

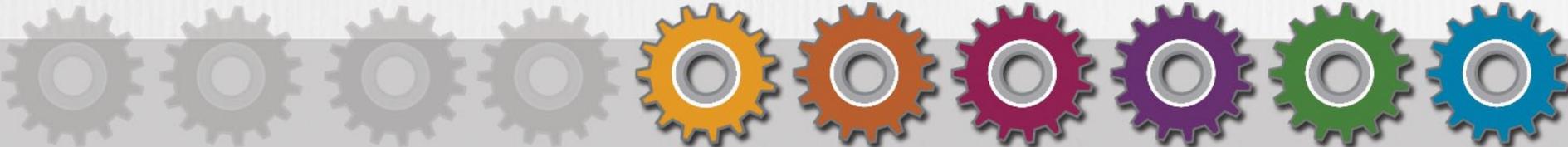
# Financial Management Service Division of Payment Management

## Overview of the Payment Management System (PMS) Federal Financial Report (FFR) Financial Status Report (FSR)

**Department of Veterans Affairs**

*“Supportive Services for Veteran Families (SSVF) / VA National Center on Homelessness Among Veterans”*

*Updated: September 9, 2014*





Welcome to the Department of Health and Human Services Payment Management System (PMS). This PowerPoint presentation is to introduce our office, the Division of Payment Management (DPM), to you. DPM is the division within the Program Support Center of the Department of Health and Human Services (HHS) responsible for the Payment Management System (PMS) and for ensuring proper cash management of Federal grant monies. The PMS is an automated system electronically accessible by recipients for funding and reporting purposes.

You have been notified via **Department of Veterans Affairs**, that your program *“Supportive Services for Veteran Families (SSVF) / VA National Center on Homelessness Among Veterans”* will be required to submit the Federal Financial Reports (FFR) Financial Status Report (FSR) using form SF-425. You will be submitting the Financial Status Report (FSR) via the Payment Management System and this training will provide information on how to complete the **annual** FSR in the Payment Management System.



- The Office of Management and Budget (OMB) requires that federal agencies transition to the Federal Financial Report (FFR) beginning with Fiscal Year 2010 reports (for the quarter ending 12/31/2009).
- The Federal Financial Report (FFR or Standard Form 425) will consolidate and replace the SF 269 (Financial Status Report) and PSC 272 (Federal Cash Transactions Report) with a single report.
- **Effective January 01, 2010**, the FFR functionality will be available to all users of the Payment Management System for their first quarter fiscal year 2010 reports.
- If the recipients previously filed cash transaction reports using the PSC-272, **[the new FFR form and the FFR Attachment for reporting disbursements for multiple grants must be filed.](#)**
- If recipients previously filed financial status reports using the SF-269, they should request guidance from their awarding agency specialists regarding the financial status information the agency requires to be reported and the reporting frequency. Recipients may refer to the notice of grant award (NGA) which states the name and telephone number of the grant management officer or grants management specialist at the respective awarding agency who administers grant or cooperative agreement funds.



# **Financial Status Report (SF-269)**

## **How Grantees Report on Single Grants**




Last Updated: 9/2/2014 9:33 pm

Welcome to the Payment Management Services web site!

**\*\*\* THIRD QUARTER FCTR AVAILABLE \*\*\***

The Federal Financial Report is available for the third quarter of fiscal year 2014 (April 1, 2014 - June 30, 2014). The FFR- Federal Cash Transaction Report for the quarter ending June 30, 2014 **was** due by **July 30, 2014**.

For links to the training slides, due dates and other FFR related information please go to our [FFR Information](#) page.

**\*\*\* IMPORTANT NOTICE FOR AWARDING AGENCIES \*\*\***

A new **Agency Inquiries Manual** has been added to PMS under **Inquiries ->Expanded Inquiries** menu. The purpose of the Agency Inquiries Manual is to consolidate in one place an overview and description of how to navigate the online inquiries in the Payment Management System.

**\*\*\* IMPORTANT NOTICE FOR HHS GRANTEES ONLY \*\*\***

PMS has important information regarding the **HHS transition to subaccounts** for FY2014 awards. You can read about the transition at the **HHS Subaccounting** section, under Grant Recipient Info.

**\*\*\* 2009 FIXED YEAR FUNDS WILL CANCEL ON SEPTEMBER 30, 2014 \*\*\***

Awards funded using a 2009 fixed appropriation will cancel on September 30, 2014. Undrawn award funding issued from 2009 fixed appropriation account funds will no longer be available for program expenditures, obligations or payment requests in the Payment Management System. **The last day to draw funds on awards issued using 2009 fixed appropriation funds is September 29, 2014 at 5:00pm ET** (unless the awarding agency has implemented an earlier cut-off date). All awards issued using 2009 fixed appropriation funds must be closed and all remaining balances canceled by September 30, 2014. For additional details, go to the PMS [canceled awards](#) page under Grant Recipient Info.

Go to: [www.dpm.psc.gov](http://www.dpm.psc.gov)

Click on "Payment Management System Logon Link"




 United States Department of  
**Health & Human Services**  
 Program Support Center  
 Financial Management Service  
**Division of Payment Management**

Payment Management System Logon Link

- About Us
- Awarding Agency Info
- Contact Us
- FARS/FAGA
- Grant Recipient Info
- Help
- PMS Release Information
- Training
- En Español
- Funding Hiatus Guidance

Last Updated: 1/28/2013

## DPM Secure Systems Login Links

Please select your desired service:

Service	Status
as of 1/28/2013 6:18:56 PM EDT	
• <b>Payment Management System</b>	<b>Available</b>
• <b>Have you forgotten your password?</b>	<b>Available</b>
• <b>Click here for PMS training information.</b>	<b>Available</b>

All users will be required to answer security questions in the system before they can reset their password. Visit our [Password Reset](#) page to view instructions on how to update your security questions or reset your password if you have forgotten it.

If your password expired before you set up your Security Questions, please contact the [Help Desk](#) to reset your password.


 United States Department of  
**Health & Human Services**  
 Program Support Center  
 Financial Management Service  
**Division of Payment Management**

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- En Español
- Funding Hiatus Guidance

Last Updated: 5/10/2013

## DPM Secure Systems Login Links

Please select your desired service:

Service	Status
as of 5/10/2013 2:28:48 AM EDT	
• <b>Payment Management System</b> <i>This system is not scheduled to be available today.</i>	<b>Unavailable</b>
• <b>Have you forgotten your password?</b> <i>This system is not scheduled to be available today.</i>	<b>Unavailable</b>
• <b>Click here for PMS training information.</b>	<b>Available</b>

All users will be required to answer security questions in the system before they can reset their password. Visit our [Password Reset](#) page to view instructions on how to update your security questions or reset your password if you have forgotten it.

If your password expired before you set up your Security Questions, please contact the [Help Desk](#) to reset your password.

- Click on “Payment Management System”
- “Unavailable” Status means you are accessing PMS after hours.



[About Us](#)

[Awarding Agency Info](#)

[Contacts](#)

## DPM Secure Systems Login Links

your desired service:

	Status
as of 5/20/2010 2:33:18 PM EDT	
Link Payment Request	Available
Management System	Available
PLEASE NOTE: Effective January 04, 2010, the Electronic	
password	

Please type your user name and password.

Site: pmssecure.dpm.psc.gov  
Payment Management System

User Name

Password

Save this password in your password list

OK

Cancel

**User name:** Established by DPM (case sensitive)

**Password:** set by the users. Must be at least 8 alpha-numeric characters (e.g., #Grantee1)

\*For first time users, the initial password is provided by DPM.



You must change your temporary password once you access the system.

Please be aware of the # of days before your password expires

Health and Human Services  
Payment Management System

Click Here for Access to the Payment Management System

**Your Password is temporary. You must change it now to access all menu options.**

*After entering PMS by clicking on the bar above,  
Use My User Info at the bottom of the menu to Change Password.*

Messages from DPM

```
*-----*
* DATE 02/26/2004 -----NO. 1042944360
*-----*
```

Health and Human Services  
Payment Management System

Click Here for Access to the Payment Management System

**Your Password expires in 84 days**  
*After entering PMS by clicking on the bar above,  
Use My User Info at the bottom of the menu to Change Password.*

**BASELINE PROD MM-DD-YY AM  
XXXXXX TESTING**

Messages from DPM

```
*-----*
* DATE 05/07/2010 -----NO.
1103223973 *
*-----*
Highlights of New & Improved Features
The single link to Federal Financial Report (FFR) has been
replaced with direct links to the FFR Federal Cash
Transaction Report (FCTR) and the FFR Financial Status
```

For more information about this Website  
Call the Help Desk at (301) 443-4834, or Send E-Mail to [info@psc.gov](mailto:info@psc.gov)



After logging in to the Payment Management System with a PMS User ID and password:

Click the PMS menu heading entitled: **“Disbursement”**

Click the sub-heading entitled: **“FFR Financial Status Report”**

Enter your **PMS Account Number**

Select the Reporting Period **“ALL”**

Click **Continue**



TRAINING

TUE 09/09/2014

Logout

▼ Collapse All

▶ Expand All

▼ Inquiry

[Adhoc Grantee Inquiry](#)

[Stored Grantee Inquiries](#)

▼ Payment

[Request for Payment](#)

[Payment File Processing](#)

▼ Disbursement

[View PSC272 Reports](#)

[FFR Cash Transaction Report](#)

[FFR Interest Income](#)

[FFR Financial Status Report](#)

[FFR File Transfer](#)

[My User Info](#)

## Financial Status Report Search

Screen Help



[Return To Menu](#)

Enter Your Search Criteria  
(Full or Partial)

\*Payee Account Number:

Reporting Period(s):  Current/Future  All

Delinquent Report(s) Only:  Yes  No

\*Federal Grant ID Contains:  (Document / Subaccount)

Select Report Status:

- N -- Report Available/To Be Completed
- S -- Report Prepared/Not Certified
- P -- Report Certified/Pending Agency Approval
- R -- Report Rejected by Awarding Agency
- A -- Report Approved by Awarding Agency
- ALL Report Statuses

Extended Search Criteria

Report Quarter End Date:

Note: Please use leading and/or trailing \* for partial search on field Payee Account, Federal Grant ID.

Continue

Clear

Cancel



## Financial Status Report All Report Screen



[Return To Menu](#)

All Report Listing  
Payee Account Contains:  
Status: ALL REPORT STATUSES

Action	Payee	Fed Grant ID	Agency ID	Frequency	End Date	Due Date	Submit Date	Status
I want to... I want to... Prepare/Certify Subscribe See Workflow		2014-VA-294-ADM13	FVASMSS	Final	30-SEP-2014	14-NOV-2014		N
		2014-VA-294-SER13	FVASMSS	Final	30-SEP-2014	14-NOV-2014		N
		2014-VA-294-TFA13	FVASMSS	Final	30-SEP-2014	14-NOV-2014		N

1. Select Grant Desired
2. Select Desired Action

**Report Status:**

- A -- Report Approved by Awarding Agency
- N -- Report Available/To Be Completed
- P -- Report Certified/Pending Agency Approval
- R -- Report Rejected by Awarding Agency
- S -- Report Prepared/Not Certified

- Please Note the Due Date of the Grant & the Status



# Federal Financial Status Report

[Return](#)

FEDERAL FINANCIAL REPORT				(Prescribed by OMB A-102 and A-110)		
1. Federal Agency and Organizational Element to Which Report is Submitted				2. Federal Grant or Other Identifying Number		
MSS-VA-SUPPORTIVE SERVICES FOR VETERAN FAMILIES				2014-VA-294-ADM13		
3. Recipient Organization (Name and complete address including Zip code)						
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number	6a. Report Frequency	6b. Report Type	7. Basis of Accounting	
			Final	Final	<input checked="" type="radio"/> Cash <input type="radio"/> Accrual	
8. Project/Grant Period(month,day,year)			9. Reporting Period End Date(month,day,year)			
From:	10/01/2013	To:	09/30/2014	09/30/2014		
<b>10. Transactions</b>				Cumulative		
(Use lines a-c for single or multiple grant reporting)						
<b>Federal Cash (on the GRANT LEVEL) for 2014-VA-294-ADM13 :</b>						
a. Cash Receipts						<b>Total grant funding received via PMS</b>
b. Cash Disbursements						<b>Total expenditures for grant award</b>
c. Cash on Hand (line a minus b)						
(Use lines d-o for single grant reporting)						
<b>Federal Expenditures and Unobligated Balance:</b>						
d. Total Federal funds authorized						<b>Grant Authorization is automatically pre-populated</b>
e. Federal share of expenditures						<b>Please contact your grants officer if you need assistance with the context of this form and entering data.</b>
f. Federal share of unliquidated obligations						
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	<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"/>

**Program Income:**

l. 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 l minus line m or line n)	<input type="text"/>

**11. Indirect Expense**

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

**Please contact your grants officer if you need assistance with the context of this form and entering data.**

**Do not complete, per VA GMO.**

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

Prepared by :	<input type="text"/>	Phone No. :	<input type="text"/>
Email Address:	<input type="text"/>		

Use this section for any additional information or comments.

**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	c. Telephone (Area code, number and extension)
<input type="text"/>	<input type="text"/>
b. Signature of Authorized Certifying Official	d. Email Address
<input type="text"/>	<input type="text"/>
<b>Type full name</b>	e. Date Report Submitted
	<input type="text"/>
	14. Agency use only
	<input type="text"/>



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	c. Telephone (Area code, number and extension)
_____	_____
b. Signature of Authorized Certifying Official	d. Email Address
_____	_____
<b>Type full name</b>	e. Date Report Submitted
_____	_____
	14. Agency use only
	_____

**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 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

Standard Form	425 - Revised 6/28/2010
OMB Approval Number	0348-0061
Expiration Date	10/31/2011

Once all information has been completed, you may certify, save, or cancel the report



Once all information has been completed and you click on the “certify” button.

You should receive the following message.

Read and click “Ok”

## Federal Financial Status Report

Message from webpage

**PLEASE READ CAREFULLY**

By checking the box in section 13, I confirm that 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).

-----

If you agree with the above disclaimer please:

- print the FFR and Report Disbursements
- select the checkbox in section 13 upon close of this disclaimer
- click SUBMIT button again to complete your certification.



The certifier information will automatically pre-populate.

Check the small box under 13b.

Click on "Submit"

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	c. Telephone (Area code, number and extension)
b. Signature of Authorized Certifying Official	d. Email Address
PMS Test User	e. Date Report Submitted
<input type="checkbox"/> By checking this box, I certify that this report is true, complete and accurate to the best of my knowledge.	14. Agency use only

User Code	F49D
Payee Account	
DPM Rep Name	Anthony Holland
Phone Number	301-492-4991

**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 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

Standard Form	425 - Revised 6/28/2010
OMB Approval Number	0348-0061
Expiration Date	10/31/2011



The Financial Status Report has now been submitted and has been routed to VA for review and approval/rejection.

Click the button “Return to List” to see the status updates

## Federal Financial Status Report

**Certify**  
**Transaction Complete**

You may select another process from the menu.

OR

OR

[Repeat Same Transaction Type](#)



## Financial Status Report All Report Screen

Screen He



[Return To Men](#)

All Report Listing  
Payee Account Contains:  
Status: ALL REPORT STATUSES

Action	Payee	Fed Grant ID	Agency ID	Frequency	End Date	Due Date	Submit Date	Status
I want to... ▾		2014-VA-294-ADM13	FVASMSS	Final	30-SEP-2014	14-NOV-2014	09-SEP-2014	P
I want to... ▾		2014-VA-294-SER13	FVASMSS	Final	30-SEP-2014	14-NOV-2014		N
I want to... ▾		2014-VA-294-TFA13	FVASMSS	Final	30-SEP-2014	14-NOV-2014		N

P – Report Certified/Pending Agency Approval

If you file after the due date, once you have completed, submitted, & certified the report, the status will still say delinquent until VA completes it review process.

As long as the status is “P”, you are compliant.



**Division of Payment Management**  
**Payment Management System Access Form**

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

Please print or type

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

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

1. Name of Institution/Organization: \_\_\_\_\_

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

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

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

Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

4. Type of access requested for user. Please select **one** in each column, if applicable.

**Payment Requests and Inquiries**

**Federal Financial Report (FFR)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Payment Requests and Inquiries | <input type="checkbox"/> FCTR Preparer Only          | <input type="checkbox"/> FSR Preparer Only          |
| <input type="checkbox"/> Inquiry Only                   | <input type="checkbox"/> FCTR Certifier Only         | <input type="checkbox"/> FSR Certifier Only         |
|   | <input type="checkbox"/> FCTR Preparer and Certifier | <input type="checkbox"/> FSR Preparer and Certifier |
|   | <input type="checkbox"/> FCTR View Only              | <input type="checkbox"/> FSR View Only              |

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

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

Supervisor Name (Please Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Supervisor's Telephone Number: \_\_\_\_\_

Form should be submitted for **each** individual who needs access to PMS

If you don't remember your PMS Account, please provide the Tax ID Number/EIN

Form must be completed in its entirety and have signature in order for it to be valid

Please print legible or type

Once completed, please fax to Anthony Holland at 301/492-4581 or 4571. If multiple forms, please fax each one separately. *(This is a form system not an actual fax machine)*

No Cover Letter Required

Section 4: Select "ONE" in each category, if applicable.

Note: VA you will only make a selection in the Payment and/or FSR Column Only.

At this time, you are not required to complete the FCTR.



**Thank you for attending today's session.  
Have a great day!**

***Your DPM Accountant Liaison***

**Anthony Holland, Sr.**

**301/492-4991 or [Anthony.Holland@psc.hhs.gov](mailto:Anthony.Holland@psc.hhs.gov)**