

Accessing AFI Grant Funds, Part 1: Direct Deposit

Accessing AFI grant funds is a two-part process. The first part is to set up direct deposit, using the Federal Standard Form 1199A, to prepare for receipt of grant funds from the HHS Payment Management System into the Project Reserve Account.

Following are the specific roles and steps required in order to arrange for direct deposit.

Grantee Role

Download a copy of standard Form 1199A (see the sample form on the following page). Forms are available through the AFI Asset-Building Web site, <http://www.acf.hhs.gov/assetbuilding>.

Follow the step-by-step instruction sheet, “Completing Standard Form 1199A—Direct Deposit,” found in this section of the HANDBOOK and fill out all required information.

The direct deposit form asks for several key pieces of information:

- Official name of grantee organization (as shown on the FAA or as amended)
- Official name of the Qualified Financial Institution (QFI) that will hold the Project Reserve Account (as shown on the approved grant application or as amended)
- Original and authorized signatures of all parties

Note: If any of these items has changed since the time of the grant award, you must notify the Office of Grants Management in writing. Please ensure that all such notifications are original documents. (Please do not submit a document that has been revised using whiteout, for example.) These steps will avoid delays in setting up your direct deposit account.

Submit the original signed Standard Form 1199A to your grants management specialist in the Office of Grants Management and fax or send an unofficial copy to the Office of Community Services.

Office of Grants Management Role

Verify information provided on the 1199A by comparing it with what the grantee submitted with its AFI application.

Note: If the QFI named on the Standard Form 1199A differs from that named in the application, OGM will contact the grantee to seek clarification. The grantee will be advised to submit a letter indicating that the QFI has changed and the new partnership agreement signed by both the grantee and the QFI identifying the QFI's participation in the IDA program and its agreement to hold the Project Reserve Account. All of this new information will be shared with and cleared by the Office of Community Services before the actual change is approved by OGM.

Approve form. Once OGM has approved the 1199A, it transmits the form to the HHS Division of Payment Management. At this point, Payment Management links the AFI grant Payment Management Account to the grantee's account at the QFI. Now all is ready for the next second part of the process: drawdown of grant funds.

Please see "Accessing AFI Grant Funds, Part 2: Drawdown" for information about the process for requesting and receiving grant funds.

Completing Standard Form 1199A—Direct Deposit

STEP 1: Download the form in PDF format from the AFI Asset-Building Web site. (See a reduced-size sample on next page.)

STEP 2: Complete the form by following the instructions below. (These instructions supersede instructions on the form itself. Please follow *these* instructions carefully.)

Section 1

- Section A: Enter the grantee organization name, address, and telephone number. This information *must be as it appeared in the approved grant application and in Box 11 of the financial assistance award (FAA) form*. Please contact OGM before submitting this form if any of this information has changed.
- Section B: Enter the name of the grantee organization (never put an individual's name) as shown on the approved grant application and the FAA. Please contact the Office of Grants Management if any of this information has changed.
- Section C: Enter the grantee organization's employer identification number. This number must be as given on the approved grant application and in Box 22 on the FAA.
- Section D: Enter the type of depositor account.
- Section E: Enter the account number for the Project Reserve Account.
- Section F: For the type of payment, enter "Other—grant award /nonprofit."
- Section G: Leave blank
- Payee/joint payee certification: Enter signature of the authorized official from the grantee organization and the date. (This is usually the authorized person named in the grant application, unless amended.)
- Joint account holder's certification: Leave blank

Section 2

- Government agency name: Enter "Division of Payment Management."
- Government agency address: Enter "PO Box 6021, Rockville MD 20852."

Section 3

(To be completed by the Qualified Financial Institution.)

- Name and address: Enter the name and address of the financial institution that will hold the Project Reserve Account. The financial institution must be the one noted in the approved grant application or as amended.
- Routing number: The financial institution will enter this information.
- Print financial institution representative's name.
- Enter signature of the financial institution representative. This must be an original signature.
- Enter the financial institution representative's telephone number.
- Enter the date of signature.

STEP THREE: Review the form to be sure all information is correct. There may be no corrections, mark throughs, whiteout, or other changes on the original of the form. Submit the original Standard Form 1199A to OGM and OCS. Keep a copy for your records. Mail the original, with original signatures, to the Office of Grants Management. Mail, fax, or email a copy to the Office of Community Services.

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)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<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 _____ (<i>specify</i>)	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
Prefix	Suffix	TYPE	AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>)	
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.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input type="text"/>		<input type="text"/>
		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. Reset

NSN 7540-01-058-0224

FINANCIAL INSTITUTION COPY

1199-207

Designed using Perform Pro, WHS/DIOR, Mar 97

SF 1199A (Back)

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

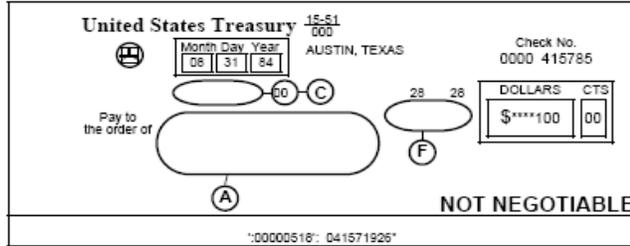
PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.