

FINANCIAL MANAGEMENT PORTFOLIO PAYMENT MANAGEMENT SERVICES

FEDERAL COMMUNICATIONS COMMISSION
GUIDE FOR GRANT RECIPIENTS



Payment Management System

Training Topics

- Introduction
 - Welcome
 - Roles & Responsibilities
- User Access & Add/Update Banking
- APEX Reports
- Payment Request Submission
- Federal Financial Report Submission
- General Information
- Question and Answer

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 45 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 **Federal Communications Commission (FCC)** that granted your funding that your organization will be requesting funds through our Internet based payment system.

We look forward to working with you!



Roles & Responsibilities

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.

PMS is the mediator between Federal Communications Commission FCC) (Grantor) and the Grant Recipient (YOU)

AWARDING AGENCIES ROLES & RESPONSIBILITIES

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



ACCESSING PAYMENT MANAGEMENT SYSTEM (PMS)



Payment Management System

Transparency. Accountability. Efficiency. Customer Service.

Getting Started

- You should have been provided the following information by FCC in order to finalize your set-up.

- **PMS PIN**

- **PMS EIN**

Note: If you are receiving a grant for other federal agencies that utilizes PMS, you will receive a PMS PIN and PMS EIN for each one. Federal agencies are not allowed to co-mingle funds

- To complete your organizations set-up in PMS, you must (1) request access and (2) submit banking documentations.

Note: If you have existing banking in PMS, we do not transfer information from one PMS Account to another. You must submit the required banking documentations for each new PMS PIN.

- This presentation will provide you guidelines on how to request access and submit your banking.

STEP #1: REQUESTING PMS ACCESS

- You will need.....
 - PMS 12-digit EIN
 - Legal Organization name as registered in PMS
- **Everyone** in your organization who needs access to PMS, must submit their own request. Number of individuals that can have access will be at the discretion of the organization.

- [About Us](#)
- [Grant Recipient](#)
- [Grantor](#)
- [User Access](#)
- [Training](#)
- [Support](#)

As of the period ending June 30, 2023, Department of Labor award recipients are no longer required to submit quarterly Federal Cash Transaction Reports (FCTR)... [Read More](#)
Cancellation & End of Fiscal Year 2024 Payment Processing Deadlines: Awards funded from 2019 fixed appropriation will cancel on September 30, 2024... [Read More](#)

What is Payment Management Services ?

The Payment Management Services (PMS) is a shared service provider and a leader in processing grant payments for the federal government. PMS offers awarding agency and grant recipients with cash management services, centralized payment services, personal grant accounting support, and Financial Reporting Support. PMS promotes financial integrity and operational efficiencies within the federal government through exceptional accounting practices.

Select New User Access

The screenshot shows the top navigation bar of the PSC Program Support Center website. The header includes the U.S. Department of Health & Human Services logo, the PSC logo, and the text 'Program Support Center Payment Management Services'. A 'Login' button is located in the top right corner. Below the header is a navigation menu with buttons for 'About Us', 'Grant Recipient', 'Grantor', 'User Access', 'Training', and 'Support'. The 'User Access' button is highlighted, and a dropdown menu is open, listing the following options: 'New User Access', 'Deactivate User Access', 'Access Request Status', 'Grant Recipient User Access Instructions', and 'Grantor User Access Instructions'. Below the navigation menu, there is a red banner with two news items: 'As of the period ending June 30, 2023, Department of Labor award recipients are no longer required to submit quarterly reports' and 'Cancellation & End of Fiscal Year 2024 Payment Processing Deadlines: Awards funded from 2019 fixed appropriation v...'. Below the banner is a large heading: 'What is Payment Management Services ?'.

Everyone in your organization who needs access to PMS must submit a request to obtain their own assigned PMS User ID

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. Select/Click '**Request Verification Code**' for an email to be sent to the email address. *(Please check your spam/junk folder if it is not in your inbox)*
4. An email message will be sent 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.
6. Select/Click the '**Continue**' box on the bottom of the page

Note: To ensure that system emails are received, recipient IT organizations should whitelist PMSSupport@psc.gov

Payment Management System New User Access Request

*User Type: 

Enter and confirm your Email address below and press "Request Email Verification Code" to receive a six-digit code. Then enter the verification code below.

*Email Address:

*Confirm Email Address:

*Verification Code: 



Payment Management System Access Request

REQUEST DETAILS

User Type: Grantee/Recipient

User Email: PMS_Training@psc.hhs.gov

Request Status: Initiated

ORGANIZATION / INSTITUTION

***Select Action:**

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

After entering your organization name, enter the 12-digit PMS EIN that was provided.

Organization / Institution

Organization Name: [i](#)

Organization ID Type: EIN PIN PAN [i](#)

Enter EIN: [i](#)

All Accounts: Yes No [i](#)

After entering the information, select “Save”

Payment Management System Access Request

REQUEST DETAILS

User Type: Grantee/Recipient

User Email: PMS_Training@psc.hhs.gov

Request Status: Initiated

ORGANIZATION / INSTITUTION

***Select Action:**

Add

Edit

Remove

Organization Name ▼	EIN/PIN/PAN ▲	Type ▲	Applies To All Accounts ▲
Legal Organization Name	1123456789A1	EIN	

CONTACT INFORMATION

***Email Address:**

***First Name:**

Middle Initial:

***Last Name:**

***Job Title:** 

***Address Line 1:**

Address Line 2:

Address Line 3:

***City:**

***Country:** 

***State:** 

***Zip Code:**

Do you want to override the Country Code?

***Telephone:** 

***Telephone Type:** 

- Check all access levels required
 - Grantee Inquiry, Accountant Maintenance, FCTR View are system defaults

ACCESS LEVEL

Please check all that apply (please note gray checked boxes are included):

- Grantee Inquiry [i](#)
- Account Maintenance [i](#)
- Payment Requests [i](#)
- Add/Update Banking [i](#)

Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)

FCC grantees are **not required** to submit the FFR Cash Transaction Report

- View [i](#)
- Preparer [i](#)
- Certifier [i](#)

Federal Financial Report (FFR)

Ensure someone from your organization has access to Prepare and/or Certify the FFR (425)

- View [i](#)
- Preparer [i](#)
- Certifier [i](#)

SUPERVISOR

Enter your supervisor's name and contact information below. If you are the highest ranking person in your organization, you may list yourself as the supervisor. Once the request is submitted, the person that is listed as the supervisor will receive an email with a link that they will need to use to approve the request. The person listed as the supervisor does not need access to the PMS to approve the request.

***First Name:**

Janet

Middle Initial:

***Last Name:**

Doe

***Job Title:**

Title

***Telephone:**

8776145533

***Email Address:**

PMS_Training@psc.hhs.gov



*** I am the highest ranking person in the organization and therefore I approve my own request

ADD COMMENT

Comments: 

Maximum 1000 characters.

CERTIFICATION

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

Clear Form

Submit

Save

Comments are not required. Read Certification Statement and select the box
Select Submit



Success

Your request has been successfully submitted.
To view the status of your request or to make modifications,
go to our webpage, click on Request Access and then select Retrieve Existing
Request. Use the Request ID below to retrieve your request.

Request ID is EST027188336760MFNCB

[Home >](#)

New PMS User Request Initiation



PMSNotifications@psc.hhs.gov
To ○ PMS_Training (OS/ASA/PSC/FMP)

Dear Janet Doe,

You have initiated a request to access the Payment Management System (PMS). Your Request ID for this request is:

Request ID=EST027188336760MFNCB

If you need to return to your request to either complete the request, make a correction or to check on the status, you will need to input this Request ID on the Retrieve Existing Request tab.

Payment Management System

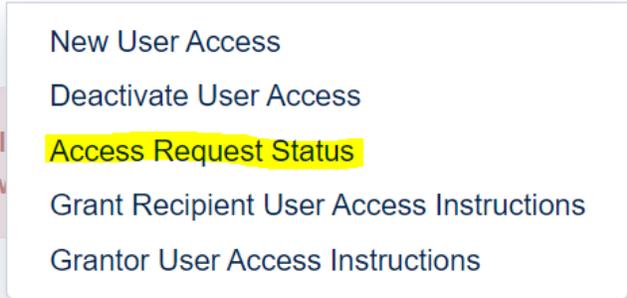
Your request has fully been submitted and it's now awaiting approval by your supervisor. Your supervisor has been sent an approval link via Email

Checking the Status of Your Request



As of the period ending June 30, 2023, Department of Labor award recipients are no longer required to submit quarterly reports. [Read More](#)

Cancellation & End of Fiscal Year 2024 Payment Processing Deadlines: Awards funded from 2019 fixed appropriation v



What is Payment Management Services?

1. Enter the Request ID provided in the Email
2. Enter Email Address
3. Confirm Email Address
4. Click/Select "Request Verification Code"
5. Enter Verification Code
6. Select Submit

Payment Management System Retrieve Existing Access Request

Please enter Request information:

*Request ID:

Enter and confirm your Email address below and press "Request Email Verification Code" to receive a six-digit code. Then enter the verification code below.

*Email Address:

*Confirm Email Address:

Request Verification Code

*Verification Code:

Clear Form Submit Cancel

Status of Request

Payment Management System Retrieve Existing Access Request

✖ Pending Approval

Request Details

Request ID:	EST027188336760MFNCB
Date Requested:	2022-09-13 06:51:20 PM
First Name:	Janet
Last Name:	Doe
Supervisor First Name:	Janet
Supervisor Last Name:	Doe
Request Status:	Approved by Supervisor
Assigned To:	PMS

[Close](#)

Warning Notice!

This is a U.S. Government Computer System. Unauthorized access or use of this computer system may subject violators to criminal and civil penalties.

All information on this computer system is for official purposes, including criminal investigations. Such information includes sensitive data encrypted to comply with confidentiality and privacy requirements. Access or use of this computer system by any person, other than authorized personnel, is prohibited.

Current PMS Users will “add” their new assigned PIN to their existing PMS User ID

Once you are on the dashboard, go to the left side and select “Menu”

Select “User Account Maintenance”

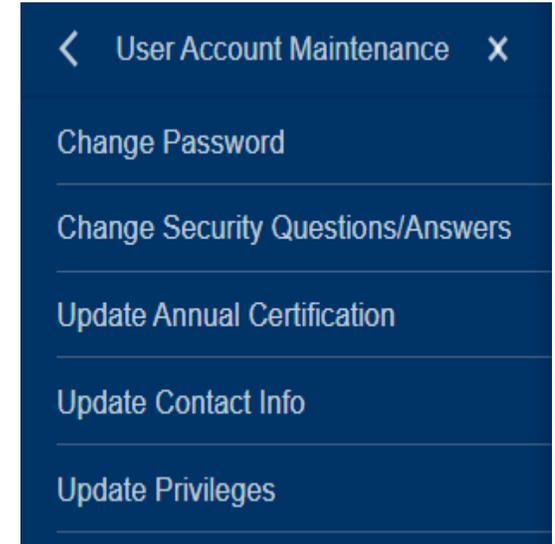
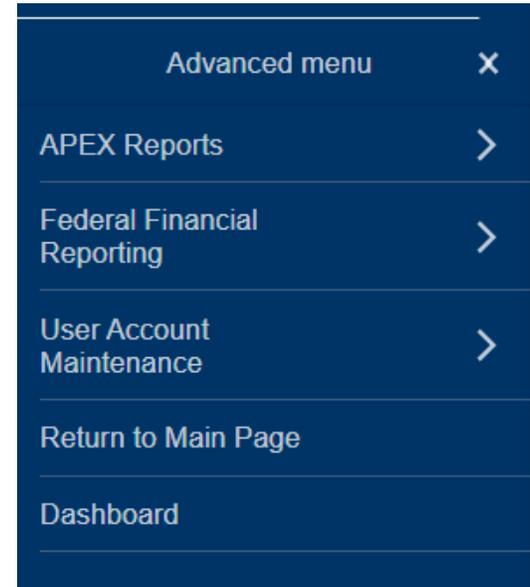
Select “Update Privileges”

*Select Action:

Add

Remove

Now you can “add” the new PMS PIN or PMS EIN



Once your submission is completed, you will receive an Email notification that your profile has been updated. Please allow up to four (4) business days for the process to complete.

STEP #2

SUBMITTING BANKING DOCUMENTATIONS

**Completed only after receiving Email from PMS
providing you with your access information or informing
you the update request has been completed**

PMS Dashboard

After logging into PMS, you will automatically be routed to the “**DASHBOARD**”

PMS USER ACCOUNT NOTIFICATIONS

■ Expired ■ Will Expire within 5 days ■ Will Expire within 10 days

	Notification	Count	By	Actions
1	Number of Days until Password Change Required	43 days	2022-10-29 08:09:51 AM	
2	Number of Days until Recertification Required	345 days	2023-08-26 12:00:00 AM	
3	Payee Accounts	2 accounts		

⏪ ⏩ 1 ⏪ ⏩ Records per page 5 ▼ Displaying 1 to 3 of 3 items

☑ MY PAYMENT REQUESTS (0)

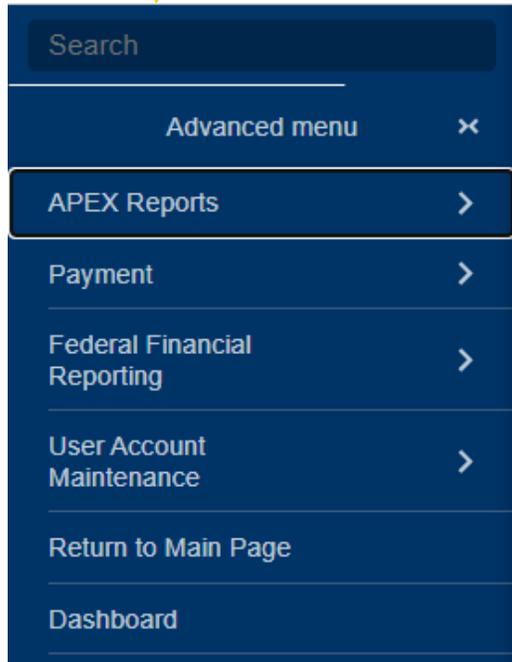
☑ REQUESTS REQUIRING ACTION (2)

☑ REQUEST HISTORY (1)

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"

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/grant-recipients/banking-add-change.html>
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
4. No other documents, forms, NOGA is required

PMS does not pull banking data from SAM.GOV

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

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

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 claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also 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)

<p>A NAME OF PAYEE (last, first, middle initial)</p> <p>ADDRESS (street, route, P.O. Box, APO/FPO)</p> <p>CITY STATE ZIP CODE</p> <p>TELEPHONE NUMBER AREA CODE </p> <p>B NAME OF PERSON(S) ENTITLED TO PAYMENT</p> <p>C CLAIM OR PAYROLL ID NUMBER Prefix Suffix</p>	<p>D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p>E DEPOSITOR ACCOUNT NUMBER</p> <p>F TYPE OF PAYMENT (Check only one)</p> <p><input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify)</p> <p>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>TYPE</th> <th>AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	TYPE	AMOUNT						
TYPE	AMOUNT								
<p>PAYEE/JOINT PAYEE CERTIFICATION</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>SIGNATURE</td> <td>DATE</td> <td>SIGNATURE</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		SIGNATURE	DATE	SIGNATURE	DATE				
SIGNATURE	DATE	SIGNATURE	DATE						
<p>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</p> <p>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>SIGNATURE</td> <td>DATE</td> <td>SIGNATURE</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		SIGNATURE	DATE	SIGNATURE	DATE				
SIGNATURE	DATE	SIGNATURE	DATE						

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
DEPOSITOR ACCOUNT TITLE		
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	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER DATE
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.		
NSN 7540-01-058-0224		1199-207 Designed using Perform Pro, WHS/DICR, Mar 97



DIRECT DEPOSIT SIGN-UP FORM

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 claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also 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) NAME OF ORGANIZATION (MUST MATCH PMS)/SAM.GO		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO) 123 ABC STREET - SUITE 123		E DEPOSITOR ACCOUNT NUMBER	
CITY ANYWHERE	STATE USA	ZIP CODE 12345	F TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other FCC (specify)
TELEPHONE NUMBER AREA CODE			
B NAME OF PERSON(S) ENTITLED TO PAYMENT NAME OF ORGANIZATION		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
C CLAIM OR PAYROLL ID NUMBER FEDERAL TAX ID # Prefix Suffix		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.		JOINT ACCOUNT HOLDERS' CERTIFICATION I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE ORGANIZATION REP SIGNATURE & DATE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

Section 1 (To be Completed by Payee)

- A. **TYPE OR PRINT YOUR ORGANIZATION'S NAME, ADDRESS AND TELEPHONE NUMBER.** **Note: Information must match the Entity name registered by Federal Communications Commission and SAM.GOV.** Do not enter an individual's name in this block unless the grant was issued to an individual.
- B. Type or print your **ORGANIZATION'S NAME.** Do not put an individual's name unless the grant was issued to that person.
- C. **Enter your organizations Federal Tax ID # or the PMS EIN**
- D. Check type of Bank account "Checking" or "Savings".
- E. Type the **account number** at your Financial Institution to which the funds will be "Direct Deposited". Do not use white out or make any alterations to the account number.
- F. Check the box "Other" and type **FCC**
- G. Leave blank.

Payee Account Holder's Certification: The individual(s) having signature authority for the bank account should sign and date.

Section 2

Government Agency Name

**Federal Communications
Commission**

Government Agency Address

45 L Street, NE

Washington DC 20554

Section 3 (To be Completed by Financial Institution)

**Bank must complete the form
in its entirety**

**Please review form before
uploading**

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

GOVERNMENT AGENCY NAME Federal Communications Commission	GOVERNMENT AGENCY ADDRESS 45 L Street NE Washington, DC 20554
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

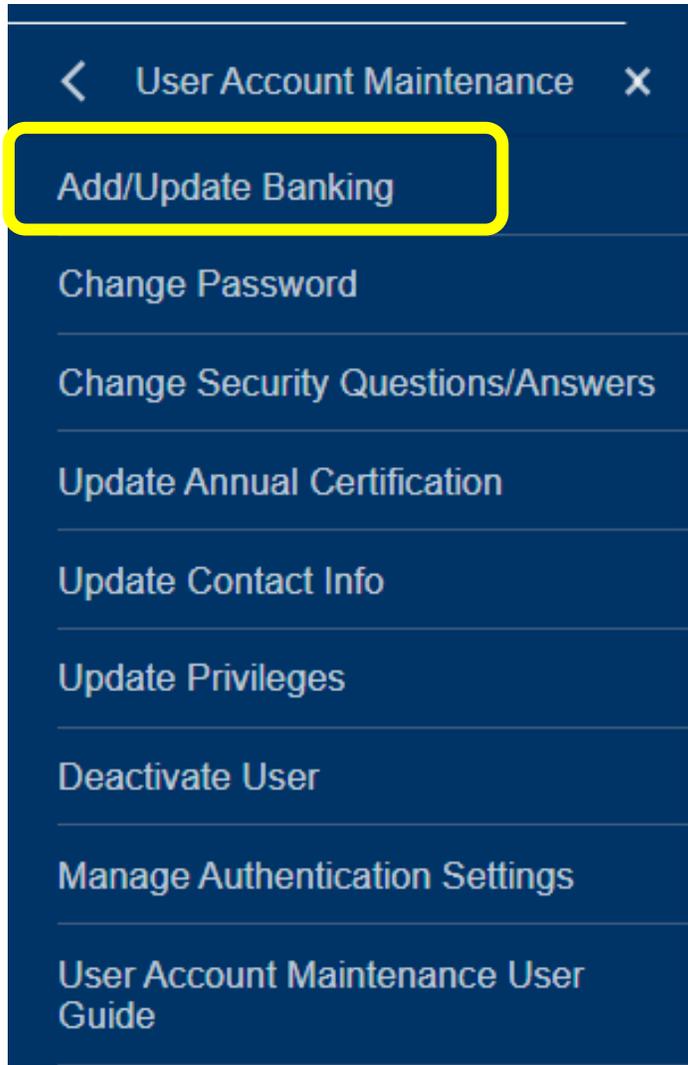
NAME AND ADDRESS OF FINANCIAL INSTITUTION Domestic Bank Name Bank Address	ROUTING NUMBER 1 2 3 4 - 5 6 7 8 9	CHECK DIGIT 9
DEPOSITOR ACCOUNT TITLE ACTUAL TITLE/NAME ON THE ACCOUNT		
FINANCIAL INSTITUTION CERTIFICATION		
I confirm the identity of the above-named payee(s) and the account number and title. 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 DOMESTIC BANK REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE Bank Rep Signature	TELEPHONE NUMBER (123) 456-7890
		DATE Date



After logging into PMS, you will land on the “**DASHBOARD**”.

1. Select **Menu** at the top left side
2. Select **User Account Maintenance**
3. Select **Add/Update Banking**

Notification	Count	By
1 FFR Delinquent Reports	3 reports	
2 FFR Ready for Prepare/Certify	4 reports	
3 Number of Days until Password Change Required	53 days	2020-08-22 12:33:59 PM



To submit a banking establishment or change request, you must have access to the Payment Management System Access that allows you to do so. You will submit the banking establishment or change request in the PMS.

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)**

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.

To add or change bank information for an account:

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

PAYEE ACCOUNTS

Select the account(s) in the tables below or click the select all checkbox in the column header if you would like to select all of the accounts in the grid. To expand the accounts tree, click on the (+) sign to view the subaccounts. Subaccounts will use the banking at the account level unless different banking is entered at the subaccount level. When you have finished making your selections, click the submit button to continue.

Domestic Accounts ?

<input checked="" type="checkbox"/>	PAN ▲	Payee Account Name	Payment Type	ACH Routing Number	ACH Bank Account Number	ACH Bank Account Type	Wire Routing Number	Wire Bank Account Number
<input checked="" type="checkbox"/>	F#####B1		ACH					
<input checked="" type="checkbox"/>	F#####P1		ACH					

Page 1 of 1 | Records per page: 10 | Displaying 1 to 2 of 2 items.

Note: PMS Automatically established two types of accounts ending in B1 and P1. It's highly recommended that you select both types (only if you don't know the full assigned PMS Account Number (PAN) where the grant is being posted). Until the awarding agency posts the grant authorization, PMS does not know which account type will be used.

FCC PMS Accounts will end with B1

Provide the following information for domestic accounts

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

BANK ACCOUNT INFORMATION

Must match the SF-1199A Section 3 *ACH Routing Number: 

Must match the SF-1199A Section 1, Part E *ACH Bank Account Number: 

Must match the SF-1199A Section 1, Part D *ACH Bank Account Type: 

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.

BANK ACCOUNT INFORMATION

Please select at least one Bank Payee Account

DIRECT DEPOSIT FORM

*File Attachment: Browse...

File Attachment Name:

*File Attachment Type: Select Attachment Type... ▾

Upload

File Attachment	File Attachment Name	File Attachment Type	Uploaded Date	Action
No files.				

Page 0 of 0 Records per page: 10

- Add any pertinent information under the “**Add Comment**” Section. Comments entered will not be a part of the banking transfer
- Click ‘Submit’ to submit the request to PMS for approval. A Request ID will be generated
- use this ID to check on your request

COMMENTS

Please provide your comments below: [?](#)

Maximum 1000 characters.

APEX REPORTS (GRANTEE INQUIRY)

APEX Report - Grantee Inquiry

- **Authorization Transactions**

Award amount, budget period and date posted in PMS

- **Financial Transactions**

History of all payments (returns, rejections, recalls) and journal vouchers

- **Grant Summary**

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

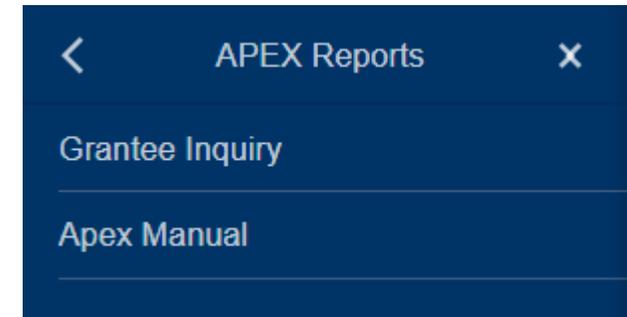
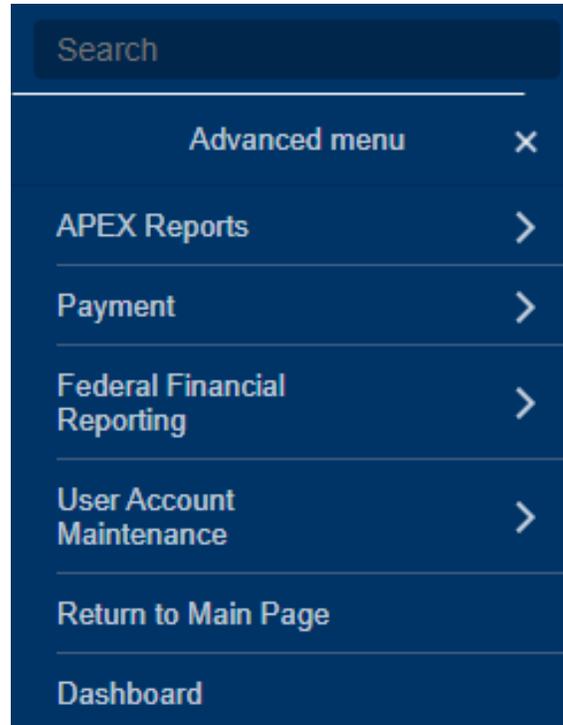
- **Subaccount Summary**

Authorized grant award information, payments made and funds available

How to Access the APEX Reports

(from the Dashboard)

1. Select Menu (top left)
2. APEX Reports
3. Grantee Inquiry



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

Inquiry type: * **Authorization Transactions** Financial Transactions Grant Summary Subaccount Summary

Payee Account: *

Grant Award / Document Number: 

Posted Date Range: From(MM/DD/YYYY):  To(MM/DD/YYYY): 

Save this inquiry:

1. Select your Inquiry Type
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

AGENCY TITLE	TRANSACTION CODE	FISCAL YEAR	CAN	OBJECT CLASS CODE	INCREMENTAL AUTH AMT	AUTHORIZATION ISSUE DATE	AUTHORIZATION POST DATE ↓	BUDGET START DATE	BUDGET END DATE
FCC-AFFORDABLE CONNECTIVITY OUTREACH GRANT PROGRAM	050	2023	ACP2127	4100	\$250,000.00	05/31/2023	06/24/2023	05/31/2023	09/30/2024
					\$250,000.00				

Financial Transactions

History of all payments (returns, rejections, recalls) and journal vouchers

Inquiry type: * Authorization Transactions **Financial Transactions** Grant Summary Subaccount Summary

Payee Account: *

Subaccount:

Paid Date Range:

From(MM/DD/YYYY):

To(MM/DD/YYYY):

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"

PAYMENT TYPE	TRANSACTION CODE	SUBACCOUNT	SUBACCOUNT REQUESTED AMOUNT	TOTAL PAYMENT REQUEST AMOUNT	REQUEST DATE ↓	PAYMENT DUE DATE	POST DATE	DEBIT DATE	SCHEDULE NUMBER	PAYMENT STATUS	COMMENTS
ACH	927	ACOGP2340040	\$1,000.00	\$1,000.00	10/02/2023	10/03/2023	10/02/2023	10/03/2023	103623	Payment Processed	-
ACH	927	ACOGP2340040	\$18,000.00	\$18,000.00	10/02/2023	10/03/2023	10/02/2023	10/03/2023	103624	Payment Processed	-
ACH	PNT	-	\$0.00	\$0.00	09/15/2023	-	09/15/2023	-	93586	Payment Processed	-
			\$19,000.00								

T/C (Transaction Codes)
906 = Journal Voucher (JV)
908 = Return of Excess Funds
920 = IPAC Transactions
916 = Wire "Same" Day Payments
927 = ACH "Next:" Day Payments
R27 = Recall of Payment
T27 = Payment returned by Bank
Z27 = Payment was rejected
PNT = Banking completed



Grant Summary

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

Inquiry type: * Authorization Transactions Financial Transactions **Grant Summary** Subaccount Summary

Payee Account: *

Grant Award / Document Number:

Fund Status:

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

Save this inquiry:

1. Select your Inquiry Type
2. Enter your Payee Account (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"



AWARDING AGENCY TITLE	DOCUMENT NUMBER	GRANT AUTHORIZATION AMOUNT	DISBURSEMENT AMOUNT	PAYMENTS	i LAST DISBURSEMENT REPORT DATE	AWARD START DATE	AWARD END DATE	i FUNDS EXPIRED	i DS
FCC-AFFORDABLE CONNECTIVITY OUTREACH GRANT PROGRAM	ACOGP2340040	\$250,000.00	\$19,000.00	\$19,000.00	-	05/31/2023	09/30/2024	N	O

Since FCC does not complete the FCTR in PMS, no last disbursement report date will be populated.

Subaccount Summary

Authorized grant award information, payments made and funds available

Inquiry type: * Authorization Transactions Financial Transactions Grant Summary **Subaccount Summary**

Payee Account: *

Subaccount: 

Grant Award / Document Number: 

Fund Status: 

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

Save this inquiry:

- 1. Select your Inquiry Type
- 2. Enter your PMS Account Number (PAN)
- 3. Enter other data (if desired)
- 4. Select "Run Inquiry"



Payment

FFR Report

AWARDING AGENCY TITLE	SUBACCOUNT	AUTHORIZATION AMOUNT	PAYMENTS	FUNDS AVAILABLE	DOCUMENT NUMBER	AWARD START DATE	AWARD END DATE	<i>i</i> FUNDS EXPIRED	<i>i</i> DS
FCC-AFFORDABLE CONNECTIVITY OUTREACH GRANT PROGRAM	ACOGP2340040	\$250,000.00	\$19,000.00	\$231,000.00	ACOGP2340040	05/31/2023	09/30/2024	N	0

Some subaccounts may have a matching document number

How to Download to Excel

Payee Account: *

Grant Award / Document Number:

Posted Date Range: From:

Save this inquiry:

Run Inquiry Clear

Columns
Filter
Data >
Format >
Report >
Download
Actions

Q Go

DOCUMENT NUMBER

Download

Choose report download format:

CSV HTML

Cancel

Do you want to open or save **authorization_transactions.csv** (5.31 KB) from **pmssectr.dpm.psc.gov**?

Open Save Cancel

Note: This Excel Sample has already been formatted

PAYEE ACCOUNT	PAYMENT TYPE	TRANSACTION CODE	SUBACCOUNT	SUBACCOUNT REQUESTED AMOUNT	TOTAL PAYMENT REQUEST AMOUNT	REQUEST DATE	PAYMENT DUE DATE	POST DATE	DEBIT DATE	SCHEDULE NUMBER	PAYMENT STATUS	COMMENTS	REQUESTOR
F####B1	ACH	927	ACOGP2340040	\$1,000.00	\$1,000.00	10/2/2023	10/3/2023	10/2/2023	10/3/2023	103623	Payment Processed	-	
F####B1	ACH	927	ACOGP2340040	\$18,000.00	\$18,000.00	10/2/2023	10/3/2023	10/2/2023	10/3/2023	103624	Payment Processed	-	
F####B1	ACH	PNT	-	\$0.00	\$0.00	9/15/2023	-	9/15/2023	-	93586	Payment Processed	-	

Financial Transactions Sample



PAYMENT REQUEST SUBMISSIONS

Payment requests may be submitted as often as needed:



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



Funds must be spent within three business days!

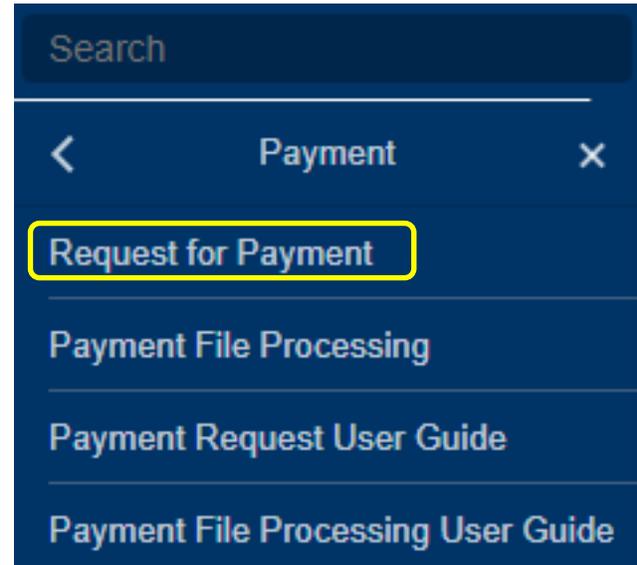
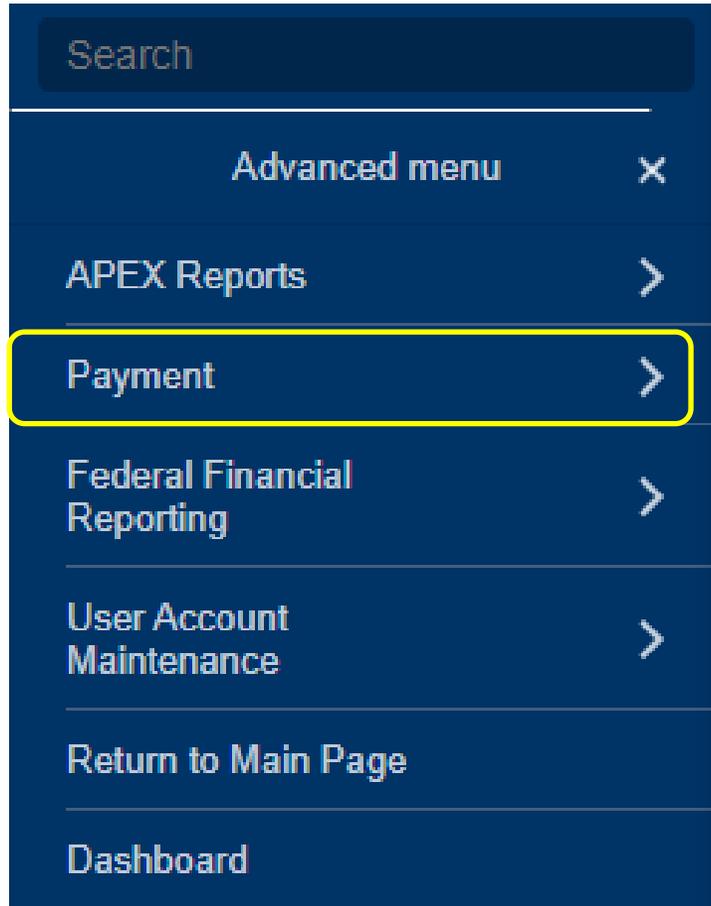
2 CFR § 200.305 - Federal payment.

§ 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.

Entire Guideline can be found at <https://www.govinfo.gov/content/pkg/CFR-2016-title2-vol1/pdf/CFR-2016-title2-vol1-sec200-304.pdf>

Requesting a Payment *(from the dashboard)*



1. Select Menu (top left)
2. Select Payment
3. Select Request for Payment

1. From the Payee Account Number (PAN) dropdown, select your PMS Account Number
2. Select Search
3. The listing of Payee Account Number and Subaccount will appear.
4. Select the sub-account(s) you are requesting a payment
5. Select Request Payment on Selected

Payment Request - Search Accounts

*Payee Account Number (PAN):

Available Funds:

Subaccount (optional):

* required

Clear Form

Search

Cancel

🚨 Expired Funds
🚚 In Transit Funds
🚫 No Active Banking
🚨 FFR Delinquent
💰 Pending Payment Requests

🔍 Search Results (0)

👤 Group Payment Actions

<input type="checkbox"/>	Payee Account Number	Subaccount	Bank Account Number	Payment Type	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B-C-D)	Subaccount Status	Actions
Press Search to display results.											

⏪
⏩
⏴
⏵
 Records per page
 Showing 0 to 0 of 0 entries

Request Payment on Selected

PAYMENT DETAILS

Payee Account Number:

UEI:

Payment Type: ACH Payment

***Payment Due Date:**

(yyyy-mm-dd)

2023-11-07



The due date will auto populate

***Expected Disbursement Amount (\$):**

This is the amount needed to pay invoices, payroll, etc.

***Cash on Hand (\$):**

This is the amount remaining from a previous payment request (not your grant)

***Payment Request Amount (\$):**

This is the amount you are expected to receive in your bank account.

Payment Request - Submit Request

PAYMENT WORKFLOW:

Payment Request

Approve Request

Confirm Request

Release Request

Request Completed

Payment Request

Documents

DOCUMENTS

Please upload required documents using the attachment fields below.

File Attachment:

Choose File No file chosen

File Attachment Name:

File Attachment Type:

Supporting Documentation



Upload

SUBACCOUNTS

The following list of Subaccounts are associated with the account above. Enter the requested amount for each Subaccount you want included in the request. Click the Continue button to proceed to the next screen.

ⓘ Expired Funds
🚚 In Transit Funds
🚫 No Active Banking
⚠️ FFR Delinquent
💰 Pending Payment Requests

Subaccount Number	Bank Account Number	Status	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B-C-D)	Subaccount Amount Requested (\$)
ACOGP2340040			\$231,000.00	\$0.00	\$0.00	\$0.00	\$231,000.00	<input type="text" value="100.00"/>
Total Subaccount Amount Requested:								<input type="text" value="100.00"/>

CERTIFICATION

* By submitting this electronic request for cash disbursement, I, Testuser Dpmgate12d3, certify to the best of my knowledge and belief that the expenditures, disbursements, and cash receipts associated with this request for payment are for the purposes and objectives set forth in the solicitation, proposal, and award letter, and comply with the terms and conditions of the award. I am aware that any false, fictitious or fraudulent information may subject me to criminal, civil, or administrative penalties (See, e.g., U.S. Code Title 18, Sections 287, 1001 and 1343; Title 31, Sections 3729-3730 and 3801-3812).

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.

Enter the amount for each subaccount listed. Total Subaccount Amount must match the total amount you entered on the first screen
 Review information – Read certification statement – Select Check Box - Submit Request

Your Payment Request has been submitted. The Transaction Number for Future Reference is 4039779182

Close

View Request

Documents

All Details

PAYMENT DETAILS

Payee Account Number:

UEI:

Payment Type: ACH Payment

Payment Request Date: 2023-11-06

Payment Due Date: 2023-11-07

Payment Request Amount (\$): \$100.00

SUBACCOUNTS

Subaccount Number	Bank Account Number	Subaccount Amount Requested (\$)
ACOGP2340040	#####P01P	\$100.00

Close ▶



Checking Status of Payment

Once you select Done, it will route you back to the Payment Screen.

To check the status of your submitted payment request, return to the **Dashboard**

The status will appear under **Request Status**

For additional details, select the icon under **Actions**

PMS USER ACCOUNT NOTIFICATIONS

■ Expired ■ Will Expire within 5 days ■ Will Expire within 10 days

	Notification	Count	By	Actions
1	FFR Delinquent Reports	2 reports		
2	FFR Ready for Prepare/Certify	5 reports		
3	Number of Days until Password Change Required	50 days	2023-12-26 02:40:27 PM	
4	Number of Days until Recertification Required	60 days	2024-01-05 12:00:00 AM	
5	Payee Accounts	4 accounts		

Navigation icons: Home, Previous, 1, Next, End. Records per page: 5. Displaying 1 to 5 of 5 items

MY PAYMENT REQUESTS (0)

Transaction Number	Payee Account	Payment Type	Request Amount	Request Date	Due Date	Request Status	Actions
You currently have no active payment requests.							

Records per page: 5. Showing 0 to 0 of 0 entries



FFR-425

FEDERAL FINANCIAL REPORT

PMS FFR User Roles & Responsibilities

Recipients

- Request access to FFR
- View, Prepare, Revise and/or certify report
- Combine Authorities on the same account
- View Submission History
- Upload supporting documentation

PMS Staff

- Grant access to recipient and agency users
- Create FFRs based on agency specifications
- Provide technical support to recipients
- Provide FFR trainings

Accessing FFR's



PMS USER ACCOUNT NOTIFICATIONS

 Expired  Will Expire within 5 days  Will Expire within 10 days

	Notification ▲	Count ▾	By ▾	Actions
1	FFR Delinquent Reports	1 reports		
2	FFR Ready for Prepare/Certify	1 reports		

Navigating to the Federal Financial Report

The screenshot displays the Payment Management System (PMS) dashboard. On the left is a dark blue navigation sidebar with a search bar at the top. Below the search bar are several menu items: 'Advanced menu' with a close icon, 'APEX Reports', 'Federal Financial Reporting' (highlighted with a yellow arrow), 'User Account Maintenance', 'Dashboard', and 'Return to Main Page'. The main content area has a dark blue header with the U.S. Department of Health and Human Services logo and the text 'U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' and 'PSC | Payment Management System'. Below the header is a section titled 'PMS USER ACCOUNT NOTIFICATIONS'. It includes a legend with three categories: 'Expired' (red square), 'Will Expire within 5 days' (orange square), and 'Will Expire within 10 days' (green square). A table below the legend lists three notifications:

	Notification
1	FFR Delinquent Reports
2	FFR Ready for Prepare/Certify
3	Number of Days until Password Change Required

Navigating to the Federal Financial Report

The screenshot displays the PSC Payment Management System interface. At the top, it features the U.S. Department of Health and Human Services logo and the PSC logo. A search bar is located in the top left corner. A navigation menu on the left side includes the following items: "Federal Financial Reporting" (with a back arrow and close icon), "FFR Grantee User Guide", "Federal Financial Report" (highlighted with a yellow arrow), and "Upload Federal Financial Report". The main content area is titled "PMS USER ACCOUNT NOTIFICATIONS" and includes a legend for notification statuses: "Expired" (red), "Will Expire within 5 days" (orange), and "Will Expire within 10 days" (green). Below the legend is a table with the following data:

	Notification
1	FFR Delinquent Reports
2	FFR Ready for Prepare/Certify
3	Number of Days until Password Change Required
4	Number of Days until Recertification Required

Federal Financial Report Search

Payment Management System Federal Financial Report - Search

To search for a Federal Financial Report for a specific PAN or Federal Grant ID, enter the specific value. Both fields can be searched for partial matches by using an asterisk (*). Select other optional fields to refine your search.

Payee Account Number (PAN): 

Federal Grant ID: 

Reporting Period:

Report Status:

Delinquent Reports:

Agency ID:

Form:

Clear Form

Search

Cancel

- FFR's can be searched based on different criteria's Ex. Payee Account, Grant Document Number, Awarding Agency, etc.
- After entering search criteria, select Search

Search Results are now displayed
 Under Actions, select the review icon  to display the FFR

Search Results (2) Group Actions											
<input type="checkbox"/>	Payee ▲	Federal Grant ID ▲	Agency ⇅	Report Type ⇅	Reporting Period End Date ▼	Reporting Period Due Date ⇅	Report Submit Date ⇅	Report Status ⇅	Form Type ⇅	Delinquent ⇅	Actions
<input type="checkbox"/>		ACOGP2340040	FCC/ACP	Quarterly	2023-09-30	2023-10-30		Report Available to be completed	SF-425	!	 
<input type="checkbox"/>		ACOGP2340040	FCC/ACP	Quarterly	2023-06-30	2023-07-30		Report Available to be completed	SF-425	!	 


 Records per page
 Displaying 1 to 2 of 2 items

Under the Group Actions, you can select group functionalities.

For instructions for uploading and downloading the FFR, please see attached manual.

		Group Actions
⇅	Form Type ⇅	<ul style="list-style-type: none">  Certify  File Upload (SF-425)  Print  Download
	SF-425	
	SF-425	

FFR Information

Federal Financial Report - Details

REPORT WORKFLOW:

Report Available

Prepare Report

Certify Report

Agency Review

Completed

Prepare Report

Report Details

Status History

Documents

Revision History

Notifications

All Details

FEDERAL FINANCIAL REPORT

(Prescribed by OMB A-102 and A-110)

1. Federal Agency and Organizational Element to Which Report is Submitted:

FCC (AFFORDABLE CONNECTIVITY OUTREACH)

2. Federal Grant / Subaccount:

3. Recipient Organization (Name and complete address including Zip code):

4a. UEI:

4b. EIN:

5. Recipient Account Number or Identifying Number:



Block 1: Federal agency: This read-only field will prepopulate to read “DOL – Bureau of Labor Statistics”

Block 2: Federal grant number: This field will prepopulate the alpha-numeric grant number cited on your award document. Verify this grant number is correct. Grantees will complete one SF-425 for each grant number.

Block 3: Recipient organization: This field will prepopulate the grantee organization’s legal name and address and should match the name and address on the award document.

Block 4a. UEI number: This field will be prepopulated based on the UEI number provided by the awarding agency.

Block 4b. EIN: This field will prepopulate the grantee organization’s employer identification number (EIN).

Block 5. Recipient account number: This field should be populated by the grantee noting their recipient account number or organization’s identifier number.



FFR Information Cont'd

6. Report Type:	Quarterly	
*7. Basis of Accounting:	Accrual	
8. Project/Grant Period:	From: 05/31/2023	To: 09/30/2024
9. Reporting Period End Date:	09/30/2023	

Block 6: Report Type: This field is prepopulated based on the requirements received from the awarding agency. The final SF-425 is due 120 days after the grantee has reported all federal expenses for all awards issued under the same grant number or after the grant period end date of the award. A grantee must draw all funds prior to the submission of the final FFR. Grantee is no longer eligible to draw down funds 120 days after the end of the period of performance and the grantee forfeits the remaining eligible balance.

Block 7: Basis of accounting: Mark the appropriate box to specify whether a cash or accrual basis was used for recording financial transactions related to the award.

- Cash basis of accounting refers to the accounting method in which expenses are recorded when they are paid.
- Accrual basis of accounting refers to the accounting method in which expenses are recorded when they are incurred.

Block 8. Project/grant period (from/to): This field will prepopulate with the time period covered by the grant number. Verify this information is correct.

Block 9: Reporting period end date: This field is prepopulated based on the requirements provided by the awarding agency. For final FFRs, the reporting period end dates shall be the end date of the project or grant period.

FFR Information Cont'd

***10. Transactions:**

Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (on the GRANT LEVEL) for ACOGP2340040:

a. Cash Receipts:

0.00



b. Cash Disbursements:

0.00



c. Cash on Hand (line a minus b):

0.00



Block 10: Transactions: Enter cumulative amounts from the date of the award's inception through the end date of the reporting period specified in "Block 9. Reporting period end date." The cumulative amount is calculated by adding all expenses incurred to date, including all previously reported expenses. Use "Block 12. Remarks" to provide further details or explanations necessary about information listed in this section.

Federal Cash

Block 10a. Cash receipts: This field is prepopulated based on the current drawdown in Payment Management System.

- For quarterly reports, its based on all the drawdowns that occurred from the date of award thru the reporting period end date.
- For final reports, its based on all the drawdowns that occurred thru the liquidation period.

Block 10b. Cash disbursements: This field is prepopulated based on the last reported disbursements by the grantee.

- For quarterly reports, the field is editable.
- For final reports, the field is non-editable.

Block 10c. Cash on hand: This field is auto-calculated based on the formula Cash receipts (10A) - Cash disbursements (10B)



FFR Information Cont'd

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized:	250,000.00
e. Federal share of expenditures:	
f. Federal share of unliquidated obligations:	
g. Total Federal share (sum of lines e and f):	0.00
h. Unobligated balance of Federal funds (line d minus g):	250,000.00

Federal Expenditures and Unobligated Balance

Block 10d: Total federal funds authorized: This field will pre-populated with the appropriate amount of federal funds authorized as of the reporting period end date. This information can also be found on the award documentation.

Block 10e: Federal share of expenditures: Enter the cumulative amount of federal fund expenditures. The cumulative amount is calculated by adding all expenses incurred to date. The cumulative amount includes all federal share of expenditures for the life of the grant.

Block 10f: Federal share of unliquidated obligations: If a grantee is using accrual/cash basis of accounting and submits a final SF-425, "Block 10f. Federal share of unliquidated obligations" should always be reported "\$0.00" because unliquidated obligations are not acceptable on final reports.

Block 10g: Total federal share: This field will prepopulate with the calculated sum of "Blocks 10e. Federal share of expenditures" and "10f. Federal share of unliquidated obligations."

Block 10h: Unobligated balance of federal funds: This field will prepopulate with the calculated difference of "Block 10d. Total federal funds authorized" and "Block 10g. Total federal share" based on prior period submissions. Upon reporting the current information, this block will recalculate to include the updated information.



FFR Information Cont'd

Recipient Share:

i. Total recipient share required:

0.00



j. Recipient share of expenditures:

k. Remaining recipient share to be provided (line i minus j):

0.00

Recipient Share

Block 10i: Total recipient share required: If provided by the awarding agency, this field will be prepopulated with the appropriate amount of federal funds authorized as of the reporting period end date. Information can also be found on the award documentation.

Block 10j: Recipient share of expenditures: Enter the cumulative amount of federal fund expenditures. The cumulative amount is calculated by adding all expenses incurred to date. The cumulative amount includes all federal share of expenditures for the life of the grant.

Block 10k: Remaining recipient share to be provided: This field will prepopulate with the calculated difference of "Block 10i. Total recipient share required" and "Block 10j. Recipient share of expenditures". Upon reporting the current information, this block will recalculate to include the updated information. Note: if the recipient share of expenditures are greater than recipient share required, then "\$0" will be reflected. Additionally, the grantee must ensure that they meet their matching requirements per the terms and condition of the grant.

FFR Information Cont'd

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 and line n):

Program Income

Block 10l: Total Federal Program Income Earned: Enter the amount of Federal program income earned. Do not report any **program** income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j.

Block 10m: Program Income Expended in Accordance With the Deduction Alternative: Enter the amount of program income that was used to reduce the Federal share of the total project costs.

Block 10n: Program Income Expended in Accordance With the Addition Alternative: Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.

Block 10o: Unexpended Program income (Line 10l Minus Line 10m or Line 10n): This field will prepopulate with the calculated difference of "Line 10l minus Line 10m or Line 10n". This amount equals the program income that has been earned but not extended, as of the reporting period end date.

FFR Information Cont'd

11. Indirect Expense:

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
1. <input type="text" value=""/>	0.00	<input type="text" value=""/>				
2. <input type="text" value=""/>	0.00	<input type="text" value=""/>				
g. Totals:				0.00	0.00	0.00

Indirect Expense: Enter cumulative amounts from the date of the inception of the award through the end date of the reporting period specified in “Block 9. Reporting period end date.” The cumulative amount is calculated by adding all expenses incurred to date. Use the multiple rows to indicate separate types and rates. Use “Block 12. Remarks” to provide further details and explanations necessary about information listed in this section.

Block 11a: Type If applicable: The grantee should state whether the indirect cost rate(s) is (are) provisional, predetermined, final, or fixed.

Block 11b: Rate If applicable: Enter the indirect cost rate(s) in effect during the reporting period.

Block 11c: Period from; period to; If applicable: Enter the beginning and ending effective dates for the rate(s).

Block 11d: Base If applicable: Enter the amount of the base against which the rate(s) was (were) applied.

Block 11e: Amount charged If applicable: This field will prepopulate a calculation indicating the amount of indirect costs charged during the time period specified (11b x 11d). Verify this information is correct.

Block 11f: Federal share If applicable: Enter the federal share of the amount listed in “Block 11e. Amount charged.”

Block 11g: If applicable Totals If applicable: This field will pre-populate a calculation indicating the summed amounts of “Block 11d. Base,” “Block 11e. Amount charged,” and “Block 11f. Federal share.”



FFR Information Cont'd

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

Block 12: Remarks If applicable: Use "Block 12. Remarks" to provide further details and explanations necessary about information listed in this report, specifically "Block 10. Transactions." Use "Block 12. Remarks" to provide an explanation why the grantee is delinquent in submitting the SF-425.

Signature by Preparer

*Prepared by:	<input type="text"/>
Phone No.:	+1 (xxx) 111-849
Email Address:	pms_it_support@psc.hhs.gov
Date Report Prepared:	11/06/2023

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 4040-0014. Public reporting burden for this collection of information is estimated to average 1 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. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

Standard Form:	425
OMB Approval Number:	4040-0014
Expiration Date:	02/28/2025

Success ✕

Report has been successfully prepared.

From the dropdown, select your name as the preparer. All other fields are auto populated based on the information you provided when you requested access to PMS. Once you select Submit, the Success message box will appear. Select OK

Signature by Certifier

***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:

*b. Signature of Authorized Certifying Official:

c. Telephone (Area code, number and extension):

+1 (xxx) 111-849

d. Email Address:

pms_it_support@psc.hhs.gov

e. Date Report Submitted:

11/06/2023

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 4040-0014. Public reporting burden for this collection of information is estimated to average 1 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. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

Standard Form:

425

OMB Approval Number:

4040-0014

Expiration Date:

02/28/2025

Edit Report

Certify

Cancel



Signature by Certifier

Block 13: Certification Mandatory: The certifying official is the individual who has the knowledge and authority to certify that the figures reported on the SF-425 are accurate and complete.

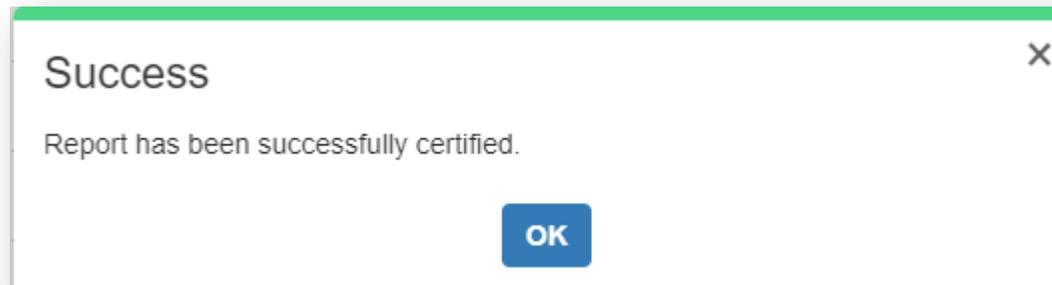
Block 13a: Name and title of authorized certifying official: This line item will be pre-populated with the certifying official's name and title.

Block 13b: Signature of authorized certifying official: The authorized certifying official must sign here; therefore, from the dropdown box, please select the authorized certifier.

Block 13c: Telephone: This line item is pre-populated with the telephone number (including area code and extension) for the individual listed in "Block 13a. Name and title of authorized certifying official."

Block 13d: E-mail address: This line item is pre-populated with the e-mail address of the individual listed in "Block 13a. Name and title of authorized certifying official."

Block 13e: Date report prepared/submitted: This line item is pre-populated based on when the grantee certifies the report in Payment Management System.



FFR Submitted awaiting AA Approval

Search Results (2)											Group Actions
<input type="checkbox"/>	Payee ▲	Federal Grant ID ▲	Agency ◆	Report Type ◆	Reporting Period End Date ▼	Reporting Period Due Date ◆	Report Submit Date ◆	Report Status ◆	Form Type ◆	Delinquent ◆	Actions
<input type="checkbox"/>	ACOGP2340040	FCC/ACP	Quarterly	2023-09-30	2023-10-30	2023-11-06	Report Certified/Pending Agency Approval	SF-425		 

Once the FFR has been certified & submitted, it will route to FCC for review and approval/rejection

Edit Submitted FFR

Search Results (2)										Group Actions	
<input type="checkbox"/>	Payee ▲	Federal Grant ID ▲	Agency ⇅	Report Type ⇅	Reporting Period End Date ▼	Reporting Period Due Date ⇅	Report Submit Date ⇅	Report Status ⇅	Form Type ⇅	Delinquent ⇅	Actions
<input type="checkbox"/>		ACOGP2340040	FCC/ACP	Quarterly	2023-09-30	2023-10-30	2023-11-06	Report Certified/Pending Agency Approval	SF-425		

Submitted reports can be “revised” at any time. After you click the note pad icon under actions, you will be routed to the submitted report. At the top and bottom of the report, you will see “Edit Report”. Once you select it, fields are now re-opened for you to make changes.

All grayed out fields should update automatically.

Federal Financial Report - Details

REPORT WORKFLOW: Report Available → Prepare Report → Certify Report → **Agency Review** → Completed

Click the **Edit Report** link or button to make new changes.

[Preview Report](#)
[Report Details](#)
[Status History](#)
[Documents](#)
[Revision History](#)
[Notifications](#)

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Standard Form:	425
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[Edit Report](#)
[Cancel](#)

GENERAL INFORMATION

BRIEF GLOSSARY

Cash Receipts – Cumulative total of drawdowns from HHS/PMS through reporting period end date

Cash Disbursement – Cumulative total of federal disbursements reported on last certified FCTR. For B1 Type of Accounts, this will be the same amount as cash receipts

Cash on Hand – The amount of Federal cash received by the recipient less the Federal share of disbursements as reported on the PMS automated PSC 272. This balance must not include unpaid amounts for such items as accruals, accounts payable, etc. This amount may be positive to reflect the actual cash balance or negative to reflect reimbursement for funds already spent.

Disbursement – Amounts paid for goods and services. Normally, federal funds are considered disbursed when funds have been released to pay for program and/or project costs.

Expired Payment – Funding requested 90 or 120 days after the award authorization ending date

Grant Number – Grant, Contract, or Award Number used to obligate funds in PMS. This number may not be the same as the Subaccount which is entered on the Payment Request screen, and it may not be the same obligation number as it appears on your Grant Award Document.

Subaccount – For HHS, A 2–10-digit code in The Payment Management System designation of a major program within a payee account; accounts are subdivided into subaccounts for accounting and cash control. For non-HHS, the 2–10-digit subaccount code may or may not be a designation of a major program within a payee account. It can also be the grant award.

Unexpired Payment Request – Funding requested within the award start and end date

<https://pmssec.dpm.psc.gov/pmsprod-help/pmsglossary.html>



Updating Entity Information

Effective February 11, 2019, all grantees must have an **active status** in SAM.GOV for awarding agencies to register new grantees or make changes to existing grantee's information in PMS. SAM.GOV requires a yearly renewal to stay active.

1. Review the information in SAM.GOV, verify the accuracy and make any necessary updates.
2. After review of your SAM.GOV information, please contact your grants officer and inform them of the change (Organization Name, Address, EIN, and/or UElS).
3. The Awarding Agency (Grants Officer) will submit the request in PMS
4. Once submitted by the awarding agency, the request will route to PMS for final review and release.

For Assistance

PMS HELP DESK

1-877-614-5533 or PMSSupport@psc.hhs.gov

Support is available Monday – Friday from 7 a.m. to 9 p.m. ET (except Federal Holidays).

ONLINE ASSISTANCE

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.

ASSIGNED PMS LIAISON ACCOUNTANT

Looking for your PSC PMS Representative? Select this link: <https://pms.psc.gov/find-pms-liaison-accountant.html>

Under the section titled **Grants Awarded By Non-U.S. Department of Health and Human Services (Non-HHS) Federal Agencies**, from the drop-down menu select **Federal Communications Commission** and then select **GO**



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

