

PROGRAM SUPPORT CENTER

FINANCIAL MANAGEMENT PORTFOLIO
PAYMENT MANAGEMENT SERVICES



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 by processing bank changes and user access requests, provide technical assistance on the Federal Financial Report (FFR), analyze accounts for excessive cash, and refer accounts to debt collections.

AWARDING AGENCIES ROLES & RESPONSIBILITIES

1. Establishing entities in PMS
2. Responsible for issuing awards to grant recipients.
3. Responsible for updating entities EIN, Organization name change, UEI and address in PMS.
4. Responsible for reviewing PMS Accounts at the end of the grant award.
5. Responsible for de-obligating unused funding, re-opening closed grants, and taking the necessary action to close grant in PMS.
6. Review/Approve/Reject the Federal Financial Report

PMS Home Page

Home Page: <https://pms.psc.gov>

 U.S. Department of Health & Human Services

 Program Support Center
Payment Management Services

 [Login](#)

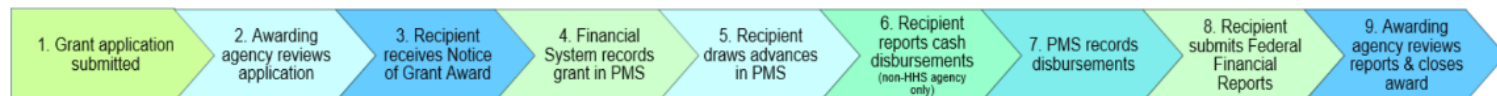
[About Us](#) [Grant Recipient](#) [Grantor](#) [User Access](#) [Training](#) [Support](#)

- All grant recipients must have an ID.me account to gain access to PMS. New user access requests for grant recipients will only be approved if you have an ID.me account. If you have questions [Read More](#)
- Starting February 10, 2024, HHS and non-HHS grantors will only be permitted to log into PMS with their government issued Personal Identity Verification (PIV) card or Common Access Card (CAC). While grant recipients MUST register and enable multi-factor authentication with ID.me in order to log in.... [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.

GRANT AWARD AND PAYMENT CYCLE



User Access Request

Request Access



Create a PMS New User Account

To create a new user in PMS you must fill out a New User Access Request form by completing all of the requested information, and submitting it.

Create New User >



Retrieve an Existing PMS User Request

To retrieve an existing user request in PMS you must fill out a Retrieve Existing Access Request form by completing all of the requested information, and submitting it.

Retrieve Existing Request >



Deactivate an Existing PMS User Account

To deactivate an existing PMS user account in PMS you must fill out a Deactivate User Access Request form by completing all of the requested information, and submitting it.

Deactivate User >

First time users and users that have been deactivated from PMS due to 60 days of non-activity*

(*notification will be sent prior to deactivation)

Use the Request ID # to obtain information on your submission

Use if you or someone leaves your organization

To request new user access, go to pms.psc.gov and select **User Access** then **New User Access**. You are required to create an ID.me account prior to being able to request access.



PMS Dashboard

PMS USER ACCOUNT NOTIFICATIONS

Expired Will Expire within 5 days Will Expire within 10 days

	Notification	Count	By	Actions
1	FFR Ready for Prepare/Certify	2 reports		
2	Payee Accounts	3 accounts		
3	Number of Days until Recertification Required	349 days	2023-09-12 12:00:00 AM	
4	Number of Days until Password Change Required	49 days	2022-11-17 09:30:28 AM	

MY PAYMENT REQUESTS (18)

Transaction Number	Payee Account	Payment Type	Request Amount	Request Date	Due Date	Request Status	Actions
		ACH Payment	\$ 5,000.00	2022-09-22 02:47:11 PM	2022-09-23	Pending Review	
		ACH Payment	\$ 751.10	2022-09-13 06:08:31 PM	2022-09-14	Pending Review	
		ACH Payment	\$ 1,020.63	2022-09-13 06:07:04 PM	2022-09-14	Pending Review	
		ACH Payment	\$ 14,001.26	2022-09-13 06:05:45 PM	2022-09-14	Pending Review	
		ACH Payment	\$ 502.04	2022-09-13 05:55:21 PM	2022-09-14	Pending Review	

REQUEST HISTORY (7)

Request ID	Request	Status	Assigned to	Comments	Create Date	Actions
	Update User Contact Info	Completed			2021-07-20 09:29:59 PM	
	Update User Contact Info	Completed			2020-11-18 04:08:40 PM	
	Update User Access	Completed			2020-11-16 03:44:39 PM	
	Update User Access	Dismissed			2020-11-16 03:36:59 PM	
	Add/Update Banking	Completed			2020-02-12 10:57:13 AM	



Add/Update Banking

Once you have received your PMS User ID and Temporary password, you must submit the banking details and required documentation for your new PMS PIN.

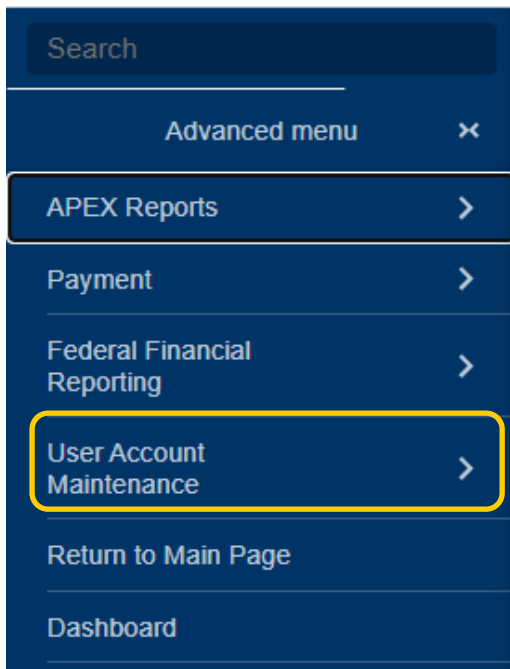
PMS does not transfer banking details from one PMS Account to another

Instructions and Forms can be found at this link <https://pms.psc.gov/grant-recipients/banking-add-change.html>

To **ACCESS MENU NODES**, select the option on menu bar below



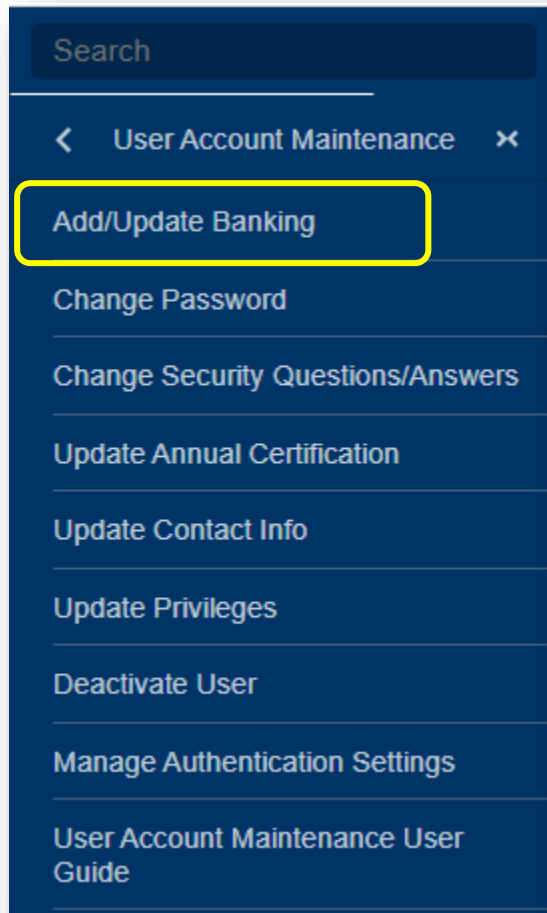
Select "menu" to see dropdown options



Return to Main Page

Return to Dashboard

Always "Logout"



In order to submit a banking establishment or change request, you must have access to the Payment Management System “**Add/Update Banking**” function.

All banking requests require the uploading of a completed and signed **DIRECT DEPOSIT SIGNED UP FORM (SF-1199A)** for *Domestic Grantees* and **DIRECT DEPOSIT SIGNED UP FORM (SF-1199A)** and **INTERNATIONAL BANK LETTER** for *International Grantees*.

Instructions and Forms can be found at this link
<https://pms.psc.gov/grant-recipients/banking-add-change.html>

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.

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 at <https://pms.psc.gov/forms/1199a-direct-deposit-form.pdf>
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

TO ENSURE ACCURACY WHEN COMPLETING DIRECT DEPOSIT FORM:

- Box 1A: Name must match organization name on notice of grant award & should match what was registered in PMS by the Federal Awarding Agency (information is pulled from SAM.GOV)
- Box 1B: Leave Blank or Enter the organization name [Note: SF1199A form will be rejected if individual's name appears]
- Box 1C: Organization's taxpayer identification number must be included in this field or Enter PMS EIN #
- Form must be signed in pen/ink (Electronic signatures are not acceptable)

DOMESTIC ENTITIES: COMPLETION OF THE SF-1199A

SECTION 1 (TO BE COMPLETED BY PAYEE)			
A NAME OF PAYEE <i>(last, first, middle initial)</i> NAME OF ENTITY (MUST MATCH PMS) ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i> 123 ABC Street - Suite 123 CITY STATE ZIP CODE Anywhere USA 12345 TELEPHONE NUMBER AREA CODE (123) 456-7890		D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS E DEPOSITOR ACCOUNT NUMBER 	
B NAME OF PERSON(S) ENTITLED TO PAYMENT NAME OF ENTITY		F TYPE OF PAYMENT <i>(Check only one)</i> ☐ Social Security ☐ Supplemental Security Income ☐ Railroad Retirement ☐ Civil Service Retirement (OPM) ☐ VA Compensation or Pension ☐ Fed Salary/Mil. Civilian Pay ☐ Mil. Active: _____ ☐ Mil. Retire.: _____ ☐ Mil. Survivor: _____ ☒ Other: <u>Grant</u> <i>(specify)</i>	
C CLAIM OR PAYROLL ID NUMBER Prefix FEDERAL TAX ID # Suffix		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i> 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>(optional)</i> 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		SIGNATURE DATE	
SIGNATURE		SIGNATURE DATE	

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)	
GOVERNMENT AGENCY NAME Payment Management Services	GOVERNMENT AGENCY ADDRESS Post Office Box 6021 Rockville, MD 20857

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	
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

INTERNATIONAL ORGANIZATION BENEFICIARY BANK LETTER

The information must be on the “Beneficiary Banks Letterhead”.

Please ensure that all pertinent information is provided.

Missing or incorrect information will cause a delay in payment transfer.

<< BANK LOGO >>	
<< BANK ADDRESS >>	
<< CITY >>	
<< COUNTRY >>	
TO:	United States Department of Health & Human Services Payment Management Services
DATE:	
RE:	Currency Account Instructions – United States Dollars (USD)
<i>Remittances can be affected to the following account as follows:</i>	
Recipient Name:	
Bank Information:	
Account Type:	Checking Savings
IBAN #	
Account #	
Bank SWIFT Address/Code:	
Bank Number:	
Bank Name:	
Bank Address:	
Bank Additional Details, if applicable:	
Recipient Country:	
Intermediary (Secondary) Bank Fields (optional):	
Bank #/SWIFT Address:	
Bank Name:	
Bank Address:	
If you have any questions or need additional information, please feel free to contact me.	
Sincerely,	
Bank Representative Signature	
Bank Representative's Name	
Telephone Number (include country code)	
Fax Number (include country code)	
E-Mail Address	

APEX REPORTS

Grantee Inquiry “APEX REPORT”

➤ Authorization Transactions

- Award amount, budget period and date posted in PMS

➤ Financial Transactions

- Payment History including payments deposited and rejected, funds returned and journal vouchers.

➤ Grant Summary

- Information at the document level – Authorization, Disbursements, Payments, Award Start and End Date and Status of Funds Expired

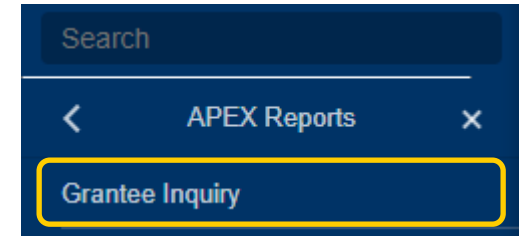
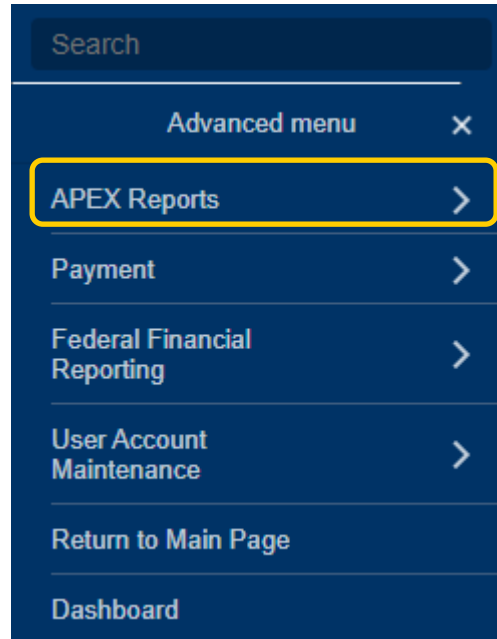
➤ Subaccount Summary

- 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

GRANTEE INQUIRY SEARCH CRITERIA

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: ☐

Run Inquiry Clear

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

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

Go Actions ▾

DOCUMENT NUMBER

Download ✕

Choose report download format:

CSV HTML

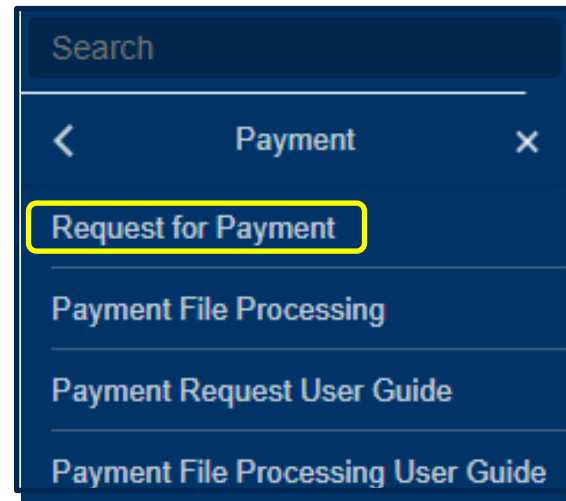
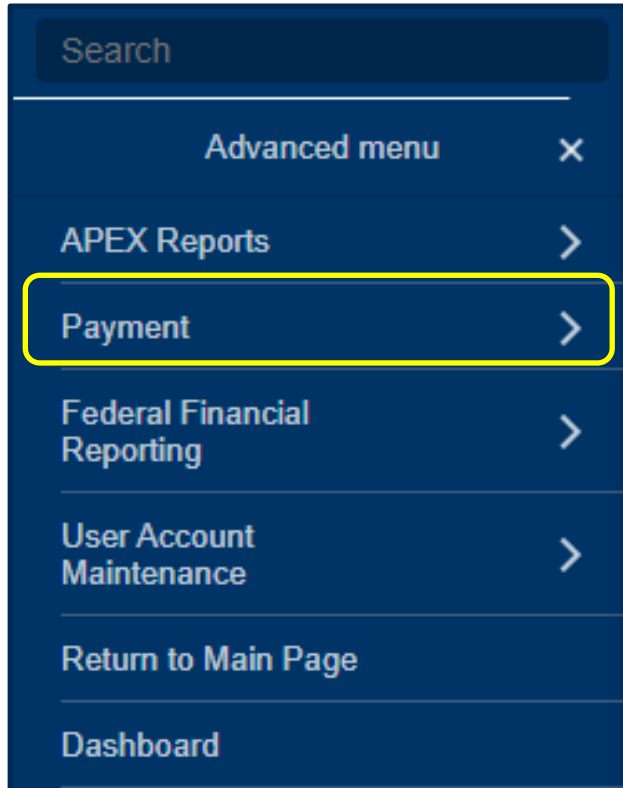
Cancel

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

Open Save ▾ Cancel

REQUESTING PAYMENTS

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 Numbers and Subaccounts 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 (2063)

Group Payment Actions

	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
☒	Z9999P1	ABC123		ACH Payment	\$ 125,310.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 125,310.56		\$
☒				ACH Payment	\$ 693,934.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ 693,934.16		\$
☐				ACH Payment	\$ 169,604.97	\$ 0.00	\$ 0.00	\$ 0.00	\$ 169,604.97		\$
☐				ACH Payment	\$ 747,773.95	\$ 0.00	\$ 0.00	\$ 0.00	\$ 747,773.95		\$
☐				ACH Payment	\$ 458,595.35	\$ 0.00	\$ 0.00	\$ 0.00	\$ 458,595.35		\$

1 5 6 7 413 Records per page 5 Displaying 26 to 30 of 2,063 items

Request Payment on Selected

Enter the required fields on Payment Request

Payment Request - Submit Request

PAYMENT WORKFLOW:

Payment Request

Approve Request

Confirm Request

Release Request

Request Completed

Payment Request

Documents

PAYMENT DETAILS

Payee Account Number:

UEI:

Payment Type: ACH Payment

*Payment Due Date:

(yyyy-mm-dd)

2024-05-07



The due date will auto populate

*Expected Disbursement Amount (\$):

5,000.00

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

*Cash on Hand (\$):

0.00

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

*Payment Request Amount (\$):

5,000.00

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



Supporting Documentation is optional
Do Not Submit any banking documents

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



Enter the amount for each subaccount listed. Total Subaccount Amount Requested must match the total amount you entered on the first screen

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.

1 Expired Funds 2 In Transit Funds 3 No Active Banking 4 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 (\$)
ABC123	####1234		\$125,310.56	\$0.00	\$0.00	\$0.00	\$125,310.56	2,500.00
			\$693,934.16	\$0.00	\$0.00	\$0.00	\$693,934.16	2,500.00
Total Subaccount Amount Requested:								5,000.00

CERTIFICATION

☒ Declaration and Certification to the U.S. Department of Health & Human Services as to this Payment/Drawdown Request. I declare the following to the U.S. Department of Health & Human Services (HHS), under penalty of perjury: (1) I have authority to make this certification on behalf of the award recipient; (2) I have conducted (or have had conducted for the award recipient) a review of the terms and conditions of this award; all certifications and assurances for this award; and all statutory and regulatory requirements applicable to this award; and (3) I also have conducted (or have had conducted for the award recipient) a review as to all other matters represented in this declaration and certification. On behalf of myself and the award recipient, I certify to HHS, under penalty of perjury, that the following are true: (1) The award recipient is in compliance with all applicable laws, regulations, certifications, and assurances, including all terms and conditions of the award as to the obligation, expenditure, and drawdown of award funds, and all related statutory and regulatory requirements included in the certifications and assurances for this award; (2) If this request is for reimbursement: the request is accurate and complete; all obligations, expenditures, and cash receipts are supported by the requisite accounting records; and all costs included in the request are reasonable, allowable, and allocable to the award; (3) If this request is for an advance: the request is accurate; all obligations, expenditures, and cash receipts will be supported by the requisite accounting records; and (absent a specific statute that provides otherwise) the recipient will disburse the funds for costs that are reasonable, allowable, and allocable to the award within 3 business days, or immediately return the funds to HHS; (4) any and all information provided with this request for cash disbursement is accurate; and (5) there have been no changes to the award recipient's representations as to eligibility for the award that could affect the recipient's eligibility for continued disbursements under the award. I understand that, in making payment pursuant to this request, HHS will rely upon this declaration and certification to determine whether to disburse funds, and that its accuracy is a condition of payment. I also understand that a false, fictitious, or fraudulent statement in this declaration and certification or otherwise in connection with this payment/drawdown request (or concealment or omission of a material fact as to either) may be the subject of criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1621), and also may subject me and the award recipient to civil and administrative penalties and other remedies, including under the federal False Claims Act (31 U.S.C. §§ 3729-3730), Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812), Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a), or otherwise.

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.

Clear Submit Request ▶ Cancel

Once you select Close, 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***

**Payments that do not hit the hold file for approval or are rejected will not be on the dashboard. Once payment is approved, it will be removed from your dashboard. You can check the APEX – Financial Transactions to view details

PMS USER ACCOUNT NOTIFICATIONS

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

	Notification	Count	By	Actions
1	FFR Delinquent Reports	257 reports		
2	FFR Ready for Prepare/Certify	816 reports		
3	Number of Days until Recertification Required	213 days	2024-12-06 12:00:00 AM	
4	Payee Accounts	40 accounts		

Records per page 5 Displaying 1 to 4 of 4 items

MY PAYMENT REQUESTS (1)

	Transaction Number	Payee Account	Payment Type	Request Amount	Request Date	Due Date	Request Status	Actions
1	123456789	Z9999P1	ACH Payment	\$ 5,000.00	2024-05-06 05:35:29 PM	2024-05-08	Request In Transit	

Records per page 5 Displaying 1 to 1 of 1 items

Recall Payment Request – You can cancel a payment request from the dashboard by clicking on the red x in the Actions column. The x is available until the payment is moved to a payment schedule.

FEDERAL FINANCIAL REPORT (FFR-425)

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:

Clear Form

Search

Cancel

Search Results (0)

Group Actions

Payee	Federal Grant ID	Agency	Report Type	Reporting Period End Date	Reporting Period Due Date	Report Submit Date	Report Status	Delinquent	Actions
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You can enter your PMS Account Number (PAN) and/or Federal Grant ID (PMS Grant Document Number) then select Search.

If you do not enter any data and select Search, it will provide all reports available that you.

Federal Financial Report

- Final FFRs cash on hand must be zero. If cash on hand is positive, you will need to return funds prior to being able to certify the FFR.
- FFR Section 10:
 - Cash Receipts (10a) – Cumulative total of drawdowns from HHS/PMS through reporting period end date shown in block 9
 - Cash Disbursements (10b) - Cumulative total of federal disbursements reported on last certified FCTR
 - Cash on Hand (10c) - NOTE: Auto-Calculated field based on 10a-10b
 - Total Federal Funds Authorized (10d) - Total Federal award amount through reporting period end date
 - Federal Share of Expenditures (10e) – Reported by the recipient based on their expenditures
 - Federal Share of Unliquidated Obligations (10f) – Reported by the recipient

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.

To revise FFR click on the edit button.

*10. Transactions:		Cumulative
(Use lines a-c for single or multiple grant reporting)		
Federal Cash (on the GRANT LEVEL) fo		
a. Cash Receipts:	267,736.52	
b. Cash Disbursements:	267,736.52	
c. Cash on Hand (line a minus b):	0.00	
(Use lines d-o for single grant reporting)		
Federal Expenditures and Unobligated Balance:		
d. Total Federal funds authorized:	323,747.00	
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):	323,747.00	
Recipient Share:		
i. Total recipient share required:	0.00	

To have the amounts recalculate based on changes made in PMS hit the recalculate icon

PAYMENT MANAGEMENT SERVICES ADDITIONAL INFORMATION

- ☐ Returning Funds
- ☐ Journal Voucher Request
- ☐ Updating Entity Information
- ☐ How to find your PMS Liaison Accountant
- ☐ PMS Support / Help Desk

Returning Funds

- All funding requested via the Payment Management System, must be returned to our office for proper credit.
- All returns should include (1) PMS Account Number(s), (2) PMS Grant Document Number or Sub-Account, (3) Amount, and (4) reason for return (excess cash, interest, etc).
- Once the funds have been received and posted back to your PMS Account, you can check **APEX Reports - Grantee Inquiry – Financial Transactions**.
- On electronic returns there are fields in place for submitting information with the financial data. Please make use of these fields. Please include pertinent PMS Subaccount information.
- Information and questions should be sent to PMSCollections@psc.hhs.gov.

The Payment Management Services prefers that you return funds through a Payment Request, ACH Direct Deposit or FedWire.

Returning Funds within a Payment Request

When funds have been drawn from the incorrect subaccount, the correction can be made withing a payment request. This process can be used if the net result of returning funds and requesting funds equals a positive \$.01 or more and the subaccounts are within the same Payee Account Number (PAN). This method cannot be used if you are returning funds to a cancelled or closed subaccount. If the subaccount is not listed on the subaccount screen, then it may not be used. An example would be that you are requesting funds on account A123P1 from subaccount XXX for \$3,000 and you are returning funds to subaccount ZZZ for -\$2,500. The amount for returning funds would be entered with a negative (-). The net payment would be \$500.

ACH Returns (Direct Deposit)

Returning funds to DPM via ACH (Automated Clearing House) means you will most likely be returning funds to DPM in the manner in which they were received at your organization. You will need the following information:

- The DPM ACH Routing Number is: **051036706**
- The DPM DFI Accounting Number: **303000**

Bank Name: Credit Gateway - ACH Reciever
Location: St. Paul, MN

FedWire Returns

A FedWire return is a return via a WIRE. You will need the following information:

- The DPM FedWire Routing Number: **021030004**
- The DPM ALC (Agency Location Code): **75010501**

Bank Name: Federal Reserve Bank
Treas NYC/Funds Transfer Division
Location: New York, NY

ALC is known as our
Account Number

(*Please note that if your organization initiates a payment, then it is likely to incur a charge from your Financial Institution for this type of payment.)

RETURNING FUNDS VIA CHECK

Returning funds via check will result in a processing delay. Please allow 4-6 weeks for processing of a payment by check to be applied to the appropriate PMS account.

To return interest on a grant not paid through the PMS, make your check payable to the **Department of Health and Human Services**.

Mail the Check to:

**HHS Program Support Center
PO Box 979132
St. Louis, MO 63197**

To ensure proper credit to your PMS Account, you must include the PMS Account Number (PAN) and Grant Document/Sub-account.

JOURNAL VOUCHER REQUEST

For payment adjustments between subaccounts.

Letterhead

Date

Program Support Center
Payment Management Services
Customer Liaison Branch

Attn: Liaison Accountant

[Provide explanation on why a Journal Voucher (JV) is needed]

We are requesting a Journal Voucher to be processed on our behalf to make these payment adjustments between subaccounts.

EXAMPLE

<u>PMS Account Number</u>	<u>PMS Subaccount</u>	<u>Charge Funds</u>	<u>Return Funds</u>
A123P	ZYXW-19	\$1,000.00	
A123P	ZYXW-21		\$1,000.00

If you have any questions you can contact me at [email address] or [phone number].

Sincerely,

Name

UPDATING ENTITY INFORMATION

How do we update our organizations information (Name, UEI, Address, EIN)?

Effective February 11, 2019, all entities must have an **active status** in SAM.gov for an awarding agencies to register new entities or make updates to existing PMS entities information.

You must.....

1. Review the information in SAM.gov, verify the accuracy and make any necessary updates. SAM.gov requires a yearly renewal to stay active.
2. After review of your SAM.gov information, please contact your Grants Officer and inform them of the change.
3. The Awarding Agency will submit the updates via the Payment Management System.
4. Once submitted by the Awarding Agency, the request will route to PMS for final review and release.

HOW TO FIND YOUR PMS LIAISON ACCOUNTANT

Find your PMS Liaison Accountant

Looking for your PSC PMS Representative? Simply use the form below to be directed to the correct PMS Liaison Accountant.

Grants Awarded By Department of Health and Human Services (HHS):

HHS accounts are organized under four functional areas. Please select the area for your account to find your PMS Liaison Accountant.

For State and US Territory Governmental Accounts Please Choose a State or Territory:



GO

For University & Hospital Accounts Please Choose the State or Territory:



GO

For Non-Profit & For Profit Accounts Please Choose the State or Territory:



GO

For Indian Tribal Organizations Please Choose the State or Territory:



GO

For International Accounts Please Choose the Awarding Agency:



GO

Grants Awarded By Non-Department of Health and Human Services (Non-HHS):

Please select the specific Non-HHS Agency to find your PMS Liaison Accountant:



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



PMS Support/HELP DESK

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.