submit a banking establishment or change request, you must have access to the Payment Management System “Add/Update Banking” function.

When a banking establishment or change request is submitted, all users associated with that PMS Account Number will receive an email notification, that the request has been entered.

All banking requests require the uploading of a completed and signed DIRECT DEPOSIT SIGNED UP FORM (SF-1199A) for *Domestic Grantees* and DIRECT DEPOSIT SIGNED UP FORM (SF-1199A) and INTERNATIONAL BANK LETTER for *International Grantees*.

Instructions and Forms can be found at this link [https://pms.psc.gov/grant-recipients/banking-add-change.html](https://pms.psc.gov/grant-recipients/banking-add-change.html)

**How do we know the banking has been updated?** You will receive an automated Email upon completion of your banking submission. You can also check your dashboard for the status.
SF-1199A DIRECT DEPOSIT FORM INSTRUCTIONS

1. You must complete and upload a new SF-1199A form for each banking request. Download the SF-1199A Direct Deposit Form. [https://pms.psc.gov/forms/1199a-direct-deposit-form.pdf](https://pms.psc.gov/forms/1199a-direct-deposit-form.pdf)

2. All information should be typed or printed on the SF-1199A and then uploaded to your banking request prior to submission. Alterations such as erasures, correction fluid, and strike-outs are unacceptable and will invalidate the form.

3. Only 1 copy of the form is required

TO ENSURE ACCURACY WHEN COMPLETING DIRECT DEPOSIT FORM:

- Box 1A: Name must match organization name on notice of grant award & should match what was registered in PMS by the Federal Awarding Agency (information is pulled from SAM.GOV)
- Box 1B: Leave Blank [Note: SF1199A form will be rejected if individual’s name appears]
- Box 1C: Organization’s taxpayer identification number must be included in this field or Enter PMS EIN #
- Form must be signed (Digital/Electronic Signatures are allowed)
To add or change bank information for an account:

Click in the check box associated with the account(s) or subaccount(s) to be changed. You may select multiple accounts if all accounts will have the same banking.

Note for new grantees: If more than one PMS PAN is available, please select both.
Provide the following information for domestic accounts

- **ACH Routing Number** (required) – the 9-digit electronic US bank code used by the Automated Clearing House (ACH) to identify the bank.
- **ACH Bank Account Number** (required) – the number that is specific to a given account at the bank.
- **ACH Bank Account Type** (required) – select either ‘Checking’ or ‘Savings’.

Bank Account Number should be entered straight – no dashes, spaces, etc.
Upload supporting documentation. All banking requests require the uploading of a completed and signed **DIRECT DEPOSIT SIGNED UP FORM (SF-1199A)**. We only need one copy.
INTERNATIONAL ENTITIES: COMPLETION OF THE SF-1199A

SECTION 1 (TO BE COMPLETED BY PAYEE)

<table>
<thead>
<tr>
<th>A NAME OF PAYEE (last, first, middle initial)</th>
<th>D TYPE OF DEpositor ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF ENTITY (MUST MATCH PMS)</td>
<td>Checking</td>
</tr>
<tr>
<td>ADDRESS (Street, route, P.O. Box, APO/FPO)</td>
<td></td>
</tr>
<tr>
<td>123 ABC Street - Suite 123</td>
<td></td>
</tr>
<tr>
<td>CITY STATE ZIPCODE</td>
<td></td>
</tr>
<tr>
<td>Anywhere Country 13345</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE NUMBER</td>
<td></td>
</tr>
<tr>
<td>AREA CODE (123) 456-7890</td>
<td></td>
</tr>
<tr>
<td>B NAME OF PERSON(S) ENTITLED TO PAYMENT</td>
<td></td>
</tr>
<tr>
<td>NAME OF ENTITY</td>
<td></td>
</tr>
<tr>
<td>C CLAIM OR PAYROLL ID NUMBER</td>
<td></td>
</tr>
<tr>
<td>Payee DMS RIN Suffix</td>
<td></td>
</tr>
<tr>
<td>PAYEE/Joint PAYEE CERTIFICATION</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>SIGNATURE Organization Rep Signature &amp; Date</td>
<td></td>
</tr>
<tr>
<td>SIGNATURE Date</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>GOVERNMENT AGENCY NAME</th>
<th>GOVERNMENT AGENCY ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Management Services</td>
<td>Post Office Box 6021 Rockville, MD 20857</td>
</tr>
</tbody>
</table>

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF FINANCIAL INSTITUTION</th>
<th>ROUTING NUMBER</th>
<th>CHECK DISC</th>
</tr>
</thead>
<tbody>
<tr>
<td>(We are aware that some international banks will not complete Section 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Bank Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payees 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 | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER DATE |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNATIONAL BANK REPRESENTATIVE</td>
<td>Bank Rep Signature</td>
<td>(123) 456-7890 Date</td>
</tr>
</tbody>
</table>
The information must be on the “Beneficiary Banks Letterhead”.

Please ensure that all pertinent information is provided.

Missing or incorrect information will cause a delay in payment transfer.

TO: United States Department of Health & Human Services
    Payment Management Services

DATE:

RE: Currency Account Instructions – United States Dollars (USD)

Remittances can be affected to the following account as follows:

Recipient Name:

Bank Information:
Account Type: Checking Savings
IBAN #
Account #
Bank SWIFT Address/Code:
Bank Number:
Bank Name:
Bank Address:
Bank Additional Details, if applicable:
Recipient Country:

Intermediary (Secondary) Bank Fields (optional):
Bank #/SWIFT Address:
Bank Name:
Bank Address:

If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Bank Representative Signature

Bank Representative’s Name
Telephone Number (include country code)
Fax Number (include country code)
E-Mail Address
To add or change bank information for an account:

Click in the check box associated with the account(s) or subaccount(s) to be changed. You may select multiple accounts if all accounts will have the same banking.

Note: This is only for “true” International Grantees whose funds are being deposited directly into their bank in their country. If funds are being deposited directly in a US bank, you should use the Domestic Grantee Banking submission.
1. Select **International Bank Account**.
2. For International Bank accounts provide the following information:
   a. **Swift code (required)** - The International recognized identification code used to identify the Bank of the account holder. (If you receive an error message, please send print screen to your liaison accountant for further instructions).
   b. **IBAN / Account (required)** – International Bank Account Number used to uniquely identify an account at any bank in the world. (If you have both a IBAN and Account Number, enter the IBAN here and include the Account Number in the Bank Account Details section)
   c. **Bank Account Details** – Any information that the International Bank provided in the letter should be included in this section. (Bank Account Number, Bank Number, Bank Code, etc.)
Upload supporting documentation. All banking requests require the uploading of a completed and signed **DIRECT DEPOSIT SIGNED UP FORM (SF-1199A)** for Domestic Grantees and **DIRECT DEPOSIT SIGNED UP FORM (SF-1199A) and INTERNATIONAL BANK LETTER** for International Grantees.
After logging into PMS, you will automatically be routed to the “DASHBOARD”
To ACCESS MENU NODES, select the option on menu bar below.

Select “menu” to see dropdown options.

Return to Main Page

Return to Dashboard

Always “Logout”
➢ **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 disbursements 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”

Note: You will only be able to view information
GRANTEE INQUIRY “APEX REPORT”

These inquiries are like the Adhoc Grantee Inquiry; however, you will be able to download information to an Excel spreadsheet

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

➢ Payment Transactions
   Payment History including payments deposited and rejected

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

➢ Subaccount Summary
   Authorized grant award information, payments made and funds available
HOW TO ACCESS THE APEX REPORTS

Select Grantee Inquiry on the bottom right side

Utilizing the APEX Report will allow you download data to an Excel Spreadsheet
Authorization Transactions:
Award amount (obligation and de-obligation of funds), budget period and date authorization posted in PMS

1. Select your Inquiry Type
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select “Run Inquiry”
<table>
<thead>
<tr>
<th>PAYES ACCOUNT</th>
<th>AGENCY TITLE</th>
<th>TRANSACTION CODE</th>
<th>FISCAL YEAR</th>
<th>CAN</th>
<th>OBJECT CLASS CODE</th>
<th>INCREMENTAL AUTH AMT</th>
<th>AUTHORIZATION ISSUE DATE</th>
<th>AUTHORIZATION POST DATE</th>
<th>BUDGET START DATE</th>
<th>BUDGET END DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>050</td>
<td>8-NATIONAL INSTITUTES OF HEALTH</td>
<td>2020</td>
<td>8037223</td>
<td>414L</td>
<td></td>
<td>-$3,000,000.00</td>
<td>03/23/2020</td>
<td>03/27/2020</td>
<td>04/01/2020</td>
<td>03/31/2022</td>
</tr>
<tr>
<td>050</td>
<td>8-NATIONAL INSTITUTES OF HEALTH</td>
<td>2020</td>
<td>8037223</td>
<td>414L</td>
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<td>$6,000,000.00</td>
<td>03/19/2020</td>
<td>03/20/2020</td>
<td>04/01/2020</td>
<td>03/31/2022</td>
</tr>
</tbody>
</table>

$3,000,000.00
1. Select your Inquiry Type
2. Enter your Payee Account (PAN)
3. Enter other data (if desired)
4. Select “Run Inquiry”
### T/C (Transaction Codes)
- **908** = Return of Funds
- **911** = Return of Interest
- **916** = Fed Wire “Same” Day Payments

### T/C (Transaction Codes)
- **927** = ACH “Next” Day Payments
- **Z27** = Payment was rejected
- **PNT** = Banking Updated

### Payment Details

#### REQUEST DATE: 02/28/2021, PAYMENT TRANSACTION ID: 403B426512
<table>
<thead>
<tr>
<th>PAYEE ACCOUNT</th>
<th>TRANSACTION CODE</th>
<th>SUBACCOUNT</th>
<th>SUBACCOUNT REQUESTED AMOUNT</th>
<th>TOTAL PAYMENT REQUEST AMOUNT</th>
<th>POST DATE</th>
<th>DEBIT DATE</th>
<th>SCHEDULE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>227</td>
<td>HEALTHCARECENTERS_20</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

#### REQUEST DATE: 02/02/2021, PAYMENT TRANSACTION ID: 403B385671
<table>
<thead>
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<th>PAYEE ACCOUNT</th>
<th>TRANSACTION CODE</th>
<th>SUBACCOUNT</th>
<th>SUBACCOUNT REQUESTED AMOUNT</th>
<th>TOTAL PAYMENT REQUEST AMOUNT</th>
<th>POST DATE</th>
<th>DEBIT DATE</th>
<th>SCHEDULE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>927</td>
<td>HEALTHCARECENTERS_20</td>
<td></td>
<td>$256,000.00</td>
<td>$256,000.00</td>
<td>02/02/2021</td>
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</tbody>
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#### REQUEST DATE: 01/20/2021, PAYMENT TRANSACTION ID: 403B363994
<table>
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<tr>
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<th>TRANSACTION CODE</th>
<th>SUBACCOUNT</th>
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<th>TOTAL PAYMENT REQUEST AMOUNT</th>
<th>POST DATE</th>
<th>DEBIT DATE</th>
<th>SCHEDULE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>927</td>
<td>HEALTHCARECENTERS_20</td>
<td></td>
<td>$126,000.00</td>
<td>$171,000.00</td>
<td>01/20/2021</td>
<td>01/21/2021</td>
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</tbody>
</table>
Uncheck the boxes to get a different layout

Arrow means that the data is being sorted by this column

<table>
<thead>
<tr>
<th>PAYEE ACCOUNT</th>
<th>TRANSACTION CODE</th>
<th>SUBACCOUNT</th>
<th>SUBACCOUNT REQUESTED AMOUNT</th>
<th>TOTAL PAYMENT REQUEST AMOUNT</th>
<th>REQUEST DATE</th>
<th>POST DATE</th>
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<td>01/20/2021</td>
<td>01/20/2021</td>
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<tr>
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<td>20-COVID19-BPHC-C3</td>
<td>$65,000.00</td>
<td>$191,000.00</td>
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<td>12/31/2020</td>
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<td>$126,000.00</td>
<td>12/30/2020</td>
<td>12/31/2020</td>
<td>01/04/2021</td>
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<tr>
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<td>-</td>
<td>-</td>
<td>4038275192</td>
</tr>
</tbody>
</table>

Note: You can select any column to sort data
Grant Summary
Grant expenditures reported on the most recent FFR 425 Federal Cash Transaction Report (FCTR)

GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: *
- Authorization Transactions
- Payment Transactions
- Grant Summary
- Subaccount Summary

Payee Account: *

Grant Award / Document Number:

Fund Status:
- All

Document Status:
- All
- Open "O"
- Closed "C"

Save this inquiry:

Run Inquiry  Clear

1. Select your Inquiry Type
2. Enter your Payee Account (PAN)
3. Enter other data (if desired)
4. Select “Run Inquiry”
<table>
<thead>
<tr>
<th>PAYEE ACCOUNT</th>
<th>AWARDING AGENCY TITLE</th>
<th>DOCUMENT NUMBER</th>
<th>GRANT AUTHORIZATION AMOUNT</th>
<th>DISBURSEMENT AMOUNT</th>
<th>PAYMENTS</th>
<th>LAST DISBURSEMENT REPORT DATE</th>
<th>AWARD START DATE</th>
<th>AWARD END DATE</th>
<th>FUNDS EXP</th>
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<td></td>
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<tr>
<td>G-ADMINISTRATION FOR CHILDREN &amp; FAMILIES</td>
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</tbody>
</table>
1. Select your Inquiry Type
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select “Run Inquiry”
Some subaccounts will have a matching document number

<table>
<thead>
<tr>
<th>PAYEE ACCOUNT</th>
<th>AWARDING AGENCY TITLE</th>
<th>SUBACCOUNT</th>
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<th>PAYMENTS</th>
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HOW TO DOWNLOAD TO EXCEL

Do you want to open or save authorization_transactions.csv (5.31 KB) from pmssectr.dpm.psc.gov?
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<th>CAN</th>
<th>OBJECT CLASS CODE</th>
<th>INCREMENTAL AUTH AMT</th>
<th>AUTHORIZATION ISSUE DATE</th>
<th>AUTHORIZATION POST DATE</th>
<th>BUDGET START DATE</th>
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<td>3/1/2021</td>
</tr>
</tbody>
</table>
## Identifying the Federal Awarding Agency That Awarded the Grant

### OPDIV CODE | HHS OPDIVS
--- | ---
1 | Office of the Secretary (OS)
2 | Administration for Community 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)
1 | OASH (Office of the Assistant Secretary of Health)
C | Substance Abuse and Mental Health Services Administration (SAMHSA)
D | Office of the Inspector General (OIG)
G | Administration for Children and Families (ACF)
J | Indian Health Service (IHS)
K | Agency for Healthcare Research and Quality (AHRQ)

### OPDIV CODE | NON-HHS
--- | ---
A | Appraisal Subcommittee of the Federal Financial Institute (ASC)
B | Department of Homeland Security (DHS)
E | Election Assistance Commission (EAC)
L | Small Business Administration (SBA)
M | Department of Veterans Affairs (VA)
N | Department of the Treasury (Treas.)
O | Department of Defense (DOD)
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)
REQUESTING PAYMENTS
Payment requests may be submitted as often as needed:

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

Funds must be spent within three business days!


§ 200.305 Federal payment. Advance payments to a non-Federal entity must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the non-Federal entity in carrying out the purpose of the approved program or project. ...

Interest earned amounts up to $500 per year may be retained by the non-Federal entity for administrative expense. Any additional interest earned on Federal advance payments deposited in interest-bearing accounts must be remitted annually to the Department of Health and Human Services Payment Management System (PMS) through an electronic medium using either Automated Clearing House (ACH) network or a Fedwire Funds Service payment.

REQUESTING FUNDS ON A B OR P TYPE OF ACCOUNT

1. Enter your Account Number (PAN)
2. Select Account

* 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 6:00 p.m. ET will be processed as if received on the next business day.
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: For Domestic Grantees - always the next business day; For International Grants – 2 business days from the date you enter the request

+ 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.
TYPES OF INTERNATIONAL GRANTEES

Banking in the USA

• Payments are transmitted the **next business day**
• Follows the same set-up as a Domestic Grantee

Banking in your Country

• Payments are transmitted **two (2) business days** from the date request is submitted
• Requires additional banking information from Beneficiary Bank Letter
1. Select the PMS Sub-account you wish to request funds from. You may click on one, two, etc.
2. Click on Sub-Amount
1. For each sub-account, enter the amount you are requesting
2. If you need a copy of screen, print before you click “Request Payment”
3. Select box next to certification statement
4. Click on Request Payment

**Expired Funds:** If you request funding, your PMS Liaison Accountant is required to send an Email to the Awarding Agency. The Awarding Agency has three (3) business days to respond before payment is rejected.

Notification will be sent to the grantee only if the payment was rejected.

PMS does not accept any approvals from the grantees. All approvals/rejections must be sent directly to PMS by the Federal Awarding Agency.
Declaration and Certification to the U.S. Department of Health & Human Services as to this Payment/Drawdown Request. I declare the following to the U.S. Department of Health & Human Services (HHS), under penalty of perjury: (1) I have authority to make this certification on behalf of the award recipient; (2) I have conducted (or have had conducted for the award recipient) a review of the terms and conditions of this award; all certifications and assurances for this award; and all statutory and regulatory requirements applicable to this award; and (3) I also have conducted (or have had conducted for the award recipient) a review as to all other matters represented in this declaration and certification. On behalf of myself and the award recipient, I certify to HHS, under penalty of perjury, that the following are true: (1) The award recipient is in compliance with all applicable laws, regulations, certifications, and assurances, including all terms and conditions of the award as to the obligation, expenditure, and drawdown of award funds, and all related statutory and regulatory requirements included in the certifications and assurances for this award; (2) If this request is for reimbursement, the request is accurate and complete; all obligations, expenditures, and cash receipts are supported by the requisite accounting records; and all costs included in the request are reasonable, allowable, and allocable to the award; (3) If this request is for an advance: the request is accurate; all obligations, expenditures, and cash receipts will be supported by the requisite accounting records; and (absent a specific statute that provides otherwise) the recipient will disburse the funds for costs that are reasonable, allowable, and allocable to the award within 3 business days, or immediately return the funds to HHS; (4) Any and all information provided with this request for cash disbursement is accurate; and (5) there have been no changes to the award recipient's representations as to eligibility for the award that could affect the recipient's eligibility for continued disbursals under the award. I understand that, in making payment pursuant to this request, HHS will rely upon this declaration and certification to determine whether to disburse funds, and that its accuracy is a condition of payment. I also understand that a false, fictitious, or fraudulent statement in this declaration and certification or otherwise in connection with this payment/drawdown request (or concealment or omission of a material fact as to either) may be the subject of criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1621), and also may subject me and the award recipient to civil and administrative penalties and other remedies, including under the federal False Claims Act (31 U.S.C. §§ 3729-3730), Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812), Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a), or otherwise.

After reading the certification statement, please check the box
Select Request Payment
Request Payment
Completed Transaction Info

<table>
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<tr>
<th>Account</th>
<th>Payment Request Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$500.00</td>
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</tbody>
</table>

| Request Date: | 02/08/2022 |
| Settlement Date | 02/09/2022 |

<table>
<thead>
<tr>
<th>Subaccount</th>
<th>Amount</th>
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</tr>
<tr>
<td>RAG005552H</td>
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<tr>
<td>RES030113B</td>
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</table>

Payment Request is in Holding file. The Transaction Number For Future Reference:2050773075

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. EST will be processed as if received on the next business day.

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.
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
PAYMENT REQUEST METHODS

Payment Request Amount: $300.00

**Example #1: Requesting payments from both sub-accounts**

<table>
<thead>
<tr>
<th>Subaccount</th>
<th>Bank Account</th>
<th>Unexpired Funds (A)</th>
<th>Expired Funds (B)</th>
<th>In-Transit Payments (C)</th>
<th>Total Funds (A+B+C)</th>
<th>Subacct Amt Requested</th>
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<tbody>
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<td>$411,907.82</td>
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<td>CPIMP1261C5</td>
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<td>150</td>
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</table>

**Example #2: Returning funds to one sub-account**

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<tr>
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<th>Bank Account</th>
<th>Unexpired Funds (A)</th>
<th>Expired Funds (B)</th>
<th>In-Transit Payments (C)</th>
<th>Total Funds (A+B+C)</th>
<th>Subacct Amt Requested</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>$0.00</td>
<td>$2,092,836.00</td>
<td>600</td>
</tr>
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</table>

This method can be used if you have two or more sub-accounts (available on the subaccount list screen) and the total payment request must be $.01 or more. You can not do a zero or negative payment request in PMS.

For each sub-account, enter the amount you are requesting or returning. Total must add up to the “Payment Request Amount”
TYPES OF PAYMENT REQUESTS

**Advanced Requests**

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<tr>
<td>Expected Disbursement Amount $*: 5000</td>
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<tr>
<td>Cash on Hand $*: 0</td>
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<tr>
<td>Payment Request Amount $*: 5000</td>
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**Combination Requests**

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<tr>
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</tr>
<tr>
<td>Cash on Hand $*: -1000</td>
</tr>
<tr>
<td>Payment Request Amount $*: 5000</td>
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**Reimbursable Requests**

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<tr>
<td>Expected Disbursement Amount $*: 0</td>
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<tr>
<td>Cash on Hand $*: -5000</td>
</tr>
<tr>
<td>Payment Request Amount $*: 5000</td>
</tr>
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</table>
Payment Request is in the Holding file, Request approval required by Awarding Agency.

(1) Payment request requires approval from the awarding agency  (2) Payment request has been routed directly to the Awarding Agency that has requested to review and approve their own grantees payments (Non-HHS grantees only). You should allow at least 5 to 10 business days before receipt of funds.

Payment Request is in the Holding file.

Your payment request has been routed to your liaison accountant for review. Reasons for routing to the holding file: (1) agency restriction, (2) PMS reasonableness check, and/or (3) delinquent reports (FCTR and/or FSR). You will only be contacted by your liaison accountant if additional information is required. You will be notified via E-Mail if the payment request will be rejected.

Payment Request is in process.

Your payment request has been routed directly to a payment schedule.
FEDERAL FINANCIAL REPORT (FFR-425)

- Federal Financial Report Overview
- Component #1: FFR Cash Transaction Report
- Component #2: Federal Financial Report
Federal Financial Report
(FFR – 425)

Component #1
Cash Transaction

(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 FFR Cash Transaction Report (FCTR) 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)

FCTR can be “revised” at anytime before the end of the quarter. You do not have to contact the PMS Liaison Accountant. Report will automatically be available the next business day after report has been submitted. Note: Only the “current” FCTR can be revised.

If the FCTR is not filed on or before the due date, funds will be frozen until the report as been submitted. You will also receive an Email notification.

A FCTR is generated each quarter until the Awarding Agency takes the necessary action to close all the grants on that PMS Account.

This is an “DISBURSEMENT” report. Reports must be submitted **each quarter** regardless if you have requested funds via the Payment Management System.
Click the PMS menu heading entitled: “Disbursement”
Click the sub-heading entitled: “FFR Cash Transaction Report”
Enter your PMS Account Number (PAN)
Select the Reporting Period “All”
Leave everything else as it and at the default
Click Continue
### VARIOUS STATUS TYPES

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<th>Payee</th>
<th>End Date</th>
<th>Due Date</th>
<th>Submit Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to...</td>
<td></td>
<td>31-MAR-2017</td>
<td>30-APR-2017</td>
<td>13-JUN-2017</td>
<td>B</td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>31-DEC-2016</td>
<td></td>
<td>16-FEB-2017</td>
<td>P</td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>30-SEP-2016</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>30-JUN-2016</td>
<td>03-AUG-2016</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>31-MAR-2016</td>
<td>17-JUN-2016</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>31-DEC-2015</td>
<td>09-MAR-2016</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>30-SEP-2015</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>30-JUN-2015</td>
<td>22-JUL-2015</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>31-MAR-2015</td>
<td>24-APR-2015</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>31-DEC-2014</td>
<td>30-JAN-2015</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>I want to...</td>
<td></td>
<td>30-SEP-2014</td>
<td>29-OCT-2014</td>
<td>P</td>
<td></td>
</tr>
</tbody>
</table>
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

You can only complete the current quarters report.

If status is “X”, the report is no longer available for submission.
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.
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 a disbursement report. You must report actual disbursement regardless if you have not requested funds.

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.
**10a 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.

---

### FEDERAL FINANCIAL REPORT

<table>
<thead>
<tr>
<th>1. Federal Agency and Organizational Element to Which Report is Submitted</th>
<th>2. Federal Grant or Other Identifying Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Recipient Organization (Name and complete address including Zip code)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| _______________ | _______ | ___________________ | ______________ | ___________ | ___________
| 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 |

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

---

**Line 10a you cannot change** - Line 10a is calculated as the Ending Cash on Hand of the previous quarters report + any funds received and/or refunded during the quarter.

To see a breakdown of this calculation, on the left side of the screen under “Disbursements” click on “View PSC272 Reports”. Enter your Payee Account (PAN) and then click “DISPLAY”. Line 3 on this report is equivalent to line 10a on the electronic FCTR.
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.
PLEASE READ CAREFULLY

By checking the box in section 13, I confirm that 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).

If you agree with the above disclaimer please:
- print the FFR and Report Disbursements
- select the checkbox in section 13 upon close of this disclaimer
- click SUBMIT button again to complete your certification.

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.
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  
(FFR – 425)  

Component #2  
Federal Financial Report  
(formerly Financial Status Report)  

Reports are generated based on the data file we receive from the Awarding  
Agency and/or Grants.gov

The following Federal Agencies are (or will be) utilizing the FFR 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 Federal Financial Report (FFR)

**Non-HHS (Cross Servicing) Grant Recipients FFR**

For assistance, contact your PMS Assigned Liaison Accountant or Email PMS_Training@psc.hhs.gov

- **F49D** – Veterans Affairs/SSVF & Ntl Ctr on Homelessness – Final
- **F50** - Executive Office of the President - Quarterly
- **F81** - Department of State (all users codes) - Varies
- **F88** - USDA/OAO – Quarterly
- **F95C** - IRS/VITA - Final
- **F100** – ASC – Semi-Annual
- **F101** – EAC – Varies
- **F102** – USDA/AMS – Annual & Final
Currently, the HHS FFR Trainer has not schedule webinar sessions for 2022.

Please continue to check our web page Training – HHS Grant Recipient FFR Training

Note: Each Federal Awarding Agency has provided their requirements for their grants.
PAYMENT MANAGEMENT SERVICES
ADDITIONAL INFORMATION

- Returning Funds
- How to find your PMS Liaison Accountant
- Updating Entity Information
- PMS Support / Help Desk
Returning Funds

➢ **All** funding requested via the Payment Management System, must be returned 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). You must submit the Grant Recipient Return of Funds Information Request Form.

➢ 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 Inquiry - Adhoc Grantee Inquiry – Grantee Inquiry – Payment Transactions.

➢ 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 Receiver  
**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**

**Bank Name:** Federal Reserve Bank  
**Location:** Treats 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.

**ALC is known as our Account Number**
RETURNING FUNDS VIA CHECK

Returning funds via check will result in a processing delay. Please allow 4-6 weeks for processing of a payment by check to be applied to the appropriate PMS account.

To return interest on a grant not paid through the PMS, make your check payable to the Department of Health and Human Services.

Mail the Check to:

HHS Program Support Center
PO Box 979132
St. Louis, MO 63197

To ensure proper credit to your PMS Account, you must include the PMS Account Number (PAN) and Grant Document/Sub-account. You should also send the information to your PMS Liaison Accountant.
Complete form and return with refund.
**UPDATING ENTITY INFORMATION**

**How do we update our organizations information (Name, DUNS, Address, EIN)?**

Effective February 11, 2019, all entities must have an **active status** in SAM.gov for an awarding agencies to register new entities or make updates to existing PMS entities information.

**You must……**

1. Review the information in SAM.gov, verify the accuracy and make any necessary updates. SAM.gov requires a yearly renewal to stay active.

2. After review of your SAM.gov information, please contact your Grants Officer and inform them of the change.

3. The Awarding Agency will submit the updates via the Payment Management System.

4. Once submitted by the Awarding Agency, the request will route to PMS for final review and release.
HOW TO FIND YOUR PMS LIAISON ACCOUNTANT

Find your PMS Liaison Accountant

Looking for your PSC PMS Representative? Simply use the form below to be directed to the correct PMS Liaison Accountant.

Grants Awarded By Department of Health and Human Services (HHS):

HHS accounts are organized under four functional areas. Please select the area for your account to find your PMS Liaison Accountant.

For State and US Territory Governmental Accounts Please Choose a State or Territory:  
For University & Hospital Accounts Please Choose the State or Territory:  
For Non-Profit & For Profit Accounts Please Choose the State or Territory:  
For Indian Tribal Organizations Please Choose the State or Territory:  
For International Accounts Please Choose the Awarding Agency:  

Grants Awarded By Non-Department of Health and Human Services (Non-HHS):

Please select the specific Non-HHS Agency to find your PMS Liaison Accountant:

See slide #33 for the Agencies listed for HHS and Non-HHS
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

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
- Juneteenth Day
- Fourth of July
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Christmas Day
You can submit a ticket online and access more services using the Self-Help Web Portal at https://gditshared.servicenowservices.com/hhs_pms.

Benefits include:

- Access to solutions at your own convenience through Frequently Asked Questions (FAQs)
- Use of a knowledge database to search for answers to your questions
- Track status of online service request ticket via the Web Portal
- ONE-DHHS Help Desk utilizes a comprehensive trouble ticket software package that facilitates troubleshooting and detecting problem trends.
INSIDER TIPS FOR MAKING THE PMS PROCESS WORK SMOOTHLY FOR YOU

1. In accordance with OMB Circulars A-102 and A-110, grant funds are to be requested for immediate disbursement needs. Requests for reimbursement may be at any time. Grantees should not be holding excess cash. Funds may be requested as often as needed during our regular business hours.

2. Promptly return any unused funds you will not spend within three business days.

3. Be sure to submit the Federal Financial Report (FFR) Federal Cash Transaction Report (FCTR) and/or the Federal Financial Report (FFR) on time, if applicable. If PMS does not receive your report by the due date, funds will not be released until the reports have been submitted.

4. Promptly respond to PMS requests for information. PMS cannot release your funds until it receives the information.

5. Be accurate; this goes without saying. Review your Federal Cash Transaction Report (FCTR) each quarter and reconcile any differences with your records.

6. Contact PMS for issues regarding your draw-down requests, cash management rules, and the Federal Cash Transaction Report (FCTR). These are the areas where PMS can be of service to you. **Always have your PMS account number (PAN) or EIN handy and stated on all correspondences.**

7. Always check our web page (www.pms.psc.gov) for PMS updates, closings, etc.
TRAINING SESSIONS

Payment Management Services hosts Webinar Training Sessions for grant recipient organizations throughout the year. Webinar Training Sessions will feature training on system access, completing a payment request, performing account inquiries, requesting reports, and completing the Federal Financial Cash Transaction Report. A question-and-answer period will be provided at the conclusion of each webinar. Training Sessions are two (2) hours long. No cost to attend

Information can be found on our web page under “Training”

Grantee's Webinar Training Schedule (U.S. Eastern Time)

Dates for 2022 will be posted soon

Questions regarding training can be sent to PMS_Training@psc.hhs.gov
THANK YOU FOR ATTENDING