

V. Funding

Statutory/Regulatory Requirements

In reference to 23 U.S.C. 202(d)(5)(E) and subject to the availability of funding, the Administrator shall provide to the Tribe, or its designee, a funding amount equal to the amount that the Tribe would otherwise receive for the IRR program in accordance with the funding formula to the IRR Program (25 CFR 170, Subpart C). Further, the Tribe would receive additional funding as determined by the Administrator usually withheld by the BIA for the administration of the Tribe's IRR Program or projects.

Guidelines/Procedures

1. **ACH Banking Form.** The Tribe prepares an ACH banking form (**See Example 5.1 –ACH Banking Form**) and submits to the FHWA Tribal Coordinator or the BIA FPOC who e-mails the ACH Banking information to FHWA-FLH HQTS. The form can be accessed at:

<http://www.eda.gov/PDF/FORM%20SF-3881%20ACH.pdf>

- A. **Funds Transfer.** The FHWA-FLH-HQTS will transfer funds to the Tribe's account within the agreed upon time period in the Program Agreement and RFA. Once the FHWA-FLH-HQTS receives the signed RFA form, the FHWA-FLH-HQTS signs the RFA and allocates funds to the Tribes within 30 days.

Types of funds that can be transferred: Under the Program Agreement with the FHWA, the types of program funds that can be transferred to the Tribe are described in Chapter 2 of Title 23, U.S.C., program funds. Some funds in addition to the IRR program funds may be transferred to the Tribe. The Tribe should contact the FHWA Tribal Coordinator to determine which funds may be transferred.

Availability of funds: IRR funds are available for obligation in the fiscal year for which they are authorized plus three additional fiscal years. After that point, the funds lapse and are no longer available. When the funds are provided to the Tribe through the RFA, the funds are deemed obligated.

Example 5.1 – ACH Bank Form

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT
The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION		
FEDERAL PROGRAM AGENCY		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT:
		<input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS:		
CONTACT PERSON NAME:		TELEPHONE NUMBER:
		()
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION	
NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME:	TELEPHONE NUMBER:
	()

FINANCIAL INSTITUTION INFORMATION	
NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER:
	()
NINE DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT:	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER:
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AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

Instructions for Completing SF 3881 Form

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.