

FINANCIAL MANAGEMENT PORTFOLIO PAYMENT MANAGEMENT SERVICES

FEDERAL FINANCIAL REPORT (FFR-425)

OVERVIEW TRAINING FOR NATIONAL AERONAUTICS AND SPACE ADMINISTRATION (NASA) GRANT RECIPIENTS

FEBRUARY 2024



Payment Management System

Topics

- Background
- Goals
- Accessing PMS
- Federal Financial Report Module
- Submission Requests
- FAQs
- General Information

Background

Standard Form 425/Federal Financial Report (FFR) data reported to different systems

- Quarterly / Semi-Annual reporting in Payment Management System (PMS)
- Annual reporting in multiple systems

Executed Government-wide objectives to reduce recipient burden

- DATA Act Section 5 Grants Pilot (<https://www.gao.gov/products/gao-16-438>)
- OMB Memo 18-24 ([M-18-24 \(whitehouse.gov\)](https://www.whitehouse.gov/the-press-office/2018/02/22/18-24-omb))
- President's Management Agenda (PMA)

Goal

National Aeronautics and Space Administration (NASA) goal is to consolidate federal financial reporting for grant recipients through the Payment Management System April 2024.

- Improve consistency with one source reporting
- Share financial data
- Assist in grant monitoring and closeout
- Reduce expired award payments



NASA Centers

NASA Centers	PMS Group Code
S10 Headquarters	F82
S55 HQ Management Office	F82A
S21 Ames Reseach Center (ARC)	F82B
S24 Armstrong Flight Reseach Center (AFRC)	F82C
S22 Glenn Research Center (GRC)	F82D
S51 Goddard Space Flight Center (GSFC)	F82E
S72 Johnson Space Center (JSC)	F82F
S76 Kennedy Space Center (KSC)	F82G
S23 Langley Research Center (LARC)	F82H
S62 Marshall Space Flight Center (MSFC)	F82I
S64 Stennis Space Center (SSC)	F82J

Semi-Annual FFR Due Dates

1st Semi-Annual FFR (March 31st)

Due by April 30th

Reporting Period Covered October thru March

Available in PMS on April 1st

2nd Semi-Annual FFR (September 30th)

Due by October 30th

Reporting Period Covered April thru September

Available in PMS on September 1st

Agencies Currently Using PMS FFR Functionality


HHS OPDIVS


- Administrative for Children and Families (ACF)
- Administration for Community Living (ACL)
- Centers for Medicare & Medicaid Services (CMS)
- Assistant Secretary for Preparedness and Response (ASPR)
- Office of the National Coordinator for Health Information Technology (ONC)
- Office of the Inspector General (OIG)

NON-HHS AGENCIES


- Appraisal Subcommittee (ASC)
- Department of Agriculture (USDA)
- Department of Labor (DOL)
- Department of State (DOS)
- Department of Treasury (DOT)
- Department of Veterans Affairs (VA)
- Election Assistance Commission (EAC)
- Executive Office of the President (EOP)
- Federal Communications Commission (FCC)
- Small Business Administration (SBA)


HOW TO REQUEST ACCESS


 About Us

 Grant Recipient ▾

 Grantor ▾

 User Access ▾

 Training ▾

 Support ▾

- 🚩 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](#)
- 🚩 As of the period ending December 31, 2023, National Aeronautics and Space Administration (NASA) award recipients are no longer required to submit quarterly Federal Cash Transaction Reports (FCTR)... [Read More](#)
- 🚩 As of the period ending December 31, 2023, Small Business Administration (SBA / OWBO) award recipients are no longer required to submit quarterly Federal Cash Transaction Reports (FCTR)... [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 ?

User Access

New User Access: 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)

Deactivate User Request: Use if you are someone no longer needs access to PMS

Access Request Status: Use the Request ID # provided to obtain the status of your submission

Grant Recipient User Access Instructions

[User Access | HHS PSC FMP Payment Management Services](#)



1. Select the User Type '**Grantee/Recipient**' from the dropdown box
2. Your email address will need to be verified prior to receiving any access to the system. Type in your email address in the 'E-Mail Address' field and then confirm the email address provided by typing the email address again in the 'Confirm E-Mail Address' field.
3. Click 'Request Email Verification Code' for an email to be sent to the email address.
4. An email message will be sent immediately to the email address provided containing the six-digit verification code that is required to continue with the user access request. **The verification code will be valid for 15 minutes.**
5. Enter the six-digit code in the 'Email Verification Code' field.
6. Complete the Security Question, Security Answer, and Enter Captcha
7. Select the 'Submit' button on the bottom of the page

Note: To ensure that system emails are received, recipient IT organizations should whitelist PMSSupport@psc.gov

Payment Management System New User Access Request

*User Type: ⓘ

Enter and confirm your Email address below and press "Request Email Verification Code" to receive a six-digit code. Then enter the verification code below.

*Email Address:

*Confirm Email Address:

*Verification Code: ⓘ

*Security Question: ⓘ

*Security Answer: ⓘ

Payment Management System Access Request

REQUEST DETAILS

User Type: Grantee/Recipient

User Email: PMS_Training@psc.hhs.gov

Request Status: Initiated

ORGANIZATION / INSTITUTION

***Select Action:**

The PMS Access Request form will be displayed. Select the **'Add'** button to provide the Organization/Institution information that you want access to. Use the 'Add' button for each organization that you need access to

You should have been provided the PMS PIN and PMS EIN by your Grants Officer/Management Specialist

After entering your organization name* and the 12-digit PMS EIN

Organization / Institution

Organization Name: ⓘ

Organization ID Type: EIN PIN PAN ⓘ

Enter EIN: ⓘ

All Accounts: Yes No ⓘ

After entering the information, select “Save”

***Organization name** must match the name in the Payment Management System that was registered by the Awarding Agency (SAM.GOV)

Payment Management System Access Request

REQUEST DETAILS

User Type: Grantee/Recipient

User Email: PMS_Training@psc.hhs.gov

Request Status: Initiated

ORGANIZATION / INSTITUTION

***Select Action:**






Add

Edit

Remove

Organization Name	EIN/PIN/PAN	Type	Applies To All Accounts
Legal Organization Name	1123456789A1	EIN	

CONTACT INFORMATION

*Email Address:	<input type="text" value="PMS_Training@psc.hhs.gov"/>
*First Name:	<input type="text" value="Janet"/>
Middle Initial:	<input type="text"/>
*Last Name:	<input type="text" value="Doe"/>
*Job Title:	<input type="text" value="Title"/> 
*Address Line 1:	<input type="text" value="123 Anywhere Street"/>
Address Line 2:	<input type="text"/>
Address Line 3:	<input type="text"/>
*City:	<input type="text" value="Washington"/>
*Country:	<input type="text" value="UNITED STATES (+1)"/> 
*State:	<input type="text" value="District of Columbia"/> 
*Zip Code:	<input type="text" value="20006"/>
	<input type="checkbox"/> Do you want to override the Country Code?
*Telephone:	<input type="text" value="+1"/> <input type="text" value="(877) 614-5533"/> <input type="text" value="Ext"/> 
*Telephone Type:	<input type="text" value="Office"/> 



- Check all access levels required
 - Grantee Inquiry, Accountant Maintenance, FCTR View are system defaults

ACCESS LEVEL

Please check all that apply (please note gray checked boxes are included):

- Grantee Inquiry [i](#)
- Account Maintenance [i](#)
- Payment Requests [i](#)
- Add/Update Banking [i](#)

Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)

Effective 12/17/23: No longer required

- View [i](#)
- Preparer [i](#)
- Certifier [i](#)

Federal Financial Report (FFR)

Ensure someone from your organization has access to Prepare and/or Certify the FFR (425)

- View [i](#)
- Preparer [i](#)
- Certifier [i](#)

SUPERVISOR

Enter your supervisor's name and contact information below. If you are the highest ranking person in your organization, you may list yourself as the supervisor. Once the request is submitted, the person that is listed as the supervisor will receive an email with a link that they will need to use to approve the request. The person listed as the supervisor does not need access to the PMS to approve the request.

***First Name:**

Janet

Middle Initial:

***Last Name:**

Doe

***Job Title:**

Title

***Telephone:**

8776145533

***Email Address:**

PMS_Training@psc.hhs.gov



*** I am the highest ranking person in the organization and therefore I approve my own request

ADD COMMENT

Comments: 

Maximum 1000 characters.

CERTIFICATION

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

Clear Form

Submit

Save

Comments are not required. Read Certification Statement and select the box
Select Submit



Success

Your request has been successfully submitted.
To view the status of your request or to make modifications,
go to our webpage, click on Request Access and then select Retrieve Existing
Request. Use the Request ID below to retrieve your request.

Request ID is EST027188336760MFNCB

[Home >](#)

New PMS User Request Initiation



PMSNotifications@psc.hhs.gov
To ○ PMS_Training (OS/ASA/PSC/FMP)

Dear Janet Doe,

You have initiated a request to access the Payment Management System (PMS). Your Request ID for this request is:

Request ID=EST027188336760MFNCB

If you need to return to your request to either complete the request, make a correction or to check on the status, you will need to input this Request ID on the Retrieve Existing Request tab.

Payment Management System

Your request has fully been submitted and it's now awaiting approval by your supervisor. Your supervisor has been sent an approval link via Email

Checking the Status of Your Request

U.S. Department of Health & Human Services

PSC Program Support Center
Payment Management Services

Home Login

About Us Grant Recipient Grantor User Access Training Support

From the dropdown menu under User Access, select **Access Request Status**

Payment Management System Retrieve Existing Access Request

*Request ID: EST027188336760MFNCB

*Security Question: What is your favorite color?

*Security Answer: Red

Clear Form Submit Cancel

Status of Request

Payment Management System Retrieve Existing Access Request

⌘ Pending Approval

Request Details

Request ID: EST027188336760MFNCB
Date Requested: 2022-09-13 06:51:20 PM
First Name: Janet
Last Name: Doe
Supervisor First Name: Janet
Supervisor Last Name: Doe
Request Status: **Approved by Supervisor**
Assigned To: PMS

Close

Warning Notice!

This is a U.S. Government Computer System. Access or use of this computer system may subject violators to criminal and civil penalties.

All information on this computer system is for official purposes, including criminal investigations. Such information includes sensitive data encrypted to comply with confidentiality and privacy requirements. Access or use of this computer system by any person, other than authorized personnel, constitutes a violation of federal law.



Current PMS Users will “add” their new assigned PIN to their existing PMS User ID

Once you are on the dashboard, go to the left side and select “Menu”

Select “User Account Maintenance”

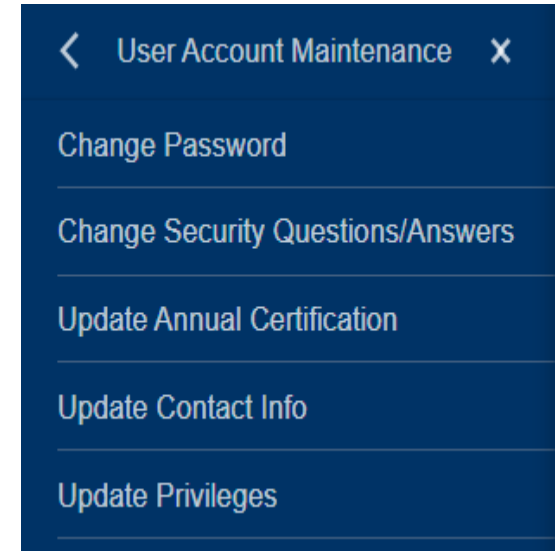
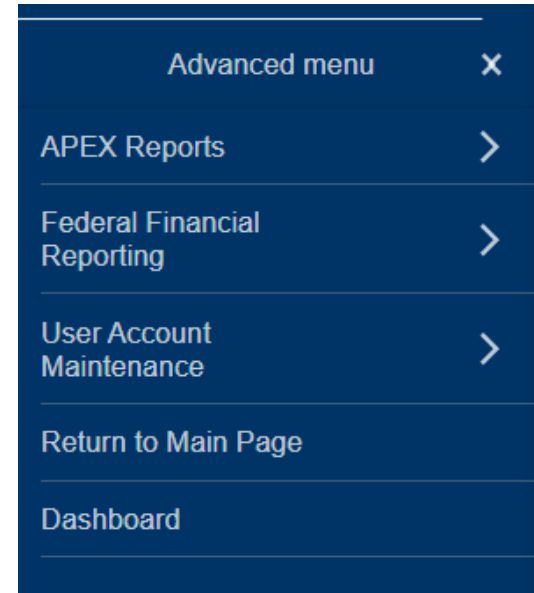
Select “Update Privileges”

*Select Action:

Add

Remove

Now you can “add” the new PMS PIN or PMS EIN



Once your submission is completed, you will receive an Email notification that your profile has been updated. Due to new validation measures that have been implemented, access submission may take up to 25 days for final processing.

FEDERAL FINANCIAL REPORT (FFR-425) MODULE

Recommended Browser: Microsoft Edge

PMS FFR User Roles & Responsibilities

Recipients

- Request access to FFR
- View, Prepare, Revise and/or certify report
- Combine Authorities on the same account
- View Submission History
- Upload supporting documentation

PMS Staff

- Grant access to recipient and agency users
- Create FFRs based on agency specifications
- Provide technical support to recipients
- Provide FFR trainings

10. Transactions	Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>	
Federal Cash (To report multiple grants, also use FFR attachment):	
a. Cash Receipts	Prepopulated Non-Edit
b. Cash Disbursements	Editable
c. Cash on Hand (line a minus b)	
<i>(Use lines d-o for single grant reporting)</i>	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	Prepopulated Non-Edit
e. Federal share of expenditures	Editable
f. Federal share of unliquidated obligations	Editable
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal Funds (line d minus g)	
Recipient Share:	
i. Total recipient share required	Editable
j. Recipient share of expenditures	Editable
k. Remaining recipient share to be provided (line i minus j)	
Program Income:	
l. Total Federal program income earned	Editable
m. Program Income expended in accordance with the deduction alternative	Editable
n. Program Income expended in accordance with the addition alternative	Editable
o. Unexpended program income (line l minus line m or line n)	

Navigating to the Federal Financial Report

The screenshot displays the Payment Management System (PMS) interface. On the left is a dark blue navigation sidebar with a search bar at the top. The sidebar contains the following items: 'Advanced menu' with a close icon, 'APEX Reports', 'Federal Financial Reporting' (highlighted with a yellow arrow), 'User Account Maintenance', 'Dashboard', and 'Return to Main Page'. The main content area has a header for 'U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' and 'Payment Management System'. Below the header is a section titled 'PMS USER ACCOUNT NOTIFICATIONS'. It includes a legend with three categories: 'Expired' (red square), 'Will Expire within 5 days' (brown square), and 'Will Expire within 10 days' (green square). A table below lists notifications with columns for 'Notification' and 'Count':

Notification	Count
1 FFR Delinquent Reports	98 reports
2 FFR Ready for Prepare/Certify	164 reports
3 Number of Days until Password Change Required	46 days
4 Number of Days until Recertification Required	332 days
5 Payee Accounts	110 accounts

Below the table is a pagination control showing 'Records per page 5' and 'Displaying 1 to'. Underneath is a section titled 'REQUEST HISTORY (1)' with a table containing one record:

Request ID	Request	Status	Assigned to
1 UPDA032804691559MFVBG	Update User Access	Submitted	Supervisor

A second pagination control is located at the bottom of the request history table, showing 'Records per page 5' and 'Displaying 1 to'.

Navigating to the Federal Financial Report

Search

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

MENU PSC | Payment Management System

< Federal Financial Reporting x

FFR Grantee User Guide

Federal Financial Report

Upload Federal Financial Report

PMS USER ACCOUNT NOTIFICATIONS

Expired Will Expire within 5 days Will Expire within 10 days

	Notification	
1	FFR Delinquent Reports	98 reports
2	FFR Ready for Prepare/Certify	164 reports
3	Number of Days until Password Change Required	46 days
4	Number of Days until Recertification Required	332 days
5	Payee Accounts	110 accounts

Records per page 5

REQUEST HISTORY (1)




	Request ID	Request	Status	Assigned to
1	UPDA032804691559MFVBG	Update User Access	Submitted	Supervisor



Records per page 5

PMS Dashboard

You can also access FFRs that are delinquent or ready to be prepared directly from your dashboard

PMS USER ACCOUNT NOTIFICATIONS

 *Expired*  *Will Expire within 5 days*  *Will Expire within 10 days*

	Notification ▲	Count ▼	By ▼	Actions
1	FFR Delinquent Reports	4 reports		
2	FFR Ready for Prepare/Certify	4 reports		

Federal Financial Report Search

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):	<input type="text"/>	Federal Grant ID:	<input type="text"/>
Reporting Period:	<input type="text" value="All Periods"/>	Report Status:	<input type="text" value="All Report Statuses"/>
Delinquent Reports:	<input type="text" value="Show All Reports"/>	Agency ID:	<input type="text" value="All Grant Agencies"/>
Form:	<input type="text" value="Show SF-425 and ETA-9130"/>		

- FFR's can be searched based on different criteria's Ex. Payee Account, Grant Document Number etc.
- After entering search criteria, select Search



Search Results are now displayed
Under Actions, select the review icon  to display the FFR

Search Results (1) Group Actions											
<input type="checkbox"/>	Payee ▲	Federal Grant ID ▲	Agency ⬆	Report Type ⬆	Reporting Period End Date ▼	Reporting Period Due Date ⬆	Report Submit Date ⬆	Report Status ⬆	Form Type ⬆	Delinquent ⬆	Actions
<input type="checkbox"/>	██████████	3605001EZ05294	██	██████████	2023-12-31	2024-01-30		Report Available to be completed	SF-425	!	 



FFR Information

Federal Financial Report - Details

REPORT WORKFLOW:

Report Available

Prepare Report

Certify Report

Agency Review

Completed

Prepare Report

Report Details

Status History

Documents

Revision History

Notifications

All Details

FEDERAL FINANCIAL REPORT

(Prescribed by OMB A-102 and A-110)

1. Federal Agency and Organizational Element to Which Report is Submitted:

NASA – Center Name

2. Federal Grant / Subaccount:

21FMPPLA1033

3. Recipient Organization (Name and complete address including Zip code):

4a. UEI:

4b. EIN:

5. Recipient Account Number or Identifying Number:



Block 1: Federal agency: This read-only field will prepopulate to read “NASA – and the name of the Center”

Block 2: Federal grant number: This field will prepopulate the alpha-numeric grant number cited on your award document. Verify this grant number is correct. Grantees will complete one SF-425 for each grant number.

Block 3: Recipient organization: This field will prepopulate the grantee organization’s legal name and address and should match the name and address on the award document.

Block 4a. UEI number: This field will be prepopulated based on the UEI number provided by the awarding agency.

Block 4b. EIN: This field will prepopulate the grantee organization’s employer identification number (EIN).

Block 5. Recipient account number: This field should be populated by the grantee noting their recipient account number or organization’s identifier number.



FFR Information Cont'd

6. Report Type:	Semi-Annual	
*7. Basis of Accounting:	Accrual	
8. Project/Grant Period:	From: 09/30/2023	To: 09/29/2024
9. Reporting Period End Date:	12/31/2023	

Block 6: Report Type: This field is prepopulated based on the requirements received from the awarding agency. The final SF-425 is due 120 days after the grantee has reported all federal expenses for all awards issued under the same grant number or after the grant period end date of the award. A grantee must draw all funds prior to the submission of the final FFR. Grantee is no longer eligible to draw down funds 120 days after the end of the period of performance and the grantee forfeits the remaining eligible balance.

Block 7: Basis of accounting: Mark the appropriate box to specify whether a cash or accrual basis was used for recording financial transactions related to the award.

- Cash basis of accounting refers to the accounting method in which expenses are recorded when they are paid.
- Accrual basis of accounting refers to the accounting method in which expenses are recorded when they are incurred.

Block 8. Project/grant period (from/to): This field will prepopulate with the time period covered by the grant number. Verify this information is correct.

Block 9: Reporting period end date: This field is prepopulated based on the requirements provided by the awarding agency. For final FFRs, the reporting period end dates shall be the end date of the project or grant period.

FFR Information Cont'd

***10. Transactions:**

Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (on the GRANT LEVEL) for 3605001EZ05294:

a. Cash Receipts:

0.00



b. Cash Disbursements:

0.00



c. Cash on Hand (line a minus b):

0.00



Block 10: Transactions: Enter cumulative amounts from the date of the award's inception through the end date of the reporting period specified in "Block 9. Reporting period end date." The cumulative amount is calculated by adding all expenses incurred to date, including all previously reported expenses. Use "Block 12. Remarks" to provide further details or explanations necessary about information listed in this section.

Federal Cash

Block 10a. Cash receipts: This field is prepopulated based on the current drawdown in Payment Management System. For quarterly reports, its based on all the drawdowns that occurred from the date of award thru the reporting period end date. For final reports, its based on all the drawdowns that occurred thru the liquidation period.

Block 10b. Cash disbursements: This field is prepopulated based on the last reported disbursements by the grantee.

Block 10c. Cash on hand: This field is auto-calculated based on the formula Cash receipts (10A) - Cash disbursements (10B)



Final Validations

- ✘ **10a:** You are reporting that you have drawn down (Line 10a) or disbursed (Line 10b) more Federal funds than you have expended (Line 10e). A final expenditure report may not be submitted until your PMS draws and disbursements match your reported expenditures. Please contact your PMS Representative to determine the best method to return the excess funds. Correct and submit this report once this situation has been remedied.
- ✘ **10b:** You are reporting that you have drawn down (Line 10a) or disbursed (Line 10b) more Federal funds than you have expended (Line 10e). A final expenditure report may not be submitted until your PMS draws and disbursements match your reported expenditures. Please contact your PMS Representative to determine the best method to return the excess funds. Correct and submit this report once this situation has been remedied.
- ✘ **10e:** You are unable to submit your project final report because Line Item 10a. Cash Receipts, line item 10b. Cash disbursements and line item 10e. Federal share of expenditures do not reconcile. In order to submit the final report, you must ensure that your final reports submitted for each budget period are fully reconciled. If not, then revise the FFR reports to ensure that Cash receipts (line item 10a.), Cash Disbursements (line item 10b.) and Federal Share of expenditure (line item 10e.) are reconciled for each budget period. Once reconciled, you may submit your project final report.

OK

Federal Cash (on the GRANT LEVEL) for 21FMPPLA1033:

a. Cash Receipts:

174,067.04



b. Cash Disbursements:

174,067.04



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:

591,579.00

e. Federal share of expenditures:

170,000.00



FFR Information Cont'd

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized:

150,000.00

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):

150,000.00

Federal Expenditures and Unobligated Balance

Block 10d: Total federal funds authorized: This field will pre-populated with the appropriate amount of federal funds authorized as of the reporting period end date. This information can also be found on the award documentation.

Block 10e: Federal share of expenditures: Enter the cumulative amount of federal fund expenditures. The cumulative amount is calculated by adding all expenses incurred to date. The cumulative amount includes all federal share of expenditures for the life of the grant.

Block 10f: Federal share of unliquidated obligations: If a grantee is using accrual/cash basis of accounting and submits a final SF-425, "Block 10f. Federal share of unliquidated obligations" should always be reported "\$0.00" because unliquidated obligations are not acceptable on final reports.

Block 10g: Total federal share: This field will prepopulate with the calculated sum of "Blocks 10e. Federal share of expenditures" and "10f. Federal share of unliquidated obligations."

Block 10h: Unobligated balance of federal funds: This field will prepopulate with the calculated difference of "Block 10d. Total federal funds authorized" and "Block 10g. Total federal share" based on prior period submissions. Upon reporting the current information, this block will recalculate to include the updated information.

FFR Information Cont'd

Recipient Share:	
i. Total recipient share required:	<input type="text"/>
j. Recipient share of expenditures:	<input type="text"/>
k. Remaining recipient share to be provided (line i minus j):	<input type="text" value="0.00"/>

Recipient Share

Block 10i: Total recipient share required: This field will be prepopulated with the appropriate amount of federal funds authorized as of the reporting period end date. This information has been provided to PMS by the awarding agency and it can also be found on the award documentation.

Block 10j: Recipient share of expenditures: Enter the cumulative amount of federal fund expenditures. The cumulative amount is calculated by adding all expenses incurred to date. The cumulative amount includes all federal share of expenditures for the life of the grant.

Block 10k: Remaining recipient share to be provided: This field will prepopulate with the calculated difference of “Block 10i. Total recipient share required” and “Block 10j. Recipient share of expenditures”. Upon reporting the current information, this block will recalculate to include the updated information. Note: if the recipient share of expenditures are greater than recipient share required, then “\$0” will be reflected. Additionally, the grantee must ensure that they meet their matching requirements per the terms and condition of the grant.



FFR Information Cont'd

Program Income:	
I. Total Federal program income earned:	<input type="text"/>
m. Program income expended in accordance with the deduction alternative:	<input type="text"/>
n. Program income expended in accordance with the addition alternative:	<input type="text"/>
o. Unexpended program income (line I minus line m and line n):	<input type="text" value="0.00"/>

Program Income

Block 10I: Total Federal Program Income Earned: Enter the amount of Federal program income earned. Do not report any **program** income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j.













Block 10m: Program Income Expended in Accordance With the Deduction Alternative: Enter the amount of program income that was used to reduce the Federal share of the total project costs.

Block 10n: Program Income Expended in Accordance With the Addition Alternative: Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.

Block 10o: Unexpended Program income (Line 10I Minus Line 10m or Line 10n): This field will prepopulate with the calculated difference of "Line 10I minus Line 10m or Line 10n". This amount equals the program income that has been earned but not extended, as of the reporting period end date.

FFR Information Cont'd

11. Indirect Expense:

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
1. <input type="text"/>  	<input type="text"/>	<input type="text"/>  	<input type="text"/>  	<input type="text"/>	0.00	<input type="text"/>
2. <input type="text"/>  	<input type="text"/>	<input type="text"/>  	<input type="text"/>  	<input type="text"/>	0.00	<input type="text"/>
g. Totals:					0.00	0.00

Indirect Expense: Enter cumulative amounts from the date of the inception of the award through the end date of the reporting period specified in “Block 9. Reporting period end date.” The cumulative amount is calculated by adding all expenses incurred to date. Use the multiple rows to indicate separate types and rates. Use “Block 12. Remarks” to provide further details and explanations necessary about information listed in this section.

Block 11a: Type If applicable: The grantee should state whether the indirect cost rate(s) is (are) provisional, predetermined, final, or fixed.

Block 11b: Rate If applicable: Enter the indirect cost rate(s) in effect during the reporting period.

Block 11c: Period from; period to; If applicable: Enter the beginning and ending effective dates for the rate(s).

Block 11d: Base If applicable: Enter the amount of the base against which the rate(s) was (were) applied.

Block 11e: Amount charged If applicable: This field will prepopulate a calculation indicating the amount of indirect costs charged during the time period specified (11b x 11d). Verify this information is correct.

Block 11f: Federal share If applicable: Enter the federal share of the amount listed in “Block 11e. Amount charged.”

Block 11g: If applicable Totals If applicable: This field will pre-populate a calculation indicating the summed amounts of “Block 11d. Base,” “Block 11e. Amount charged,” and “Block 11f. Federal share.”

FFR Indirect Expense Rate

11. Indirect Expense:

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
1. Fixed		2022-07-01	2023-03-31	567,890.99	0.00	
2.					0.00	
g. Totals:				567,890.99	0.00	0.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

If the rate you are entering does not populate the correct base amount, remove the rate and enter the exact data in d (Base) and f (Federal Share), if applicable.

Enter comments in Box 12

FFR Information Cont'd

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

Block 12: Remarks If applicable: Use "Block 12. Remarks" to provide further details and explanations necessary about information listed in this report, specifically "Block 10. Transactions." Use "Block 12. Remarks" to provide an explanation why the grantee is delinquent in submitting the SF-425.

Signature by Preparer

*Prepared by:

Phone No.:

+1 (xxx) 322-157

Email Address:

pms_it_support@psc.hhs.gov

Date Report Prepared:

11/16/2023

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

Standard Form:

425

OMB Approval Number:

4040-0014

Expiration Date:

02/28/2025

Save

Submit

Cancel

From the dropdown, select your name as the preparer. All other fields are auto populated based on the information you provided when you requested access to PMS.



Signature by Certifier

***13. Certification:** By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001).

a. Typed or Printed Name and Title of Authorized Certifying Official:	<input type="text"/>
*b. Signature of Authorized Certifying Official:	<input type="text"/>
c. Telephone (Area code, number and extension):	+1 (xxx) 322-157
d. Email Address:	pms_it_support@psc.hhs.gov
e. Date Report Submitted:	11/16/2023

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

Standard Form:	425
OMB Approval Number:	4040-0014
Expiration Date:	02/28/2025

[Edit Report](#) [Certify](#) [Cancel](#)



Signature by Certifier (cont.)

Block 13: Certification Mandatory: The certifying official is the individual who has the knowledge and authority to certify that the figures reported on the SF-425 are accurate and complete.

Block 13a: Name and title of authorized certifying official: This line item will be pre-populated with the certifying official's name and title.

Block 13b: Signature of authorized certifying official: The authorized certifying official must sign here; therefore, from the dropdown box, please select the authorized certifier.

Block 13c: Telephone: This line item is pre-populated with the telephone number (including area code and extension) for the individual listed in "Block 13a. Name and title of authorized certifying official."

Block 13d: E-mail address: This line item is pre-populated with the e-mail address of the individual listed in "Block 13a. Name and title of authorized certifying official."

Block 13e: Date report prepared/submitted: This line item is pre-populated based on when the grantee certifies the report in Payment Management System.

Revising a Report

After the report has been prepared & certified, you can go back to the main search screen to see the updated **“Report Status”**.

If the report is completed & certified, you are compliant.

Report Status	Delinquent	Actions
Report Certified/Pending Agency Approval		 

Submitted reports can be “revised” at any time. After you click the note pad icon under actions, you will be routed to the submitted report. At the top and bottom of the report, you will see “Edit Report”. Once you select it, fields are now re-opened for you to make changes. All grayed out fields should update automatically.

Federal Financial Report - Details

REPORT WORKFLOW: Report Available Prepare Report Certify Report Agency Review

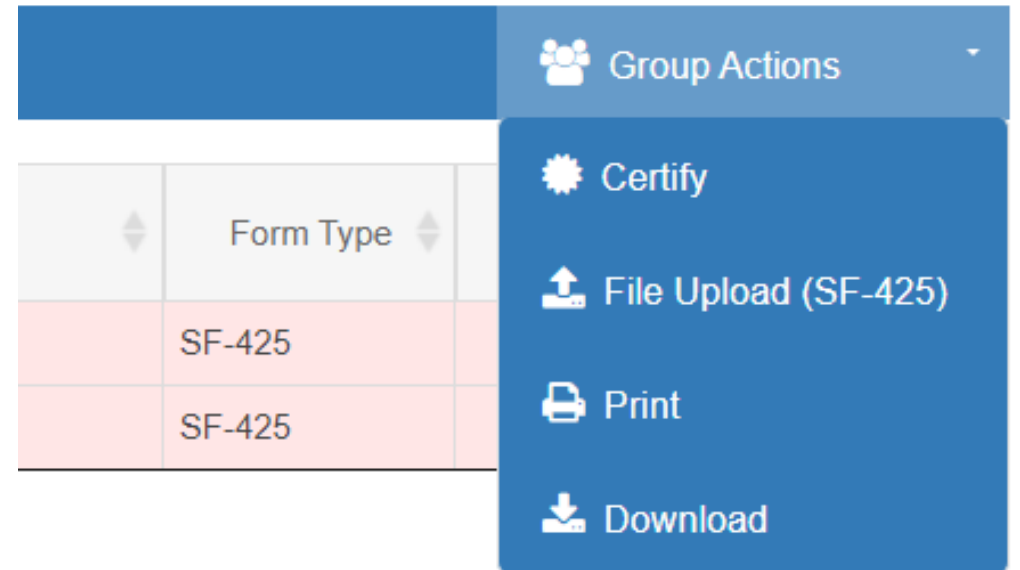
Click the [Edit Report](#) link or button to make new changes.

Using the FFR File Upload

Under the Group Actions, you can select group functionalities.

You must select “Download” to obtain the required csv file.

For instructions for downloading and uploading the FFR, manual will be provided.



The screenshot displays a table with a 'Form Type' column and a 'Group Actions' dropdown menu. The table has two rows with 'SF-425' in the 'Form Type' column. The 'Group Actions' menu is open, showing options: Certify, File Upload (SF-425), Print, and Download.

	Form Type	
	SF-425	
	SF-425	

- Group Actions
- Certify
- File Upload (SF-425)
- Print
- Download

Using the FFR File Upload

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PSC | Payment Management System

FFR File Upload

OPTION A: Browse My Computer **OPTION B: Browse Saved Files**

*File: **OR**

*File Name:

*File Type:

UPLOADED FILES

Row Number	File Uploaded	File Name	File Type
No files.			

Access & Banking

SUBMISSION REQUESTS

Updated Payment Management System Access Process (ID.me)

In response to the recent incidents of fraudulent activity, PMS is changing its login process to implement improved identity assurance in conjunction with multi-factor authentication. Starting February 10, 2024, grant recipients MUST register and enable multi-factor authentication with ID.me in order to log in.

The only option for logging in to the Payment Management System (PMS) is to create an ID.me account. Health and Human Services (HHS) has implemented a new dashboard (XMS) to access all their different applications, which includes PMS, and you must link your ID.me account with the XMS dashboard before you can access PMS.


1. Create an ID.me account
 - ✓ The primary email on ID.me must match your PMS email (please note that your ID.me account email for PMS needs to match the email that you registered with your PMS user access)
<https://pmsapp.psc.gov/pms/app/login>
 - ✓ If you already have an ID.me account, go to your profile and add your PMS email and set as primary
<https://help.id.me/hc/en-us/articles/19679310213271-Setting-up-your-ID-me-account-for-work>
2. Link your ID.me account with XMS dashboard
 - ✓ Access <https://xms.hhs.gov>
 - ✓ Go to “My Profile” on the XMS dashboard

ID.me has a No Identity Left Behind mission. If you get stuck along the way, you will see a screen inviting you to connect with an ID.me team member via video call who will verify your identity in moments. If you need assistance with sign-on issues, please submit a support request to XMSHelp@hhs.gov



Number of Days for Processing Submissions

- PMS is experiencing delays in processing new user access and banking requests for grant recipient users, due to controls that have been added to validate the authenticity of the user request.
- It is extremely important that your ID.me account be established. We receive a weekly list for users that have established their ID.me account. If your ID.me is established, we do not have to validate the user.
- For all banking and new users who have not established their ID.me account, we are required to contact the individual listed in SAM.gov. Please ensure the SAM.GOV contact name and phone number is up-to-date. If the individual we contact does not respond within 5 business days, request will be rejected.
- You can check the status of your request by using the **Request ID #** that was provided after you submitted your request. If you contact your assigned PMS Liaison Account, please ensure you provide that information. That is needed to obtain your submission and review it.
- Requests are being processed in the order of receipt. The completion process may take up to 25 business days.
- We apologize for the delay as we are working diligently with HHS / PSC management to clear the backlog.

 **Success**


Your request has been successfully submitted.
To view the status of your request or to make modifications, go to our webpage, click on Request Access and then select Retrieve Existing Request. Use the Request ID below to retrieve your request.

Request ID is EST027188336760MFNCB

[Home >](#)

If you contact PMS with questions regarding your submission, please provide the Request ID populated on the screen. Save this information until your submission has been completed.

New PMS User Request Initiation

 PMSNotifications@psc.hhs.gov
To: PMS_Training (OS/ASA/PSC/FMP)

Dear Janet Doe,

You have initiated a request to access the Payment Management System (PMS). Your Request ID for this request is:

Request ID=EST027188336760MFNCB

If you need to return to your request to either complete the request, make a correction or to check on the status, you will need to input this Request ID on the Retrieve Existing Request tab.

Payment Management System

Your request has fully been submitted and it's now awaiting approval by your supervisor. Your supervisor has been sent an approval link via Email

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.
<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
4. No other documents, forms, NOGA is required

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)

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

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

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"/>	<input type="text"/>
DEPOSITOR ACCOUNT TITLE		
<p>FINANCIAL INSTITUTION CERTIFICATION</p> <p>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.</p> <p>PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER DATE</p>		
<p>Financial institutions should refer to the GREEN BOOK for further instructions.</p> <p>THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.</p> <p style="text-align: right;">Reset</p>		

NSN 7540-01-058-0224 1199-207
Designed using Perform Pro, WHS/DICR, Mar 97

Section 1 (To be Completed by Payee)

- A. **TYPE OR PRINT THE LEGAL ORGANIZATION'S NAME, ADDRESS AND TELEPHONE NUMBER.** **Note: Information must match the Entity name registered in PMS Exactly how the Awarding Agency registered it.** Do not enter an individual's name in this block unless the grant was issued to an individual.
- B. Type or print the **LEGAL ORGANIZATION'S NAME.** Do not put an individual's name unless the grant was issued to that person.
- C. **Enter your organizations Federal Tax ID # or the PMS EIN**
- D. Check type of Bank account "Checking" or "Savings".
- E. Type the **account number** at your Financial Institution to which the funds will be "Direct Deposited". Do not use white out or make any alterations to the account number.
- F. Check the box "Other" and type **Grant or NASA**
- G. Leave blank.

Payee Account Holder's Certification: The individual(s) having signature authority for the bank account should sign and date.

Signature must be original or E-Signature

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

Section 2

Government Agency Name
Payment Management Services
Government Agency Address
US DHHS
PO Box 6021
Rockville, MD 20852

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)	
GOVERNMENT AGENCY NAME Payment Management Services	GOVERNMENT AGENCY ADDRESS US. Department of Health and Human Services Post Office Box 6021 Rockville, Maryland 20852

Section 3 (To be Completed by Financial Institution)

Bank must complete the form in its entirety

Signature must be original or E-Signature

Please review form before uploading

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)							
NAME AND ADDRESS OF FINANCIAL INSTITUTION Domestic Bank Name Bank Address	ROUTING NUMBER			CHECK DIGIT			
	1	2	3	4 - 5	6	7	8
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				



PMS Dashboard

PMS USER ACCOUNT NOTIFICATIONS

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

	Notification	Count	By	Actions
1	FFR Delinquent Reports	18 reports		
2	FFR Ready for Prepare/Certify	56 reports		
3	Number of Days until Recertification Required	227 days	2024-10-25 12:00:00 AM	
4	Payee Accounts	104 accounts		

⏪ ⏩ 1 ⏪ ⏩
 Records per page 5
 Displaying 1 to 4 of 4 items

MY PAYMENT REQUESTS (0)

Transaction Number	Payee Account	Payment Type	Request Amount	Request Date	Due Date	Request Status	Actions
You currently have no active payment requests.							

⏪ ⏩
 Records per page 5
 Showing 0 to 0 of 0 entries

REQUEST HISTORY (1)

Request ID	Request	Status	Assigned to	Comments	Create Date	Actions
1	UPDCI069164243049YFZMR	Update User Contact Info	Completed		2024-02-29 04:30:50 PM	

⏪ ⏩ 1 ⏪ ⏩
 Records per page 5
 Displaying 1 to 1 of 1 items

SYSTEM ALERTS! [Hide Alerts](#)

New Login Process
 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...](#)

SYSTEM ALERTS!

Multi-Factor Authentication Alert
 Effective January 24, 2024, PMS Users who login using PMS User ID and Password will be required to go thru the Two-factor authentication (2FA) every time they login. 2FA allows the user to use the following options: Automated Phone Call or Automated Text Message to receive the passcode.

GENERAL INFORMATION

System Reports and Manuals

The Payment Management website provides you guidance on how to access financial reports that provides grantees an overview of how to run online inquiries in the system. Additionally, the website also provides you information on how to access the available user guides.


Reports that are available is as follows:


- ❑ Apex Reports (Grantee Inquiry): <https://pms.psc.gov/grant-recipients/adhoc-grantee-inquiry.html>

Manuals/User Guides that are available is as follows:


- ❑ Adhoc Grant Recipient Reports: <https://pms.psc.gov/pms-user-guide/adhoc-grantee-inquiries.html>
- ❑ SF-425 FFR: <https://pmssectr.dpm.psc.gov:8443/pms/app/help/ffr/ffr-grantee-instructions.html>
- ❑ DOL ETA-9130 FFR: <https://pmssectr.dpm.psc.gov:8443/pms/app/help/ffr/doleta-grantee-instructions.html>
- ❑ Apex Manual: <https://pmsapp.psc.gov/pms/app/help/forms/APEX-Manual-recipients.pdf>
- ❑ PMS User Guide: <https://pms.psc.gov/training/pms-user-guide.html>


Points of Contacts

 U.S. Department of Health & Human Services


 Program Support Center
Payment Management Services


 [Login](#)


 About Us

 Grant Recipient ▾

 Grantor ▾

 User Access ▾

 Training ▾

 **Support** ▾

[Help Desk Information:](#)

Telephone Number: 877-614-5533

E-Mail: PMSSupport@psc.hhs.gov

Submit an Online Ticket: https://gditshared.servicenowservices.com/hhs_pms.

[Inquiries](#)

1. For all inquires related to liquidation extensions which includes date changes in PMS, expired payment rejections, missing FFR's, FFR due date changes and incorrect data populated on Lines items 1 thru 9 of the FFR in PMS please contact the Regional Financial Contact, Federal Project Officer, Grants Management Specialist, or Regional Officer listed on the Notice of Grant Award.
2. For all inquiries related to the data populated on the FFR for Line item 10a. Cash Receipts, 10b. Cash Disbursements and line item 10d. Total Federal Funds Authorized and technical assistance needed, please contact PMS Helpdesk. Please ensure that you provide the Payee Account Number (PAN), PMS Document Number and Sub-account number and provide the details of the issue.

You may also contact your PMS Liaison Accountant. To locate your accountant, please select the link below. <https://pms.psc.gov/find-pms-liaison-accountant.html>

FAQs

Can we have more time after login to complete tasks before login expires? PMS does not control this requirements. Financial Systems in HHS all follow this requirements per our OCIO office.

What do you do if you don't see your report available to file? (1) Check the Grantee Inquiry – Authorization to see when your grant authorization was posted, (2) ensure you have access to the FFR Module and (3) Notify your Grants Officer of missing report.

How are we reporting data on our Semi-Annual Reports? The amounts you enter on the reports are “cumulative”.

Is there someone directly at PMS that they submit the entity update request to? NO, if there's a change in your organization name, address, UEI, or Tax ID Number you must contact the Awarding Agency after you have verified all information in SAM.gov has been updated. The Awarding Agency will submit the request via the Payment Management System and will route through the proper channels for processing.

Do final 425s need to be emailed to the closeout email address and PMS or just PMS now? NASA will provide you information regarding closeout reports; however, no reports are submitted to PMS via Email. All reports must be submitted in the FFR Module.



Where would we be able to find a performance report? Contact your Grants Officer at NASA, performance reports are not submitted in PMS

Is the template specific to the user info? or a general template? The information provided on the FFR-425 template is specific to the organization.

Since we changed from quarterly to Semi-annual, what months will reports be due?

1st Semi-Annual FFR (March 31st)

Due by April 30th

Reporting Period Covered October thru March

Available in PMS on April 1st

2nd Semi-Annual FFR (September 30th)

Due by October 30th

Reporting Period Covered April thru September

Available in PMS on September 1st

I have been trying to get access to PMS for several weeks and keep running into problems. Is there a staff person who can help troubleshoot? You may contact PMS Support @ 877-614-5533 or contact your PMS Liaison Accountant directly. If you do not know your liaison accountant, on the home page select the Support Tab and then Find My Liaison Accountant.

I tried, but I cannot login with my previous login, I requested access, received it and approved by my supervisor, still cannot login. After 60 days of non-activity, PMS will deactivate your PMS User ID. Once deactivated, you will have to submit a new request. PMS does not reactive a PMS User ID. If you have submitted your request and you are still unable to login, please check the status of your request. Request must be fully processed before you can access to PMS.

Is there a limit to how many individuals can have access from our organization? No

Are different individuals able to different roles in PMS? Yes

What is PIN vs PAN? Payee Identification Number (PIN) 5 digits – F1234 / Payee Account Number (PAN) 7 digits – F1234P1 or F1234B1. The individual who requests payments via PMS will know this information for your organization. Older Accounts have 4-digit PIN and 5-digit PAN.


I have not received my payment request. Who should I contact? Before you contact your PMS Liaison Accountant, check your PMS Dashboard. If payment is awaiting agency approval, you can select action to see where it is in the process. You should also check the Apex Reports – Grantee Inquiry – Financial Transaction Inquiry.



Expired and Restricted Payments: If your grant award has expired (90/120 days after the budget ending date in PMS) or a restriction has been put into place, payment are routed to the PMS holding file. Staff is required to contact the Awarding Agency for approval before any funds are released. If approval is not received within 3 to 5 business day, the payment will be rejected, and you will be notified via Email. You can also check your dashboard and the Financial Transaction Inquiry.

GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: * Authorization Transactions **Financial Transactions** Grant Summary Subaccount Summary

Payee Account: *

Subaccount: 

Paid Date Range: From(MM/DD/YYYY):  To(MM/DD/YYYY): 

Save this inquiry:

Thank You for Attending

