

SMARTLINK DIRECTIONS

NATIONAL PARK SERVICE, DEPARTMENT OF INTERIOR HISTORIC PRESERVATION GRANTS DIVISION

Note: All National Park Service (NPS) grant recipients are required to use the SMARTLINK payment management system that is administered by the Department of Health and Human Services (HHS).

SIGN UP STEPS:



Complete the *Division of Payment Management Financial Contact Form* by checking the box "Establish New User Access" and fill out the rest of the form (except for the "Payee Identification Number" information).



Complete an original SF1199A Direct Deposit Sign-Up Form (available at your bank or by downloading it from the US Treasury at <http://www.fms.treas.gov/eft/1199a.pdf>.)
NO corrections, white-out, or erasures will be accepted, it will be returned.
NPS funds cannot be sent to a money market account, only checking.
Please carefully follow the Sample SF1199A that is provided on the reverse.



Mail **BOTH** completed documents to NPS via private mail carrier (Fedex, UPS, DHL) for faster service or regular mail.

Mail to:
Historic Preservation Grants
National Park Service
1201 Eye Street, NW (Stop 2256)
Washington, DC 20005

PROCESS

Please note that all grants reimbursed through the SMARTLINK system will only be paid with prior approval from NPS.

Steps for reimbursement:

1. Submit both required forms mentioned above; processing can take 4-6 weeks.
2. Complete an SF270 form (Request for Advance or Reimbursement) and fax it to (202-371-1794) or email to your NPS grants manager for review. Your manager will assure that the project is in compliance with financial and reporting requirements. A hard copy of the SF270 form does not have to be mailed to NPS.
3. NPS will notify you via email whether the drawdown is approved.
4. When notified of payment approval, enter the SMARTLINK system using the passwords provided by HHS. Draw down the approved amount – no more, no less.
5. Reimbursement requests may be submitted as often required throughout the life of the project.
6. Please enter your SMARTLINK account at least once a year (recommended when each Interim Report is submitted to check your balance). This will keep your account active and prevent closing of the account for inactivity if you are not currently requesting reimbursements.

For specific questions please contact your assigned NPS grants administrator.



Division of Payment Management
7700 Wisconsin Avenue, Suite 10104
Bethesda, Maryland 20814

NATIONAL PARK SERVICE
GRANTEES ONLY
Fed. Agreement Number

Division of Payment Management
Payment Management System Access Form

This form must be completed in its entirety in order to be processed

Please print or type

Action(s) Requested: (check all that apply)

- Establish New User Access
Change Existing User Access: Current PMS Username
Update Existing User Contact Information: Current PMS Username
Deactivate User Access: Current PMS Username if not known, print or type first and last name of person to be deactivated and complete sections 1, 2 and 5 below

1. Name of Institution/Organization:

2. Payee Identification Number(s) (PIN) if not known, list EIN:

Is the action requested for all accounts associated with this PIN(s)? Yes No

3. Request to Establish/Change Access or Update Contact Information for:

Name (Please Print):

Title:

Telephone #:

E-Mail Address:

Mailing Address:

4. Type of access requested for user. Please select one in each category if applicable.

Payment Requests and Inquiries

- Payment Requests and Inquiries
Inquiry Only

Federal Financial Report (FFR)

- (B type accounts can only receive FFR View Only)
FFR View Only

5. Supervisor's Approval of requested action (recipient organization authorized representative)

If you are the highest ranking person in your organization, please sign your own form.

Supervisor Name (Please Print):

Supervisor's Signature:

Supervisor's Title: Supervisor's Telephone Number:

IF THIS IS A NEW ACCOUNT, PLEASE MAIL THIS FORM ALONG WITH YOUR SF-1199A DIRECT DEPOSIT FORM TO NATIONAL PARK SERVICE HISTORIC PRESERVATION GRANTS DIVISION, 1201 I (EYE) ST., NW (2256), 6TH FLOOR, WASHINGTON, DC 20005.

IF YOUR PAYMENT MANAGEMENT SYSTEM HAS ALREADY BEEN ESTABLISHED, YOU MAY FAX THIS FORM DIRECTLY TO THE DIVISION OF PAYMENT MANAGEMENT AT 301-492-4581.

SAMPLE

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.
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)

Form with sections A through G. Section G is crossed out. Includes fields for Name of Payee, Type of Depositor Account, Depositor Account Number, Type of Payment, and Certification.

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

Form with two columns: Government Agency Name and Government Agency Address. Includes US Department of the Interior National Park Service and Accounting Operations Center.

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

Form with sections for Name and Address of Financial Institution, Routing Number, Depositor Account Title, and Financial Institution Certification. Includes routing number 123456789 and account title GRANTEE'S CHECKING ACCOUNT NAME.

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.

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

OMB No. 1510-0007
 Expiration Date 1/31/90

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 checked="" 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		F TYPE OF PAYMENT (<i>Check only one</i>)	
AREA CODE		<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 checked="" type="checkbox"/> Other Federal Reimbursement <i>(specify)</i>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
C CLAIM OR PAYROLL ID NUMBER		TYPE	
Prefix	Suffix	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
US Department of the Interior National Park Service	Accounting Operations Center Grants Section-PO Box 100000 Herndon, VA 20171-9998

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

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