Department of the Interior ASAP Waiver Request Form

The Department of Interior requires that all payments be made to Financial Assistance Recipients after Financial Business Management System (FBMS) implementation via the Department of Treasury Financial Management Services Automated Standard Application for Payments (ASAP) system. Waivers to this requirement may be granted only under the conditions described below. Bureau staff must mark the applicable condition and complete the information requested at the bottom of the form. Recipient justifications must specifically describe how the recipient meets the condition. Bureau requests must be completed in the ADOBE format. Handwritten requests will not be accepted. Recipients must submit a letter/email describing their justification to their bureau for a waiver consideration. The letter of justification/email must be attached to the form.

Waiver Requests for Hardship

Condition 1 ◉ An individual [includes employees and sole proprietors] with or without an account with a financial institution determines that payment through ASAP would impose a hardship due to either a physical or mental disability, language, or literacy barrier. The requirement to receive payment via ASAP is automatically waived for all individuals who are not eligible to open an electronic transfer account (ETA) under Public Law 104–208, until such date as the Secretary of the Treasury determines that the ETA is available.

- ☐ Physical or Mental Disability
- ☐ Language or Literacy Barrier
- ☐ Ineligible for ETA under Public Law 104-208

Computer Access

Condition 2 ○ The recipient does not have internet access.

Waiver Requests Involving Natural Disasters, Public Safety, or Foreign Payments

Condition 3 ○ Non-Domestic/Foreign Recipient (until such time that Treasury confirms and DOI agrees payments can be made via ASAP).

- ☐ Recipient foreign address prevents ASAP registration.
- ☐ Recipient does not have a United States bank account or headquarters office.

Condition 4 ○ Where the payment is to a recipient within an area designated by the President or an authorized agency administrator as a disaster area. This waiver is limited to payments made within 120 days after the disaster is declared.

Condition 5 ○ A response to contingency operations conducted by or in support of the Department of Defense.

Condition 6 ○ Where use of ASAP may pose a threat to national security, the life or physical safety of an individual may be endangered, or a law enforcement action may be compromised.

Condition 7 ○ Where an agency's need to deliver funding is of such unusual and compelling urgency that the public and/or the Government would be seriously injured unless payment is made by a method other than ASAP; or, where there is only one possible Recipient and the public and/or the Government would be seriously injured unless payment is made by a method other than ASAP.

Explanation of Waiver Request (Please explain how the condition marked was met. Attach recipient email/letter.

Recipient Name _____ DUNS _____

CFDA Number/Program _____

Recipient Address _____

DOI/Bureau Staff Signed (Requestor) _____ Title _____

Bureau /Address _____

Phone No./Email _____ Date _____

FBMS FA Staff Check:

_____ CCR Registration

_____ DUNS

_____ In FBMS

_____ Recipient ID #

DOI PAM Office:

PAM Staff Signed_____ Title _____

PAM Disposition:

_____ Approval

_____ Rejection

Disposition Comments:

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