



National Aeronautics and
Space Administration
Washington, DC 20546

Grant Information Circular

GIC 25-01
06/16/2025

Requirements for Grant and Cooperative Agreement Payment Justifications

PURPOSE: The purpose of this Grant Information Circular (GIC) is to inform NASA grant and cooperative agreement applicants and recipients of new payment justification requirements in accordance with Executive Order (E.O.) [14222](#), Implementing the President’s “Department of Government Efficiency” Cost Efficiency Initiative.

BACKGROUND: E.O. 14222 requires agency heads to utilize a technological system to record justifications for grant and cooperative agreement payment requests. NASA utilizes the Department of Health and Human Services’ (HHS) [Payment Management System](#) (PMS) to disburse grant funding to recipients, and this system will be used to record recipients’ justifications. In accordance with E.O. 14222, HHS released an update to PMS on March 17, 2025, that introduced a new mandatory justification field in the payment request screen at the subaccount level. NASA award recipients are now required to submit justifications for each payment request submitted in PMS in this new field, which is limited to 1,000 characters. Appendix A provides an example of what the updated PMS payment request screen looks like.

After a payment request is submitted in PMS, the request will be transmitted to the Department of Government Efficiency’s (DOGE) Defend the Spend system, and DOGE will send the payment request to NASA for review. To ensure that NASA is able to sufficiently assess recipients’ payment justifications, the Agency is establishing standardized payment justification requirements. As of the effective date of this GIC, recipients submitting payment requests for NASA grants and cooperative agreements shall adhere to the payment justification requirements described below. NASA will utilize this information in its payment review process. Please note that this new process may result in delays to payment approvals, and award recipients should plan accordingly.

GUIDANCE: All NASA grant and cooperative agreement recipients shall provide a payment justification at the subaccount level for each payment request. The justifications shall state how much funding is being requested, to which budget cost category the request is related, and why the payment is required. Recipients must use budget categories from their NASA award’s most recently approved budget (e.g., “Personnel”, “Fringe Benefits,” “Equipment,” etc.).

Examples of acceptable payment justifications are as follows:

1. “Payment is requested for key personnel working on the award in accordance with the pre-approved budget categories of Salaries and Fringe Benefits.”

2. “Payment is requested for airfare costs in accordance with the pre-approved budget category Travel.”
3. “Payment is requested for general office supplies in accordance with the pre-approved budget category Indirect Costs.”

After payment justifications are submitted, NASA will review the justifications, either approve the payment or request clarification from the recipient, and record the Agency’s determination within the DOGE - Defend the Spend system.

EFFECTIVE DATE: June 16, 2025

REGULATION OR TERM AND CONDITION CHANGES: No.

HEADQUARTERS CONTACTS: Office of Procurement, Procurement and Grants Policy Division, Grants Policy and Compliance, e-mail: hq-dl-grants-policy-compliance@mail.nasa.gov.

Appendix A – Updated PMS Payment Request Screen

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

MENU

PSC

Payment Management System

Home

Grid

Power

User

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)

*Expected Disbursement Amount (\$):

*Cash on Hand (\$):

*Payment Request Amount (\$):

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.

Expired Funds

In Transit Funds

No Active Banking

Pending Payment Requests

Medicaid

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 (\$)	Payment Justification (Maximum 1000 characters)
Total Subaccount Amount Requested:									

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