



RECIPIENT GUIDE

REQUESTING FEDERAL FUNDS THROUGH PMS DURING A DPM ANNOUNCED EMERGENCY



OVERVIEW

The DPM recognizes the significant impact that service failures would have on its users. The DPM has developed a business continuity and contingency plan (BCCP) to minimize the impact of a disruption to critical services. The DPM considers the Smartlink II and Cashline as critical services. This guide describes the procedures that grant recipients will follow during an announced interruption of DPM's electronic payment services.

NOTIFICATION OF RECIPIENTS

When a disaster/emergency occurs to the electronic payment system, the DPM will officially announce that alternate procedures will be used to process payments. The official announcement will be made through the Internet, through NewsNet and by voice mail.

C INTERNET:

DPM's Website: <http://www.dpm.psc.gov>

This Website will have an official announcement from DPM that an emergency has been declared and that alternate procedures will be used to process payments.

C NEWSNET:

When an emergency is announced, DPM's automated *NewsNet* will send all subscribers an official announcement that an emergency has been declared and that alternate procedures will be used to process payments.

C VOICE MAIL:

Your DPM representative will change their voice mail to announce that an emergency has been declared and that alternate procedures will be used to request payments.

ALTERNATE PROCEDURES FOR REQUESTING PAYMENTS:

Grant recipients will use alternate methods for requesting payment if either Smartlink II or Cashline is unavailable and DPM has declared an emergency. Several methods for requesting payment from the Payment Management System are listed below.

Payment requests will be processed by DPM during the hours of 8:00 A.M. to 7:30 P.M. EST.

The payment request methods are listed below in order of preference.

Preferred method: **FAX**

Complete the request for funds on one of the forms attached at the end of the document. The ALTERNATE REQUEST FORM A is used for general accounts and ALTERNATE REQUEST FORM B is used for accounts with subaccounts.

Fax the completed and signed form to one of the following DPM fax numbers.

UNIVERSITY & NON-PROFIT BRANCH FAX NUMBER: 301-443-2672
GOVERNMENT AND TRIBAL BRANCH FAX NUMBER: 301-443-2569
Alternate Fax Number: 301-443-3586

If faxing is unavailable use:

C E-MAIL

Go to DPM's Website, <http://www.dpm.psc.gov>
Click on the DPM Staff link.
Click on your account representative's e-mail address.

Provide the following information:

- C PIN
- C ACCOUNT NUMBER
- C PAYMENT DUE DATE
- C TOTAL AMOUNT REQUESTED
- C FEDERAL CASH BALANCE ON HAND
- C EXPECTED DISBURSEMENT AMOUNT
- C SUBACCOUNT AND AMOUNT REQUESTED FOR EACH
- C NAME OF PERSON MAKING REQUEST
- C TELEPHONE NUMBER

Send this message to your account representative.

If faxing and e-mail are unavailable use:

C VOICE MAIL

Call your account representative and leave your payment request in their voice mail box. Include the following information:

- C PIN
- C ACCOUNT NUMBER
- C PAYMENT DUE DATE
- C TOTAL AMOUNT REQUESTED
- C FEDERAL CASH BALANCE ON HAND
- C EXPECTED DISBURSEMENT AMOUNT
- C SUBACCOUNT AND AMOUNT REQUESTED FOR EACH
- C NAME OF PERSON MAKING REQUEST
- C TELEPHONE NUMBER

If faxing, e-mail, and voice mail are unavailable use:

C REGULAR MAIL

Mail your request to the following address:

Division of Payment Management
P.O. Box 6021
Rockville, MD 20852

For overnight mailing use this address:

Division of Payment Management
11400 Rockville Pike, Suite 700
Rockville, MD 20852

ALTERNATE REQUEST FORM A
(GENERAL ACCOUNTS)

PIN: _____

ACCOUNT NUMBER: _____

PAYMENT DUE DATE (YYMMDD): _____

TOTAL AMT REQUESTED: _____

FEDERAL CASH BALANCE ON HAND: +/- _____

EXPECTED DISBURSEMENT AMOUNT: _____

NAME OF CONTACT PERSON: _____

TELEPHONE NUMBER: _____

ALTERNATE REQUEST FORM B
(FOR ACCOUNTS WITH SUBACCOUNTS)

PIN: _____

ACCOUNT NUMBER: _____

PAYMENT DUE DATE (YYMMDD): _____

TOTAL AMT REQUESTED: _____

FEDERAL CASH BALANCE ON HAND: +/- _____

EXPECTED DISBURSEMENT AMOUNT: _____

| SUB-ACCT | AMOUNT +/- | SUB-ACCT | AMOUNT +/- |
|----------|------------|----------|------------|
| 1. _____ | _____ | 2. _____ | _____ |
| 3. _____ | _____ | 4. _____ | _____ |
| 5. _____ | _____ | 6. _____ | _____ |
| 7. _____ | _____ | 8. _____ | _____ |

NAME OF CONTACT PERSON: _____

TELEPHONE NUMBER: _____