



**INSTRUCTIONS FOR  
REQUESTING PAYMENT**  
(Cooperative Agreements)

Revised October 2009

To request your award funds, please use the Request for Advance or Reimbursement (Payment Request) form available on our Web site at [www.arts.gov/manageaward](http://www.arts.gov/manageaward). If you choose to create your own copy of our form, you must replicate it verbatim, including the certification to the Assurances as to Labor Standards on page 2 of the form.

If your payment request form is completed correctly, you can generally expect to receive payment within 30 days of submitting (by FAX) your request(s) to the Endowment. **Please plan accordingly.**

The following instructions are provided to assist you in completing this form. The availability of this information, however, is not intended to replace or relieve you of your responsibility to read the standard instructions provided in the Office of Management and Budget (OMB) Circulars. In addition, if you receive your payments through an alternative method of funding (i.e., working capital advance, cost reimbursement or certification), please refer to the instructions previously provided by the Endowment's Office of Inspector General.

**STEP BY STEP INSTRUCTIONS:** The numbers listed below correspond to the numbers on the payment request form.

2. Enter your Cooperative Agreement Number.
3. Type of Payment Requested
  - a. Check ADVANCE if you wish to receive Federal funds for expenditures you expect to incur and pay within 30 days or less from the date you sign this form. Check REIMBURSEMENT if you are asking the Endowment to reimburse you for expenditures already paid for this award. Check both blocks if you are requesting a combined reimbursement and advance. All costs must be incurred within the period of support indicated on your award document (or as amended).
  - b. Check FINAL if this will be the last payment you are requesting on this award; otherwise check PARTIAL.
4. Indicate the method used to record costs in your accounting ledgers. If you recognize expenses only as you pay them, check CASH. If you recognize expenses before paying them, check ACCRUED EXPENDITURES.
5. If this is your first payment request for this award, enter "1." If it is your second, enter "2," etc.
6. You **must** enter your "Taxpayer Identification Number" (also known as "Employer Identification Number"). This nine-digit number is assigned to your organization by the Internal Revenue Service (IRS).

7. Indicate the expenditure period covered by this payment request, **not** the entire period of support stated in your award document. This expense period must fall **within** the stated period of support since Endowment funds cannot be used for costs incurred outside the period identified in your award document without an approved time amendment. Do not expect to receive any funds before the start date of your agreement.

**For Advances:** Indicate after “From” the date you sign the form; indicate after “To” a date no greater than 30 days from the date you sign this form. *[NOTE: The “From” date should also be entered on line 9a after “As of.”]*

**For Reimbursements:** Indicate after “From” the date on which these costs were incurred and/or paid. After “To” indicate the last date on which any of these costs were incurred and/or paid. *[NOTE: The date provided after “To” cannot be later than the date you sign the payment request form and should also be entered on line 9a after “As of.”]*

**For Combination Advances and Reimbursements:** Indicate after “From” the earliest date on which any of these costs were incurred and/or paid. After “To” indicate a date no greater than 30 days from the date you sign this form. *[NOTE: The date you sign this form should also be entered on line 9a after “As of.”]*

8. Indicate the official IRS name and address of the cooperator (not the independent component).
9. Computation of Amount Requested:
  - a. Indicate all allowable project costs that have been incurred and/or paid as of the date provided (as determined when completing Step 7 above). *[NOTE: For any subsequent requests, this figure must be **cumulative**, indicating that you have expended any funds previously received from the Endowment.]* All costs claimed must be allowable and supported by appropriate expense documentation (e.g., contracts, receipts, invoices, payroll records, cancelled checks, etc.).
  - b. Provide this information only if you are requesting an advance of Endowment funds to cover expenses to be incurred within 30 days or less from the date you sign this form.
  - c. The total of line 9a plus line 9b.
  - d. Indicate the total amount of non-Endowment funds (your share) represented in the amount on 9c.
  - e. Subtract line 9d from line 9c.
  - f. Indicate all Endowment funds previously requested for this award.
  - g. Indicate the amount you are now requesting. Subtract line 9f from line 9e. Remember, **all funds must be disbursed immediately upon receipt.**

*[NOTE: Double check your math from the top down: **a + b = c - d = e - f = g.**]*

10. Progress Report

Unless otherwise stated in your blue [Reporting Requirements](#), a progress report is generally required only **once** during the period of support and must be provided the **first time** the cumulative amount requested **exceeds two-thirds** of the award amount. We will not be able to process your payment request if it is not accompanied by the required and

acceptable progress report. Complete item 10 as follows:

- include 1) a description of all activities supported by the award that have been undertaken since the period of support start date, and 2) a list of supported activities now scheduled for the remainder of the award period; and
- **type** and generally **limit** your progress report to the space provided. If you choose to attach the progress report, it must accompany the *Request for Advance or Reimbursement* form. Do not send them separately.

11. Your signature indicates that you agree to **all** the terms and conditions of the award. This form must be signed by the authorizing official who either signed the agreement or has a [Signature Authorization Form](#) or letter on file. (See the [General Terms](#).) Signature authority must be updated every four years to remain in effect. For your convenience, a form is available on our Web site. In addition:

- for organizations that have independent components, the payment request **must** be signed by an appropriate authorizing official of the organization not the component.
- colleges and universities may delegate authority to a fiscal officer to sign payment requests by submitting a signature authorization form or letter to the Endowment's Grants & Contracts Office. This delegation and signature must be on file in the Endowment's Grants & Contracts Office.

We will be unable to process your payment request if it is not signed and dated by an authorizing official. An unauthorized individual may not sign for the authorizing official.

12. You **must** complete this section in order to receive your funds. Funds will be transferred electronically to your bank and deposited directly into your account.

**FOR AN ACH TRANSFER OF FUNDS**, provide:

- the name of your bank;
- the city and state;
- your bank's nine-digit Routing Transmittal Number (RTN);
- your bank account number; and
- the type of account (checking or savings).

A sample check graphic follows to assist you in identifying your routing and account numbers. (These numbers may be in slightly different places on your check.) *Please contact your financial institution to verify the correct routing and account numbers.*

The routing number **must** be **nine** digits. If the first two digits are not **01** through **12** or **21** through **32**, the direct deposit will be rejected. Your check may state that it is payable through a bank different from the financial institution at which you have your checking

account. If so, do not use the routing number on that check. Contact your financial institution for the correct routing number to enter on this line.

The checking account number can be up to 17 digits (no letters). Include hyphens but omit spaces and special symbols. Do **not** include the check number.

## Sample Check

OTIS PUPETTE  
SINDEE PUPETTE  
123 Main Street  
Anyplace, MD 20901

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

ANYPLACE BANK  
Anyplace, MD 20901

For \_\_\_\_\_

1 : 250250025 | 202020865777 • 5777

15-00000000 5777

DOLLARS

Do not include the check number

**IMPORTANT:** Make sure that your bank's RTN and your bank account numbers are correct on each payment request form you submit. An incorrect number will prevent your bank from crediting your account. Funds must be transferred directly to a checking or savings account. Funds *cannot* be transferred to a trust. The Endowment is unable to use Fedline (further-wire-to secondary accounts) for amounts under \$100,000. Please do **NOT** enter a second bank account number at the bottom of the form.

To verify receipt of funds, *call your bank*, not the Endowment. You must ask your bank if they received an ACH payment (do not use any other term) to your account.

### Submitting Your Request:

You are encouraged to FAX your requests to the Grants & Contracts Office at (202) 682-5610 or 5609. **If you FAX** your material, please **do not send a hard copy**. NOTE: The delivery of first-class mail to NEA has been delayed since October 2001. Delays are expected to continue for the foreseeable future. If you do not FAX your payment request, please consider using an alternative delivery service.

If you have any questions, please call the Grants & Contracts Office at (202) 682-5403 or e-mail us at [grants@arts.gov](mailto:grants@arts.gov).

*Note: 29 CFR Part 505 Labor Standards on Projects or Productions Assisted by Grants from the National Endowments for the Arts and Humanities in its entirety is available on line at [http://www.access.gpo.gov/nara/cfr/waisidx\\_98/29cfr505\\_98.html](http://www.access.gpo.gov/nara/cfr/waisidx_98/29cfr505_98.html)*