FWS ORGANIZATION CODE/NAME REQUEST FORM

A.	Indicate Type of Action:	Add	Change	Delete		
В.	If this is only a change, what is being changed? (check one below)					
	Organization Code only	N	ame only	Both Organization Code & Name		
	Reporting Hierarchy (Report To Organization Code)					
C.	Indicate the new/correct/deleted Organization Code:					
D.	Indicate the new/correct/deleted Organization Name: If this is a change, verify the affected (old) organization code and name below:					
	Organization Code: Organization Code: Organization Code:	Organi	zation Name: zation Name: zation Name:			
E.	Mailing Address: Physical Address:			Address:		
 F. County Name and Numeric Code: G. Congressional District Code: H. Telephone Number: () - Fax Number () - 						
I. Will this organization directly receive funding;= i.e., a Fund Target? YES NO If YES, provide the organization's primary eight-digit job number: If NO, the requestor must provide an organization code to receive financial reports for this organization:						
	If the nature of this action is to D canization code to receive financi		•	· •		
К.	Provide all higher management Enter the affected organization in second field, etc.			e Affected Organization Code: organization to which it reports in the		
	If this is a change to the reporting hierarchy, verify the old reporting structure below:					
						

L. Based on the higher management codes, what is this **Organization's FPPS Level**? (If three organization codes are given above, then this Organization's FPPS level is 3)

M. The Effective Date for this request:	
N. BASIC JUSTIFICATION: Provide the factors ne proposed structure and site, etc.	ecessitating change, rationale for selecting
O. COST OF EFFECTING ORGANIZATION CHAcosts (salaries, utilities, transportation, travel, etc.,) f	<u> </u>
P. IMPACT ON BUDGET AND/OR EFFECT ON impacts upon current fiscal year budget or upcoming	~
R . EFFECT ON PROGRAM MANAGEMENT AN efficiency and effectiveness, and quality of goods an	
S. Point of Contact: Provide a point of contact for qu	uestions regarding this request:
Name:	E-mail Address:
Organization:	Fax: () -
Phone: () -	