

INSTRUCTIONS: Fill-in blocks 1 – 7 (left-side of form), then mail, fax, or email this form to the PMF Program Office listed in block 10. Though payment by charge card is quicker and most efficient, you can use the PMF Program's OPM Form 1616 for IPAC. Both versions can be found on the PMF website at <https://www.pmf.opm.gov>, under "Forms". Any questions can be directed to the Program Office listed in block 10. We appreciate your prompt submission. Thank you.

<b>1. REQUESTING AGENCY REFERENCE:</b>		<b>U.S. Office of Personnel Management Presidential Management Fellows (PMF)</b>		<b>8. FISCAL YEAR:</b>	
<b>2. TOTAL AMOUNT TO CHARGE:</b> \$ _____				<b>9. OPM/PMF USE ONLY:</b>	
<b>3. PRODUCT/SERVICE TO BE PERFORMED:</b> Complete blocks 3 and 3a before submission.  The fee of \$4,800 is based on agency hiring projections and covers the cost of recruitment, screening, selection, placement, and PMF Program Office sponsored events (e.g., job fair, orientation, and graduation) of the Presidential Management Fellow (PMF). This fee does not cover travel and per diem expenses associated with attendance at any PMF-sponsored events. Agencies are expected to cover travel costs for each of their Fellows. <b>THE FEE OF \$4,800 IS PER PMF APPOINTMENT AND VALID FROM CLASS OF 2001 THROUGH CLASS OF 2005 ONLY.</b>  \$4,800 x _____ (Total # of PMFs) = \$ _____ (Total Amount to be inserted in block 2, above.)					
a. Indicate number and type attachments, if any. Use this space to identify the Fellow(s) by full name, class year, and Entry On Duty (EOD) start date(s):					
<b>4. REQUESTING AGENCY (Agency where appointment was made):</b>			<b>10. PERFORMING AGENCY (OPM):</b>		
a. Agency Name and Address (do not abbreviate):			a. Name and Address:		
			U.S. Office of Personnel Management Presidential Management Fellows Program 1900 E Street, NW, Room 1425      TAX ID#: 52-1136517 Washington, DC 20415      DUNS# 126536929 ALC: 24-00-0001 TREASURY ACCOUNT SYMBOL: 24X4571.24, BETC: COLL		
b. Program Office Contact Name and Commercial Telephone Number:			b. Program Office Contact Name and Telephone Number:		
			Heather Kehr, (202) 606-4217		
c. Program Office Fax Number:		c. Program Office Fax Number: (202) 606-3040			
d. Internet Email Address:		d. Internet Email Address: Heather.Kehr@opm.gov			
<b>5. COMPLETE "SHIP TO" ADDRESS (if different than block 4a):</b>			<b>11. AUTHORITY. (This agreement is entered into pursuant to the following authority and incorporates by reference any and all related implementing regulations and Office of Management and Budget circulars.)</b>		
Point of Contact and Telephone Number (if different than block 6b):			<input checked="" type="checkbox"/> Revolving Fund, 5 U.S.C. 1304(e)(1) <input type="checkbox"/> Economy Act, 31 U.S.C. 1535-1536 <input type="checkbox"/> Intergovernmental Cooperation Agreement Act of 1968, 31 U.S.C. 6501-6508 <input type="checkbox"/> Government Employees Training Act, 5 U.S.C. 4103-4119 <input type="checkbox"/> 39 U.S.C. 411 (United States Postal Service) <input type="checkbox"/> 22 U.S.C. 2357(a), (foreign governments)		
<b>6. REQUESTING AGENCY FINANCE OFFICE (to be completed by cardholder):</b>			<b>12. OPM/PMF FINANCE CONTACT NAME AND TELEPHONE NUMBER:</b>		
a. Cardholder's Name (enter full name as it appears on card below):			Heather Kehr, Business Operations Manager		Direct: (202) 606-4217 Fax: (202) 606-3040
b. Cardholder's Email Address (enter below):			<b>13. OPM/PMF USE ONLY:</b>		
c. Charge Card Number (enter below):			a. <input type="checkbox"/> Trans.#: _____		
d. Charge Card Expiration Date:		e. Type of Charge Card:		b. <input type="checkbox"/> Approval#: _____	
		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		c. <input type="checkbox"/> Receipt Sent: _____	
f. Cardholder's Phone Number (commercial numbers only):				d. <input type="checkbox"/> EE <input type="checkbox"/> HE <input type="checkbox"/> 1E	
g. Cardholder's Fax Number (commercial numbers only):				e. PMF Program Project Code: 05EA3LMX0	
<b>7. AUTHORIZING APPROVAL (REQUESTING AGENCY):</b>			f. GFIS Agreement Number:		g. Control Number:
Cardholder's Signature: _____		Date: _____			