

A S A P

AUTOMATED STANDARD APPLICATION FOR PAYMENTS

ENROLLMENT

HANDBOOK

FOR

**PAYMENT REQUESTOR/RECIPIENT
ORGANIZATION**

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1.0 Introduction

The purpose of this handbook is to give users of the Automated Standard Application for Payments (ASAP) system the information needed to begin using the system. ASAP is a recipient-initiated payment and information system, designed to provide a single point of contact for the request and delivery of Federal funds. ASAP was developed by the Financial Management Service (FMS) of the U.S. Treasury and the Federal Reserve Bank (FRB) of Richmond.

1.1 The objectives of ASAP are to provide:

a standard, centralized, electronic application for recipient-initiated payment services for all Federal programs; and

timely delivery of Federal funds to coincide with the outlays of recipient organizations to meet program needs.

1.2 User Groups

Users of ASAP are Federal Agencies, Recipient Organizations, Payment Requestors, and Auxiliary Users.

Federal Agencies

Federal Agencies provide funds to Recipient Organizations for various Federal programs.

Federal Agencies use on-line or batch processes to establish accounts in the ASAP system for Recipient Organizations. Once an account is established, the Agency can use on-line or batch processes to increase or decrease spending authorizations for the account.

Recipient Organizations

Recipient Organizations are the beneficiaries of Federal funds from specific Federal programs. In some instances a Recipient Organization has the authority to initiate payment requests, in which case it is considered a **Payment Requestor** as well as a Recipient Organization within ASAP. In other instances, only a separate Payment Requestor (such as the State Treasurer or Comptroller) has the authority to draw down Federal funds for a Recipient Organization. ASAP distinguishes between the roles of Recipient Organizations and Payment Requestors since each role requires a different set of system capabilities.

Within ASAP, Recipient Organizations can inquire on various data related to their own accounts, such as available balances, authorization activity and payment requests made on their behalf.

Payment Requestors

Payment Requestors are entities authorized to request funds for designated Recipient Organizations. They may or may not also be Recipient Organizations.

Payment Requestors can use an on-line or voice response process to request payments within the authorized account balances from accounts set up by the Federal Agencies.

Payment Requestors can elect to receive same-day payments within minutes via Fedwire or next-day payments via Automated Clearing House (ACH). ACH payments may be either next day or up to 32 days from the request date (payment warehousing is allowed for ACH payments, if Federal Agency approves). Requestors will receive timely notification of approval/rejection for all on-line payment requests.

Auxiliary Users (Super Users)

Auxiliary users include State Officials not directly involved in making payment requests and certain Federal Agency Department and/or Bureau Officials not directly involved in establishing accounts and authorizations.

State Auxiliary users can make inquiries on the profile information and activity of all Payment Requestors and Recipient Organizations within their purview. Federal Agency Auxiliary users can make inquiries on the profiles and activity of offices within their Departments or Bureaus.

1.3 Hours of Operation

All hours of operation are Eastern Time, and refer to regular business days (excluding Saturdays, Sundays and Federal Reserve Bank holidays).

For on-line transactions:

| <u>Transaction</u> | <u>Hours of Operation</u> |
|----------------------------|---------------------------|
| Account/Authorization | 8:00 a.m. - 9:00 p.m. |
| Payment Requests - ACH | 8:00 a.m. - 11:59 p.m. |
| Payment Requests - Fedwire | 8:00 a.m. - 5:45 p.m. |
| Inquiry | 8:00 a.m. - 11:59 p.m. |

For batch processing:

| <u>Transaction</u> | <u>Hours of Operation</u> |
|-----------------------|---------------------------|
| Account/Authorization | 24 hours a day |

For Voice Response System (VRS)
Transactions:

24 hours a day, 7 days a week
The full VRS menu offered on ASAP business days, Monday through Friday from 8:00 am ET until 11:55 ET.

A reduced menu is available at all other times including standard FRB holidays.

2.0 Enrollment Procedures

ASAP is designed for a one-time enrollment process, which means a Payment Requestor/Recipient Organization enrolls **once**, regardless of the number of Federal Agencies or programs.

At a high level, the enrollment forms and enrollment process for Payment Requestors/Recipient Organizations are as follows:

ASAP Officials Authorization Form - The Head of the Organization (who has top management responsibility within the organization) and who has authority over those who request funds through ASAP will establish their authority as the Head of the Organization and designate officials within the organization and their authority in ASAP.

By completing this form, the Head of the Organization establishes the organization's authority to use ASAP, and allows the Head of Organization to designate a Re-delegated Head of Organization, Authorizing Official(s) and/or Financial Official(s) for ASAP.

The Authorizing Official is responsible for designating individuals access to ASAP, verifying the information on the ASAP Organization Enrollment and User ID Request form, and signing that form. The Financial Official is responsible for certifying the information on the ASAP Bank Information form and signing that form.

ASAP Organization Enrollment and User ID Request Form - This form provides information about the organization; which, together with the organization's banking information, will be used to establish a profile(s) in ASAP. This form is also used to specify the version of Passport software the organization will use, and to request user IDs for individuals at the organization who need access to ASAP. It will also determine whether access to ASAP will be via On-line, Voice Response System, or both.

ASAP Bank Information Form - The Payment Requestor provides information on the financial institution(s) and account(s) to which ASAP payments are to be directed.

2.1 ASAP Enrollment Forms

This section contains the instructions for filling out the ASAP enrollment forms

Form Name: **ASAP Officials Authorization Form**

Purpose of Form: To establish the name and title of the individual that is the Head of the Organization, the Re-delegated Official (if the Head of the Organization wishes to redelegate their authority to another individual), the ASAP Authorizing Official, and the ASAP Financial Official; and is used to obtain a signature sample from these individuals. This form will identify the designated officials within an organization and define their authority in ASAP.

How to Fill Out the Form:

This form **must be typed or printed legibly** and **completed on your Organization's OFFICIAL LETTERHEAD** (options provided below). Include the effective date (mm/dd/ccyy) for the designations listed. Organizations must only complete sections for the officials being designated. The form may be used to ADD, REVOKE, or RENEW an individual's authority. The authorities designated on this ASAP Officials Authorization Form will remain in effect for two-years at which time they will need to be renewed or revoked. If the authorized individuals should change within the two-year period, the organization **must** notify their servicing Regional Financial Center (RFC) by submitting a new ASAP Officials Authorization form.

Options:

If your organization's letterhead is too large to accommodate the Authorization Form choose one of the following:

- Reduce the size of the font, print out on letterhead and complete as appropriate.
- Complete as appropriate and staple it to your organization's letterhead. On the letterhead, type the statement, "See the attached ASAP Officials Authorization Form for the Designated Officials for this organization". The Head of Organization's signature and title should appear on the letterhead and their signature must match the signature on the Authorization Form.
- If your organization does not have the capability to download the sample ASAP Officials Authorization Form from the website, the form can be requested from your servicing RFC. Copy the form on to organization's letterhead. If attaching it to the letterhead, type the statement; "See the attached Authorization Form for the Designated Officials for this organization."

If more than one individual is acting in the same capacity, copy and paste the appropriate Officials section, (Authorizing Official and/or Financial Official), and repeat the required information for the appropriate individual(s). If the organization does not have the capability to download the form, multiple forms can be submitted for additional Authorizing Officials and/or Financial Officials.

- I) **In this section, the Head of Organization is the senior management official who establishes the authority for the organization to use ASAP.** The Head of Organization will self-designate themselves and appoint the Authorizing Official(s) and/or Financial Official(s) for ASAP.
- II) This section will indicate if the Head of Organization wants to re-delegate their authority to another individual to designate. If so, in addition to completing the Head of Organization section, the Re-Delegated Head of Organization section must be completed. If not applicable, leave blank or remove.

If an Organization has more than one Re-delegated Official, **only** the Head of the Organization can designate Re-delegated Officials. The Head of the Organization or their Re-delegated Official can designate Authorizing Officials and/or Financial Officials.

- III) This section will indicate the Authorizing Official who is responsible for **designating individuals to access ASAP** and verifying information on the **ASAP Organization Enrollment and User ID Request Form**. The Authorizing Official **must** sign Section III of that form.
- IV) This section will indicate the Financial Official who is responsible for **certifying the bank information** on the **ASAP Bank Information Form**. The Financial Official **must** sign Section IV of that form.

In the Acknowledgement section, include the name of the organization, primary contact name, and telephone number in the space provided. The Head of Organization's name and title should be typed or printed legibly on the bottom of the ASAP Officials Authorization Form. The Head of Organization's signature is the certification that the information is accurate on the Officials Authorization Form.

The box at the bottom left corner will be completed by your servicing Regional Financial Center.

Form Name: **ASAP Organization Enrollment and User ID Request Form**

Purpose of the Form: To provide information that will be used to establish an Organization's profile in ASAP. Also, to request Passport software, User IDs for individuals at your organization, and request access to ASAP via On-line and/or VRS. The form must be signed by the individual designated as the Authorizing Official on the ASAP Officials Authorization Form.

How to Fill Out the Form:

Section I: Organization Information

--Date: Indicate the current date

--Action: If this is your organization's initial enrollment, mark "New Organization". If an existing user in ASAP, mark "Change to Existing Organizational Data".

--Organization Name: Full name of organization, as it appears on the grant award document.

Note: Once enrolled, it is necessary to notify the Federal Agencies that fund your accounts and your servicing Regional Financial Center if any changes should occur to your organization's name.

--Organization Type: Indicate type of organization enrolling

--User Type: If your organization administers Federal programs AND you do your own request for funds, mark the box for "Payment Requestor AND Recipient Organization".

Note: If your organization does drawdowns on behalf of other organizations and the organization does not wish to have Inquiry access to ASAP, fill out an ASAP Organization Enrollment and User ID Request Form for your organization with the "Payment Requestor ONLY" box marked. You will need to submit an ASAP Organization Enrollment and User ID Request Form for each recipient organization for whom you draw Federal funds. On these forms, you would indicate information about those organizations and mark the box for "Recipient Organization ONLY".

--Access: Indicate how your organization will access ASAP via "On-line", "Voice Response System" or Both. Mark "None" if organization being enrolled will not access ASAP directly.

--Operating System: Indicate the operating platform from which you will operate the Passport software to access ASAP. Please mark only one box.

--Does your organization need additional software?: This question is for existing user organizations only.

--CD Tutorial Version: Choose a version of the ASAP Training CD Tutorial, either Audio/Text or Text Only version.

--Employer Identification Number (EIN): Indicate the EIN, a nine-digit number used by your organization for tax reporting.

--DUNS Number: A DUNS number is a universal identifier assigned by Dun and Bradstreet to uniquely identify organizations involved with electronic commerce. If your organization does not have a DUNS number, leave this space blank.

--Organization Short Name: Provide an organization short name (10 characters maximum, alpha and/or numeric, this includes spaces), this information will be part of the remittance information provided in the text of Fedwire payments and in the addenda record of ACH payments.

--Provide your Organization's Street Address and Mailing Address

--Provide primary and secondary contact names, telephone numbers, fax numbers and e-mail addresses. The contacts should be individuals who will work with the ASAP system on a regular basis. All ASAP related correspondence will be directed to these individuals.

Section II: Individual User Information

--Name: Mark the box for "Add". Provide the first, middle initial and last name of individual(s) for whom User IDs are being requested. If individual has no middle initial, indicate "NMI".

--Telephone number: Provide the individual's telephone number.

--ASAP Functions: Indicate an "A" in the appropriate column(s) to indicate the functions needed for the individual - either Payment Request or Inquiry Only (see legend on form). If individual is requesting AMA Access (Food Stamp Program), an AMA Access Request form will also need to be completed.

--ASAP Access: Indicate "Y"=Yes or "N"=No in each column to indicate how the individuals will be accessing ASAP, either via On-Line and/or the Voice Response System (see legend on form).

--Current Users Only: New enrollees will leave blank. It is only necessary to complete this column if changing the type of functions, access, or if reinstating or deleting a current ASAP user. User's Logon ID is for on-line users; VRS PIN is for voice response users, and it is possible to have both.

--RFC Use Only: Leave blank. This column is to be completed by your servicing Regional Financial Center.

Section III: Authorizing Official's Signature

--Authorizing Official's Signature: Signature, name, title, and telephone number of the Authorizing Official as established on the ASAP Officials Authorization Form and the date. This signature certifies that the individual(s) requiring access to ASAP have read and signed the "User Responsibility Statement" on the reverse of the document and authorizes their access to ASAP.

On the Reverse:

--Federal Reserve Bank of Richmond User Responsibility Statement: It is the responsibility of all individuals identified in Section II to read and sign this statement. **The Authorizing Official of the organization has the responsibility for ensuring compliance with the requirement to obtain and maintain the signatures of all individuals accessing ASAP.**

NOTE: This signed statement must be maintained by your organization. It is **NOT** necessary to forward to your Regional Financial Center.

Form Name: ASAP Bank Information Form

Purpose of the Form: To specify the financial institution(s) and bank account number(s) to which ASAP payments are to be directed. The servicing Regional Financial Center will be contacting your financial institution to verify your banking information.

Who Should Fill Out

This Form: This form may be filled out by either the Payment Requestor organization, the financial institution, or the Treasurer's/Comptroller's office that is responsible for your organization's banking relationships. The form must be signed by the ASAP Financial Official, as established on the ASAP Officials Authorization Form.

How to Fill Out the Form:

--Effective Date: Enter date information is to become effective.

--Requested Action: Mark "New Organization" if new enrollee. If an existing organization, mark the applicable action "Change", "Add Additional Account", or "Delete".

Section I: Payment Requestor Organization Information

-- Same as Section I on the ASAP Organization Enrollment and User ID Request Form.

Section II: Bank Account Information

You may want your financial institution or your Treasurer's/Comptroller's office to fill out this section.

Indicate Bank Name, Mailing Address, City, State, and Zip.

Indicate the ABA, Bank Account Number, and the Account Title.

**** IMPORTANT ****

The ABA and Account Number MUST be accurate. If there are discrepancies with this key information, a new ASAP Bank Information Form will be required. This could delay your ASAP implementation.

--If you will be requesting ACH payments (next day payment delivery), you must complete the ACH Information section.

Enter whether the account is a demand (checking) or savings account. Provide the Bank Representative's name, telephone number and fax number who will confirm the ABA, bank account number and account title.

--If you will be requesting any Fedwire payments (same-day payment delivery), you must complete the Fedwire Information section.

For Further Credit ABA: If further credit is to be made to another financial institution, indicate the Fedwire ABA on the line provided.

Provide the Bank Representative's name, telephone number and fax number who will confirm the ABA, bank account number and account title.

NOTE: ASAP allows a maximum of four accounts to be established. You can use one form to indicate one ACH and/or one Fedwire account at the same financial institution to which your payments are to be directed, if they have the same ABA and bank account number.

If your ACH payments go to one financial institution, and your Fedwire payments to another, you must submit an ASAP Bank Information Form for each bank and account.

If you have several ACH and/or Fedwire accounts at the same bank, you must submit an ASAP Bank Information Form for each account.

Section III: Bank Official

--This section must contain the name, title, and telephone number of the Bank Official from the financial institution.

Section IV: Approval by ASAP Financial Official

-- ***This form must be signed and approved by the designated ASAP Financial Official***, as established on the ASAP Officials Authorization Form. Please have this official (Treasurer, Comptroller, or other Financial Official) complete Section IV.

2.2 Submitting Completed Forms

Please retain copies and submit original signed forms to your servicing RFC. The servicing RFC boundaries are determined by what time zone the capitol of the state in which the Payment Requestor/Recipient Organization is located.

If the capitol of the state in which you are located is in the **Eastern Time Zone** or the organization is located in Puerto Rico or the Virgin Islands, submit your forms to the following address: Financial Management Service, Philadelphia Financial Center, Attn: ASAP Customer Support Staff, P. O. Box 8676, Philadelphia, PA 19101-8676. For questions contact the ASAP Customer Support at (215) 516-8021.

If the capitol of the state in which you are located is in the **Central Time Zone**, submit your forms to the following address: Financial Management Service, Kansas City Financial Center, Attn: ASAP Customer Support Staff, P. O. Box 12599-0599, Kansas City, MO 64116-0599. For questions contact the ASAP Customer Support at (816) 414-2100.

If the capitol of the state in which you are located is in the **Mountain or Pacific Time Zones or time zones further West**, submit your forms to the following address: Financial Management Service, San Francisco Financial Center, Attn: ASAP Customer Support Staff, P. O. Box 193858, San Francisco, CA 94119-3858. For questions contact the ASAP Customer Support at (415) 817-7182.

2.3 What the Payment Requestor/Recipient Organization will receive

Forms are processed by the servicing RFC and the FRB. Once the process is completed, the following will be sent to the primary contact person indicated on the ASAP Organization Enrollment and User ID Request Form:

A copy of the Passport software, including installation instructions, initial logon procedures, and license agreement.

A copy of the FMS ASAP Automated Training CD-ROM Tutorial – Audio/Text version or Text Only version along with an installation and troubleshooting guide.

Voice Response User Manual (if applicable).

ASAP Guide for Payment Requestors and Test Data.

ASAP IDs and Organization Access Codes (OACs).

Listing of Federal Agency Location Codes.

Finally, the FRB will telephone each individual who requested system access and provide them with their User ID, PIN number (if VRS is requested), and temporary password.

The items mentioned above should arrive within 20 working days after the servicing RFC receives the completed forms. If any item is not received timely, contact the servicing RFC to whom you submitted your enrollment forms.

3.0 Equipment Specifications

3.1 On-Line Access

Users connect to the ASAP system using personal computers (PCs), using Passport communications software to connect with the AT&T network. Equipment requirements are listed below:

PERSONAL COMPUTER

| | |
|------------------|-----------|
| Memory | 4 MB RAM |
| Hard Drive Space | 2 MB free |
| Floppy Drive | 1.44 MB |

MODEM

Hayes or Hayes compatible asynchronous (Passport will not operate using modem pools nor can it be installed on a Local Area Network)

| | |
|--------------------|--------------|
| Transmission Speed | 1200-56K bps |
|--------------------|--------------|

DATA LINE

| | |
|------|--------------------------------|
| Type | Standard analog telephone line |
|------|--------------------------------|

SOFTWARE

| | |
|------------------|---|
| Operating System | DOS 3.3 or higher, Windows 3.1 or higher, or OS/2 |
| Communications | Passport software, supplied by the RFC |

3.2 VRS Access

| | |
|------------------|------------|
| TELEPHONE | Touch-tone |
|------------------|------------|

4.0 Internal Controls/Security Guidelines

ASAP is a system that handles information relating to the disbursement of Federal funds; therefore, it is essential for all users to have proper internal controls and follow a basic security program.

4.1 Security

Payment Requestors and Recipient Organizations connect to the ASAP system via the AT&T network. Between the network and the ASAP system, data is encrypted. Encryption ensures the privacy of data as it is sent from the user to the ASAP system.

Additionally, an ASAP ID, OAC, User ID and Password are necessary to access ASAP. The User ID and password provide security by segregating which users may access which functions on-line. If using VRS, the PIN provides the same security as the User ID. The ASAP ID and OAC control what data an organization may access within the ASAP system. Listed below are a few steps to protect this information:

DO NOT write the OAC or your User ID and/or PIN and Password where someone else can see them. Preferably, IDs and Passwords should be memorized. If IDs and passwords must be kept in hard copy, they should be stored in a secure location such as a locked drawer.

DO NOT share your User ID and/or PIN and password with your co-workers. The system audit trail tracks by the ID logged on when the transaction occurred. If an individual performs an erroneous or fraudulent transaction using the ID of another, the owner of the ID that was used will be considered responsible. Each individual user must be authorized to use ASAP and must have their own ID and password.

DO NOT log on to ASAP and leave your terminal unattended.

CHANGE YOUR PASSWORD immediately if you feel your password has been compromised.

CONTACT YOUR SERVICING RFC immediately if you feel your organization's OAC has been compromised, and a new OAC will be regenerated.

4.2 Internal Control

All organizations using the ASAP system must establish internal controls to ensure the proper use of the system. The first internal control is established by the enrollment procedure contained in the Enrollment Procedures section of this document. Payment Requestors, Recipient Organizations and Auxiliary users must all have an Authorizing Official signature on all Organization Enrollment and User ID Request forms to authorize users' access to the system. This allows the organizations to control which individuals have access to the system and which functions each user may access.

The ASAP Authorizing and Financial Officials' signature will be compared to the signature samples provided on the ASAP Officials Authorization Form. Signatures **MUST** match before the incoming documents are accepted. Authorizing Officials and Financial Officials must sign in the same manner as they did on the Authorization form. A substitute signature, a non-original (reproduced) signature, or a signature by one individual for the properly designated Authorizing Official and Financial Official (e.g., signing "for someone") will not be accepted.

5.0 User Support

The **Financial Management Service (FMS)** and its **Regional Financial Centers (RFC)** have the responsibility for providing customer support to assist users in their operation of the ASAP system. Users must contact their servicing RFC for user support. The servicing RFC boundaries are determined by what time zone the capitol of the state in which the Payment Requestor/Recipient Organization is located:

If the capitol of the state in which you are located is in the Eastern time zone or the organization is located in Puerto Rico or the Virgin Islands, users should contact the ASAP Customer Support staff at the Philadelphia RFC at (215) 516-8021 from 7:30 am to 5:00 pm Eastern Time.

If the capitol of the state in which you are located is in the Central time zone, users should contact the ASAP Customer Support staff at the Kansas City RFC at (816) 414-2100 from 7:30 am to 5:00 pm Central Time.

If the capitol of the state in which you are located in the Mountain and Pacific time zone (and time zones further west), users should contact all the ASAP Customer Support staff at the San Francisco RFC at (415) 817-7182 from 7:30 am to 5:00 pm Pacific Time.

Once enrollment is complete and your organization begins to use ASAP, you may contact the Federal Reserve Bank of Richmond at 804-697-7979 to find out the status of the ASAP Test and Production regions.

Once your organization has cutover to production and your payment requestor is unavailable to execute your requests, contact the Federal Agency who authorizes your program funds for assistance.

For more ASAP information, the ASAP website address is www.fms.treas.gov/asap.