

# Special Appropriations Projects (SPAPs) Grant Procedures Workshop

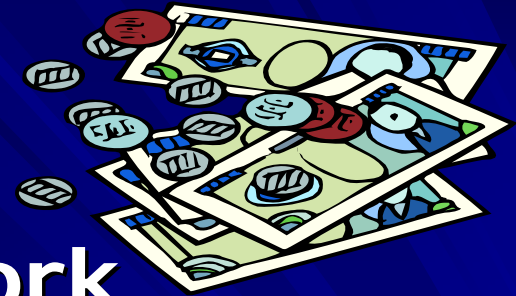
EPA Region 4  
September 16, 2009

## Payment Requests

Nancy Bethune



# Payments



- Payments made for work completed (reimbursement)
- Payments are made based on the percentage of federal participation shown on grant
- Grantee may submit requests as needed, but no more than once a month
- R4 will notify the grantee upon payment approval

# First Payment Request

- Form SF-271 *Request for Reimbursement*
- Form SF-3881 *ACH Vendor/Miscellaneous Payment Enrollment Form*
  - Used by grant/cooperative agreement recipients to be able to receive Electronic Funds Transfer (EFT) - for non-ASAP recipients
  - Grantee will be issued an EFT number by EPA's Las Vegas Financial Center (LVFC)
- Corresponding invoices for XP-project to EPA or your designated state representative



- **SF-271 is available at**  
<http://www.whitehouse.gov/omb/grants/sf271.pdf>
  
- **payment procedures form (SF-3881) is in our workbook at**  
[http://www.epa.gov/Region4/water/gtas/workbookdocs/sf3881and\\_R4\\_instructions.pdf](http://www.epa.gov/Region4/water/gtas/workbookdocs/sf3881and_R4_instructions.pdf)  
or  
<http://www.epa.gov/ocfo/finservices/SF3881.pdf>

# Grantee may enroll in one of two payment methods:

- **Electronic Fund Transfer (EFT)**
  - SF 3881
- **Automated Standard Application for Payments (ASAP)**

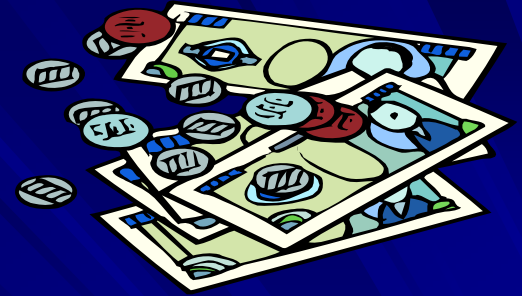
# Establishing U.S. Treasury ASAP Payment System

- One time enrollment for grantees
- After grant is awarded, EPA notifies Treasury Department
- Grantee completes paperwork (internet or paper)
- Grantee receives Passport software, access codes, user ID, password, PIN
- Must be used every 3 months

# ASAP Web Page

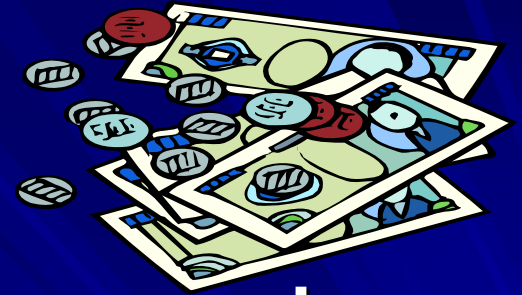
- [www.fms.treas.gov/asap](http://www.fms.treas.gov/asap)
- Get copy of ASAP Enrollment Handbook (18 pages)
- <http://www.epa.gov/ocfo/finser/vices/grants.htm>

# Requesting Payments



- First payment requires submittal of both SF-3881 and SF-271
- Use form SF-271 to request subsequent payments
- Include project invoices with all requests
- Supporting documents for force account (force account needs prior approval)

# Payment Process



- EPA/State reviews payment request
- EPA/State approves, partially approves, or denies pay request, and notifies LVFC and grantee
- If on ASAP, Grantee requests payment electronically through ASAP
- LVFC will electronically transfer funds through the U.S. Department of Treasury and the Federal Reserve for credit to the recipient's account

# Payment Review Checklist

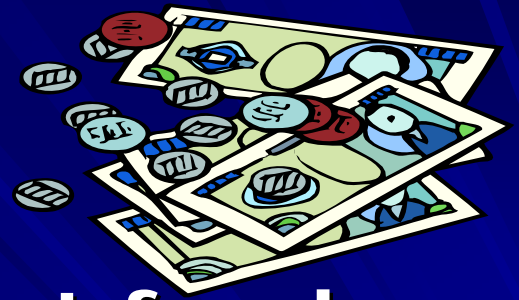


- SF-3881 or ASAP
- Environmental Review  
(Categorical Exclusion or Finding of No Significant Impact)
- Progress Reports
- Procurement and Plans/Specs approval
- Budget Period

# Payment Review Checklist (Cont'd)

- Signed SF-271 with correct name/address
- Supporting Invoices for XP grant
- Grant Percent Applied Properly
- Math

# Final Payment



- EPA may hold 5% of grant funds until ready to closeout the grant
- Paid after all requirements are met
- Final SF-271 and supporting invoices
- EPA may amend the cost share up to 55% if there are unspent federal funds

# SF-271

<b>OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS</b>  <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0002		PAGE	OF
					PAGES
		1. TYPE OF REQUEST <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		5. PARTIAL PAYMENT REQUEST NO.	
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	<b>PERIOD COVERED BY THIS REQUEST</b>			
		FROM (Month, day, year)		TO (Month, day, year)	
9. RECIPIENT ORGANIZATION  Name:  No. and Street:  City, State and ZIP Code:		10. PAYEE (When check is to be sent if different than Item 9)  Name:  No. and Street:  City, State and ZIP Code:			

# SF-3881

## ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

### PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

### AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

AGENCY IDENTIFIER:

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

CCD+

CTX

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:

ADDITIONAL INFORMATION:

### PAYEE/COMPANY INFORMATION

NAME

SSN NO. OR TAXPAYER ID NO.