

Dear NASA Grants Community,

The U.S. Department of Health and Human Services (HHS) Payment Management System (PMS) has introduced a new mandatory field in alignment with Executive Order (EO) 14222, Implementing the President’s “Department of Government Efficiency” Cost Efficiency Initiative, issued on February 26, 2025.

Effective March 17, 2025, a justification field has been added to the payment request screen at the subaccount level. Grant recipients are now required to provide a brief explanation—limited to 1,000 characters—outlining the purpose of each payment request. (Please refer to the image below for a visual reference.)

To help ensure timely approval of payment requests submitted to NASA, we ask that all recipients include the corresponding budget category (as approved in your original budget) as part of the justification. Examples of appropriate budget categories include:

• Salaries and Wages • Fringe Benefits • Equipment • Travel • Materials and Supplies •

Other Direct Costs • Indirect Costs

Justifications should clearly identify all budget categories associated with the request. For example:

“Reimbursement is requested for the pre-approved budget categories of Salaries and Fringe Benefits for key personnel working on the grant (or cooperative agreement).”

Including this information will help streamline the review and avoid potential delays in payment processing.

If you have any questions about this new requirement, please don’t hesitate to contact your NASA Grants Officer.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PMS Payment Management System

Payment Request - Submit Request

PAYMENT WORKFLOW: Payment Request Approve Request Confirm Request Release Request Request Completed

PAYMENT DETAILS

Payee Account Number: [Field]
UFI: [Field]
Payment Type: ACH Payment
*Payment Due Date: [Field]
*Expected Disbursement Amount (\$): [Field]
*Cash on Hand (\$): [Field]
*Payment Request Amount (\$): [Field]

SUBACCOUNTS

The following list of Subaccounts are associated with the account above. Enter the requested amount for each Subaccount you want included in the request. Click the Continue button to proceed to the next screen.

Subaccount Number	Bank Account Number	Status	Unexpended Funds (A)	Expended Funds (B)	Pending Requests (C)	In Transit Payments (D)	Total Available Funds (A+B+C+D)	Subaccount Amount Requested (\$)	Payment Justification (Maximum 1000 characters)
[Field]	[Field]	[Field]	[Field]	[Field]	[Field]	[Field]	[Field]	[Field]	[Field]

Total Subaccount Amount Requested: [Field]

CERTIFICATION

☐ Declaration and Certification to the U.S. Department of Health & Human Services as to this Payment/Drawdown Request. I declare the following to the U.S. Department of Health & Human Services (HHS), under penalty of perjury: (1) I have authority to make this certification on behalf of the award recipient; (2) I have conducted (or have had conducted for the award recipient) a review of the terms and conditions of this award; all certifications and assurances for this award; and all statutory and regulatory requirements applicable to this award; and (3) I also have conducted (or have had conducted for the award recipient) a review as to all other matters represented in this declaration and certification. On behalf of myself and the award recipient, I certify to HHS, under penalty of perjury, that the following are true: (1) The award recipient is in compliance with all applicable laws, regulations, certifications, and assurances, including all terms and conditions of the award as to the obligation, expenditures, and drawdown of award funds; and all related statutory and regulatory requirements included in the certifications and assurances for this award; (2) If this request is for reimbursement: the request is accurate and complete; all obligations, expenditures, and cash receipts are supported by the requisite accounting records; and all costs included in the request are reasonable, allowable, and allocable to the award; (3) If this request is for an advance: the request is accurate; all obligations, expenditures, and cash receipts will be supported by the requisite accounting records; and (absent a specific statute that provides otherwise) the recipient will disburse the funds for costs that are reasonable, allowable, and allocable to the award within 3 business days, or immediately return the funds to HHS; (4) any and all information provided with this request for cash disbursement is accurate; and (5) there have been no changes to the award recipient's representations as to eligibility for the award that could affect the recipient's eligibility for continued disbursements under the award. I understand that, in making payment pursuant to this request, HHS will rely upon this declaration and certification to determine whether to disburse funds, and that its accuracy is a condition of payment. I also understand that a false, fictitious, or fraudulent statement in this declaration and certification or otherwise in connection with this payment/drawdown request (or concealment or omission of a material fact as to either) may be the subject of criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1521), and also may subject me and the award recipient to civil and administrative penalties and other remedies, including under the Federal False Claims Act (31 U.S.C. §§ 3729-3730), Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812), Civil Monetary Penalties Law (42 U.S.C. § 1320a-7e), or otherwise.

If your drawdown request exceeds the unexpended funds amount, DPM must obtain awarding agency approval which may delay the processing of your request. Requests for payment submitted after 5:00 p.m. ET will be processed as if received on the next business day.

Clear Submit Request Cancel

Sincerely,
Grant Activities Branch