

JUL 10 1998

Mr. W. Roger Ney, Executive Director
The National Council on Radiation
Protection and Measurements
7910 Woodmont Avenue, Suite 800
Bethesda, MD 20814

Dear Mr. Ney:

SUBJECT: GRANT NO. NRC-04-95-086

In the above-mentioned grant, General Provision 2. Reporting Program Technical Performance, requires "Detailed performance reports showing progress will be submitted in letter format within 30 calendar days after the end of every calendar quarter."

It appears that the last report received was for the quarter July 1, 1997 through September 30, 1997. Please submit the missing three quarterly performance reports as soon as possible. No further payments will be made until the reports are received.

If you have any questions concerning this matter, please feel free to contact me at (301) 415-6747.

Sincerely,

Amy J. Siller, Contract Specialist
Contract Management Branch 1
Division of Contracts and Property Mgmt.
Office of Administration

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07/10/98

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A/21

VOUCHER TRANSMITTAL FOR REVIEW AND APPROVAL PRIOR TO PAYMENT

The attached voucher/invoice, which was received by the Division of Contracts on _____, is forwarded (two copies) for your review and recommendation prior to payment.

TO: PROJECT OFFICER	MAIL STOP	TELEPHONE	CONTRACTOR
FROM: CONTRACT SPECIALIST	MAIL STOP	TELEPHONE	CONTRACT NUMBER
VOUCHER/INVOICE	DATE	AMOUNT \$	BILLING PERIOD

Part I – To comply with Prompt Payment Act, as amended, and avoid costly interest penalties, the Project Officer shall review the invoice and contact the Contract Specialist WITHIN 2 CALENDAR DAYS of receipt of the package if a problem or deficiency exists which may preclude payment of the invoice in full. Simultaneously, the Project Officer shall annotate the problem/deficiency in Section 7. Comments (below) and transmit a facsimile copy to the Contract Specialist. The original NRC Form 292 shall be completed, signed, and returned with one copy of the invoice to the Contract Specialist by _____.

QUESTIONS: IF YOU ANSWER "NO" TO QUESTION 1-5 OR "YES" TO QUESTION 6, PROVIDE EXPLANATION IN THE COMMENTS SECTION OR ON A SEPARATE ATTACHMENT.

1. Did the contractor submit required deliverables and meet scheduled milestones during the billing period? YES NO
2. Are the labor hours, travel, subcontract, equipment, and other direct costs reasonable and commensurate for the type and nature of work completed during the billing period? (Not applicable to fixed price contracts) YES NO
3. Is the contractor using personnel with required skills to ensure efficient and effective performance? (Not applicable to fixed price contracts) YES NO
4. Is the quality of the deliverables and/or services acceptable and in compliance with the terms of the contract? YES NO
5. Has the NRC met its contractual obligations during the billing period including provision of government furnished property and timely review and comments on reports/deliverables? YES NO
6. Are you aware of any present or future problems that may adversely affect contractor performance and/or costs? YES NO

7. COMMENTS

I have examined the referenced voucher in relation to the contractor's progress and technical aspects of the items claimed and recommend the following:

- Payment in the amount of: \$ _____ Withholding payment pending clarification of the above concerns.

SIGNATURE – PROJECT OFFICER	DATE	SIGNATURE – DIVISION OR OTHER AUTHORIZED REPRESENTATIVE (if required)
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Part II – CONTRACTING OFFICER WILL COMPLETE.

I have examined the referenced voucher, considered the recommendations of the reviewing Project Officer, and request the following action be taken. (Reasons for suspension and/or disallowances are specified below):

<input type="checkbox"/> Payment in the amount of: \$ _____ <input type="checkbox"/> Suspension in the amount of: \$ _____ <input type="checkbox"/> Letter attached <input type="checkbox"/> Disallowance in the amount of: \$ _____ <input type="checkbox"/> Letter attached	REASONS FOR SUSPENSION/DISALLOWANCE	
SIGNATURE – CONTRACTING OFFICER OR DESIGNEE	DATE	

Part III – DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER, WILL COMPLETE

- Payment in the amount of: \$ _____ has been made.
 A deduction in the amount of: \$ _____ has been made from the voucher, and the remaining payment in the amount of \$ _____ has been made.

SIGNATURE – REPRESENTATIVE, DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER	DATE
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VOUCHER TRANSMITTAL FOR REVIEW AND APPROVAL PRIOR TO PAYMENT

The attached voucher/invoice, which was received by the Division of Contracts on 7/06/98, is forwarded (two copies) for your review and recommendation prior to payment.

TO: PROJECT OFFICER <u>HOLAHAN, V</u>	MAIL STOP <u>T9024</u>	TELEPHONE <u>301-415-6272</u>	CONTRACTOR <u>NATIONAL COUNCIL ON RAD PROTECTION</u>
FROM: CONTRACT SPECIALIST <u>SILLER, A.</u>	MAIL STOP <u>T7I2</u>	TELEPHONE <u>301-415-6747</u>	CONTRACT NUMBER <u>04-95-086-000</u>
VOUCHER/INVOICE <u>98-02195/07/06/98</u>	DATE	AMOUNT <u>\$ 6936.58</u>	BILLING PERIOD <u>5/01/98 - 5/31/98</u>

Part I - To comply with Prompt Payment Act, as amended, and avoid costly interest penalties, the Project Officer shall review the invoice and contact the Contract Specialist WITHIN 2 CALENDAR DAYS of receipt of the package if a problem or deficiency exists which may preclude payment of the invoice in full. Simultaneously, the Project Officer shall annotate the problem/deficiency in Section 7. Comments (below) and transmit a facsimile copy to the Contract Specialist. The original NRC Form 292 shall be completed, signed, and returned with one copy of the invoice to the Contract Specialist by 7/14/98.

QUESTIONS: IF YOU ANSWER "NO" TO QUESTION 1-5 OR "YES" TO QUESTION 6, PROVIDE EXPLANATION IN THE COMMENTS SECTION OR ON A SEPARATE ATTACHMENT.

- Did the contractor submit required deliverables and meet scheduled milestones during the billing period? YES NO
- Are the labor hours, travel, subcontract, equipment, and other direct costs reasonable and commensurate for the type and nature of work completed during the billing period? (Not applicable to fixed price contracts) YES NO
- Is the contractor using personnel with required skills to ensure efficient and effective performance? (Not applicable to fixed price contracts) YES NO
- Is the quality of the deliverables and/or services acceptable and in compliance with the terms of the contract? YES NO
- Has the NRC met its contractual obligations during the billing period including provision of government furnished property and timely review and comments on reports/deliverables? YES NO
- Are you aware of any present or future problems that may adversely affect contractor performance and/or costs? YES NO

7. COMMENTS

I have examined the referenced voucher in relation to the contractor's progress and technical aspects of the items claimed and recommend the following:

Payment in the amount of: \$ 6,936.58 Withholding payment pending clarification of the above concerns.

SIGNATURE - PROJECT OFFICER: [Signature] DATE: [Date] SIGNATURE - DIVISION OR OTHER AUTHORIZED REPRESENTATIVE (if required):

Part II - CONTRACTING OFFICER WILL COMPLETE.

I have examined the referenced voucher, considered the recommendations of the reviewing Project Officer, and request the following action be taken. (Reasons for suspension and/or disallowances are specified below):

Payment in the amount of: \$ 6,936.58 REASONS FOR SUSPENSION/DISALLOWANCE

Suspension in the amount of: \$ _____ Letter attached

Disallowance in the amount of: \$ _____ Letter attached

SIGNATURE - CONTRACTING OFFICER OR DESIGNEE: [Signature] DATE: 7/10/98

Part III - DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER, WILL COMPLETE

Payment in the amount of: \$ _____ has been made.

A deduction in the amount of: \$ _____ has been made from the voucher, and the remaining payment in the amount of \$ _____ has been made.

SIGNATURE - REPRESENTATIVE, DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER: [Signature] DATE: _____

VOUCHER TRANSMITTAL FOR REVIEW AND APPROVAL PRIOR TO PAYMENT

The attached voucher/invoice, which was received by the Division of Contracts on 6/08/98, is forwarded (two copies) for your review and recommendation prior to payment.

TO: PROJECT OFFICER <u>HOLAHAN, V.</u>	MAIL STOP <u>T9C24</u>	TELEPHONE <u>301-415-6272</u>	CONTRACTOR <u>NATIONAL COUNCIL ON S&OP PROGRAMS</u>
FROM: CONTRACT SPECIALIST <u>SILLER, A.</u>	MAIL STOP <u>T712</u>	TELEPHONE <u>301-415-6747</u>	CONTRACT NUMBER <u>04-95-086-000</u>
VOUCHER/INVOICE <u>98-01860/25</u>	DATE <u>6/04/98</u>	AMOUNT <u>\$ 13046.96</u>	BILLING PERIOD <u>4/01/98 - 4/30/98</u>

Part I - To comply with Prompt Payment Act, as amended, and avoid costly interest penalties, the Project Officer shall review the invoice and contact the Contract Specialist WITHIN 2 CALENDAR DAYS of receipt of the package if a problem or deficiency exists which may preclude payment of the invoice in full. Simultaneously, the Project Officer shall annotate the problem/deficiency in Section 7. Comments (below) and transmit a facsimile copy to the Contract Specialist. The original NRC Form 292 shall be completed, signed, and returned with one copy of the invoice to the Contract Specialist by 6/16/98.

QUESTIONS: IF YOU ANSWER "NO" TO QUESTION 1-5 OR "YES" TO QUESTION 6, PROVIDE EXPLANATION IN THE COMMENTS SECTION OR ON A SEPARATE ATTACHMENT.

- Did the contractor submit required deliverables and meet scheduled milestones during the billing period? YES NO
- Are the labor hours, travel, subcontract, equipment, and other direct costs reasonable and commensurate for the type and nature of work completed during the billing period? (Not applicable to fixed price contracts) YES NO
- Is the contractor using personnel with required skills to ensure efficient and effective performance? (Not applicable to fixed price contracts) YES NO
- Is the quality of the deliverables and/or services acceptable and in compliance with the terms of the contract? YES NO
- Has the NRC met its contractual obligations during the billing period including provision of government furnished property and timely review and comments on reports/deliverables? YES NO
- Are you aware of any present or future problems that may adversely affect contractor performance and/or costs? YES NO

7. COMMENTS

I have examined the referenced voucher in relation to the contractor's progress and technical aspects of the items claimed and recommend the following:

Payment in the amount of: \$ 13,046.96 Withholding payment pending clarification of the above concerns.

SIGNATURE -- PROJECT OFFICER <u>[Signature]</u>	DATE <u>6/16/98</u>	SIGNATURE -- DIVISION OR OTHER AUTHORIZED REPRESENTATIVE (if required) <u>[Signature]</u>
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Part II -- CONTRACTING OFFICER WILL COMPLETE.

I have examined the referenced voucher, considered the recommendations of the reviewing Project Officer, and request the following action be taken. (Reasons for suspension and/or disallowances are specified below):

- Payment in the amount of: \$ 13,046.96
- Suspension in the amount of: \$ _____ Letter attached
- Disallowance in the amount of: \$ _____ Letter attached

REASONS FOR SUSPENSION/DISALLOWANCE

SIGNATURE -- CONTRACTING OFFICER OR DESIGNEE <u>[Signature]</u>	DATE <u>6/16/98</u>
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Part III -- DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER, WILL COMPLETE

- Payment in the amount of: \$ 13,046.96 has been made.
- A deduction in the amount of: \$ _____ has been made from the voucher, and the remaining payment in the amount of \$ _____ has been made.

SIGNATURE -- REPRESENTATIVE, DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER <u>[Signature]</u>	DATE <u>6/16/98</u>
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VOUCHER TRANSMITTAL FOR REVIEW AND APPROVAL PRIOR TO PAYMENT

The attached voucher/invoice, which was received by the Division of Contracts on 4/17/98, is forwarded (two copies) for your review and recommendation prior to payment.

TO: PROJECT OFFICER HOLAHAN, V.	MAIL STOP T9C24	TELEPHONE 301-415-6272	CONTRACTOR NATIONAL COUNCIL ON RAD PROTECTION
FROM: CONTRACT SPECIALIST SELDEN, M.	MAIL STOP T7I2	TELEPHONE 301-415-7907	CONTRACT NUMBER 04-95-086-000
VOUCHER/INVOICE 98-01322/24	DATE 4/15/98	AMOUNT \$ 7381.71	BILLING PERIOD 3/01/98 - 3/31/98

Part I – To comply with Prompt Payment Act, as amended, and avoid costly interest penalties, the Project Officer shall review the invoice and contact the Contract Specialist WITHIN 2 CALENDAR DAYS of receipt of the package if a problem or deficiency exists which may preclude payment of the invoice in full. Simultaneously, the Project Officer shall annotate the problem/deficiency in Section 7. Comments (below) and transmit a facsimile copy to the Contract Specialist. The original NRC Form 292 shall be completed, signed, and returned with one copy of the invoice to the Contract Specialist by 4/25/98.

QUESTIONS: IF YOU ANSWER "NO" TO QUESTION 1-5 OR "YES" TO QUESTION 6, PROVIDE EXPLANATION IN THE COMMENTS SECTION OR ON A SEPARATE ATTACHMENT.

1. Did the contractor submit required deliverables and meet scheduled milestones during the billing period? YES NO
2. Are the labor hours, travel, subcontract, equipment, and other direct costs reasonable and commensurate for the type and nature of work completed during the billing period? (Not applicable to fixed price contracts) YES NO
3. Is the contractor using personnel with required skills to ensure efficient and effective performance? (Not applicable to fixed price contracts) YES NO
4. Is the quality of the deliverables and/or services acceptable and in compliance with the terms of the contract? YES NO
5. Has the NRC met its contractual obligations during the billing period including provision of government furnished property and timely review and comments on reports/deliverables? YES NO
6. Are you aware of any present or future problems that may adversely affect contractor performance and/or costs? YES NO

7. COMMENTS

I have examined the referenced voucher in relation to the contractor's progress and technical aspects of the items claimed and recommend the following:

- Payment in the amount of: \$ 7,381.71 Withholding payment pending clarification of the above concerns.

SIGNATURE – PROJECT OFFICER <i>[Signature]</i>	DATE <u>4/25/98</u>	SIGNATURE – DIVISION OR OTHER AUTHORIZED REPRESENTATIVE (if required)
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Part II – CONTRACTING OFFICER WILL COMPLETE.

I have examined the referenced voucher, considered the recommendations of the reviewing Project Officer, and request the following action be taken.

(Reasons for suspension and/or disallowances are specified below):

- Payment in the amount of: \$ 7,381.71 REASONS FOR SUSPENSION/DISALLOWANCE
- Suspension in the amount of: \$ _____ Letter attached
- Disallowance in the amount of: \$ _____ Letter attached

SIGNATURE – CONTRACTING OFFICER OR DESIGNEE <i>Michelle Kibbe</i>	DATE <u>4/24/98</u>
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Part III – DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER, WILL COMPLETE

- Payment in the amount of: \$ 7,381.71 has been made.
- A deduction in the amount of: \$ _____ has been made from the voucher, and the remaining payment in the amount of \$ _____ has been made.

SIGNATURE – REPRESENTATIVE, DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER <i>[Signature]</i>	DATE <u>4/24/98</u>
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VOUCHER TRANSMITTAL FOR REVIEW AND APPROVAL PRIOR TO PAYMENT

The attached voucher/invoice, which was received by the Division of Contracts on _____, is forwarded (two copies) for your review and recommendation prior to payment.

TO: PROJECT OFFICER	MAIL STOP	TELEPHONE	CONTRACTOR
FROM: CONTRACT SPECIALIST	MAIL STOP	TELEPHONE	CONTRACT NUMBER
VOUCHER/INVOICE	DATE	AMOUNT \$	BILLING PERIOD

Part I – To comply with Prompt Payment Act, as amended, and avoid costly interest penalties, the Project Officer shall review the invoice and contact the Contract Specialist WITHIN 2 CALENDAR DAYS of receipt of the package if a problem or deficiency exists which may preclude payment of the invoice in full. Simultaneously, the Project Officer shall annotate the problem/deficiency in Section 7. Comments (below) and transmit a facsimile copy to the Contract Specialist. The original NRC Form 292 shall be completed, signed, and returned with one copy of the invoice to the Contract Specialist by _____.

QUESTIONS: IF YOU ANSWER "NO" TO QUESTION 1-5 OR "YES" TO QUESTION 6, PROVIDE EXPLANATION IN THE COMMENTS SECTION OR ON A SEPARATE ATTACHMENT.

1. Did the contractor submit required deliverables and meet scheduled milestones during the billing period? YES NO
2. Are the labor hours, travel, subcontract, equipment, and other direct costs reasonable and commensurate for the type and nature of work completed during the billing period? (Not applicable to fixed price contracts) YES NO
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4. Is the quality of the deliverables and/or services acceptable and in compliance with the terms of the contract? YES NO
5. Has the NRC met its contractual obligations during the billing period including provision of government furnished property and timely review and comments on reports/deliverables? YES NO
6. Are you aware of any present or future problems that may adversely affect contractor performance and/or costs? YES NO

7. COMMENTS

I have examined the referenced voucher in relation to the contractor's progress and technical aspects of the items claimed and recommend the following:

- Payment in the amount of: \$ _____ Withholding payment pending clarification of the above concerns.

SIGNATURE – PROJECT OFFICER	DATE	SIGNATURE – DIVISION OR OTHER AUTHORIZED REPRESENTATIVE (if required)
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Part II – CONTRACTING OFFICER WILL COMPLETE.

I have examined the referenced voucher, considered the recommendations of the reviewing Project Officer, and request the following action be taken. (Reasons for suspension and/or disallowances are specified below):

<input type="checkbox"/> Payment in the amount of: \$ _____ <input type="checkbox"/> Suspension in the amount of: \$ _____ <input type="checkbox"/> Letter attached <input type="checkbox"/> Disallowance in the amount of: \$ _____ <input type="checkbox"/> Letter attached	REASONS FOR SUSPENSION/DISALLOWANCE
SIGNATURE – CONTRACTING OFFICER OR DESIGNEE	DATE

Part III – DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER, WILL COMPLETE

- Payment in the amount of: \$ _____ has been made.
 A deduction in the amount of: \$ _____ has been made from the voucher, and the remaining payment in the amount of \$ _____ has been made.

SIGNATURE – REPRESENTATIVE, DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER	DATE
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National Council on Radiation Protection and Measurements

President: Charles B. Meinhold, **Vice President:** S. James Adelstein, **Executive Director:** William M. Beckner
7910 Woodmont Avenue, Suite 800, Bethesda, Maryland 20814-3095 Voice: (301) 657-2652 Fax: (301) 907-8768 <http://www.ncrp.com>

Scientific Vice Presidents:

**Basic Criteria, Epidemiology
Radiobiology and Risk**
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Environmental Issues
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Metabolism and Dosimetry
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Nonionizing Radiation
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Operational Radiation Safety
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Environmental, Safety and Health
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(415) 926-2045

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Eugene, OR 97401
(503) 485-2400

Radiation Measurement
Harold L. Beck
Environmental Measurements
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376 Hudson Street
New York, NY 10014
(212) 620-3616

Radiation Protection in Medicine
Fred A. Mettler, Jr.
Department of Radiology
University of New Mexico
915 Camino de Salud, NE
Albuquerque, NM 87131-5336
(505) 272-0011

Radioactive and Mixed Waste
Donald G. Jacobs
152 Glassboro Drive
Oak Ridge, TN 37830
(615) 483-9845

April 15, 1998

Ms. Mona Selden
U.S. Nuclear Regulatory Commission
Division of Contracts
Mail Stop T 7 I 2
Washington, D.C. 20555

Dear Ms. Selden:

Enclosed is an original and two copies of Standard Form 270, Request for Advance or Reimbursement for Grant No. NRC 04-95-086 covering the period March 1, 1998 through March 31, 1998.

Sincerely,

William M. Beckner
Executive Director

WMB/sja

Enclosure

A nongovernment,
not-for-profit,
congressionally chartered,
public service organization

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. **0348-0004** PAGE OF **1** PAGES

1. TYPE OF PAYMENT REQUESTED

a. "X" one, or both boxes
 ADVANCE REIMBURSEMENT

b. "X" the applicable box
 FINAL PARTIAL

2. BASIS OF REQUEST
 CASH
 ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

U.S. Nuclear Regulatory Commission

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

04-95-086

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

24

6. EMPLOYER IDENTIFICATION NUMBER

52-0806696

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

03/01/98

TO (month, day, year)

03/31/98

9. RECIPIENT ORGANIZATION

Name : **National Council on Radiation Protection & Meas**

Number and Street : **7910 Woodmont Avenue Suite 800**

City, State and ZIP Code : **Bethesda, MD 20814**

10. PAYEE (Where check is to be sent is different than item 9)

Name :

Number and Street :

City, State and ZIP Code :

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

	(a)	(b)	(c)	TOTAL
PROGRAMS/FUNCTIONS/ACTIVITIES ▶				
a. Total program outlays to date (As of date) 03/31/98	\$	\$	\$	\$200,729.13
b. Less: Cumulative program income				None
c. Net program outlays (Line a minus line b)				200,729.13
d. Estimated net cash outlays for advance period				None
e. Total (Sum of lines c & d)				200,729.13
f. Non-Federal share of amount on line e				None
g. Federal share of amount on line e				200,729.13
h. Federal payments previously requested				193,347.42
i. Federal share now requested (Line g minus line h)				7,381.71
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				
2nd month				
3rd month				

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 2-82)
 Prescribed by Office of Management and Budget
 Cir. No. A - 102 and A - 110

CERTIFICATION

13.

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

William M. Beckner

TYPED OR PRINTED NAME AND TITLE

William M. Beckner
Executive Director

DATE REQUEST SUBMITTED

April 15, 1998

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

301/657 2652

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11c, 11e, 11f, 11g, 11i, 12 and 13 are self explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, function, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date", the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure bases, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.		
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.		
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
<p>Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p>		11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
11	The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed,	13	Complete the certification before submitting this request.