



**ASAP RECIPIENT ORGANIZATION ACTION REQUEST FORM**  
**Department of the Treasury | Bureau of the Fiscal Service**  
 4241 NE 34th Street Kansas City, Missouri 64117

**How to Fill Out This Form:** please print clearly or type all information except Signature

**Block 1:** Enter your 7-Digit Recipient ID #, make a selection and name the new official(s).

**Block 1 Continued:** Make a selection, provide current (old) information and proposed (new) changes.

**Block 2:** Must be a Head of Organization (HOO), Point of Contact (POC) or Authorizing Official (AO). Enter the requestor's full name as it is in ASAP.gov, 7-Digit Recipient ID #, requestor email, the organization name and address, the requestor's phone and fax numbers, then requestor's signature and date.

**Block 3:** Must be a Certifying Officer (CO), Account Maintainer (AM), Enrollment Initiator (EI) or FA POC for each Agency that the RO receives funding from. Enter the approval authority's full name as it is in ASAP.gov, Agency 8-Digit Agency Location Code (ALC) # / Region, approvers email, the agency's name and address, the approver's phone and fax numbers, then approver's signature and date.

**Block 4:** To be completed by ASAP Staff.

**Block 1** **Action Requested**

Select the Action Requested Below

7-Digit Recipient ID: 

3	9	0	9	9	8	2
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**POC** Please add the following Point of Contact (POC) to the Recipient Organization. This is a mandatory role.

The Point of Contact is responsible for inputting, updating or deleting, the officials designated by the Head of Organization (HOO). The POC can add and modify officials at any point during or following an organization's enrollment process. It is the responsibility of the Point of Contact to define the Authorizing Official and Financial Official. A Re-delegated Head of Organization and another Point of Contact can also be defined. Once entered and approved by the HOO, the officials are assigned a User ID which is sent to them via an email and a temporary password in ASAP.gov's access control system which is sent via regular mail.

Name (please print or type)	
John Stiegel	
Telephone Number	Email Address
330-652-2714	penvilclerk@windstream.net

**HOO** Please add the following Head of Organization (HOO) to the Recipient Organization. This is a mandatory role.

The Head of Organization (HOO) is the top management official who establishes the authority for the organization to use ASAP. The HOO does not have to be the CEO or President of the organization but can be the Manager or Supervisor of a section. The Head of Organization is the top management official who establishes the authority for Organization to use ASAP.gov. This is done by approving the Authorizing Official and Financial Official and, if entered by the POC, the Re-delegated Head of Organization. The HOO can also add or modify officials when the organization is pending enrollment. Once an organization is enrolled, the HOO can only approve officials.

Name (please print or type)	
Douglas G. Mayer	
Telephone Number	Email Address
330-657-2151	mayor@villageofpeninsula-oh.gov
Title	Signature
Mayor	

**Block 1 Continued**

**DUNS** Please Change the Recipient Organization's DUNS Number

Old DUNS Number	New DUNS Number

**EIN** Please Change the Recipient Organization's EIN

Old EIN	New EIN

**Name** Please Change the Name of the Recipient Organization

Old Long Name	New Long Name (limited to 30 characters)

Old Short Name	New Short Name (limited to 10 characters)

**RO ID** Please Change the ID Number of the Following Recipient Organization

Old RO ID (delete)	New RO ID (replace)

Block 2 Recipient Organization Requestor			
Requestor's First Name (as in ASAP) John		Last Name Stiegel	Recipient ID #
Recipient Organization Name (Agency/Bureau) Village of Peninsula		Work E-Mail Address penvilclerk@windstream.net	
Recipient Organization Street Address (include room # and/or mail stop) 1582 Main Street			
City Peninsula	State Oh	Zip Code 44264	Country Name Summit
Work Phone Number 330-657-2714		Work Fax Number 330-657-2372	
<p>I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I affirm that I have the authority to request a change as described on this form. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001). I have read and understand the Fiscal Service Subscriber Agreement and my signature on this document is my agreement to abide by this agreement and the rules and policies of the Fiscal Service regarding the Agreement.</p>			
Requestor's Signature		06/20/2017	Date (mm/dd/yyyy)
Block 3 Federal Agency Approval Review			
RO Action request is being reviewed and approved by (check one): <input type="checkbox"/> FA Point of Contact (POC) <input type="checkbox"/> Account Maintainer (AM) <input type="checkbox"/> Certifying Officer (CO) <input type="checkbox"/> Enrollment Initiator (EI)			
Approval Authority's First Name (as in ASAP)		Last Name	ALC # / Region
Federal Agency Name (Agency/Bureau)		Work E-Mail Address	
Federal Agency Street Address (include room # and/or mail stop)			
City	State	Zip Code	Country Name
Work Phone Number		Work Fax Number	
<p>I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I affirm that I have the authority to approve the above request as described on this form. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001). I have read and understand the Fiscal Service Subscriber Agreement and my signature on this document is my agreement to abide by this Agreement and the rules and policies of the Fiscal Service regarding the Agreement.</p>			
Approval Authority's Signature		Date (mm/dd/yyyy)	
Block 4 To Be Completed by ASAP Staff			
Accomplished By (First Name)		Last Name	
Signature		Date Accomplished	

