

Supplemental Competition Award Payment Document
Obligating Document Reference: HHS CAOD # (FY-DVSN-000#)

This document is intended to supplement the data on the SF1034 for payment of competition awards.

Purpose of the Competition: (Description of competition, authorizing legislation and desired results; Attach Federal Register Notice announcing challenge)

Amount of Award: \$ _____

Awardee Name: _____

Tax Identification Number: (When paying the award, the Awardee TIN should be used) _____

Obligating Organization: (Operating or Staff Division) _____

Treasury Account Fund Symbol (TAFS & Title): _____

Budget Account Classification Structure: _____

Common Account Number: _____

Object Class: **25954** _____

Fiscal Year Obligated: _____

Person Requesting the Payment: (Name & Title) _____

Funds Certification: _____

Award Approving Official: STAFFDIV Head, OPDIV Head or OPDIV Head Direct Report

(Name & Title) _____

Signature: _____

Note: The use of this form is required to obligate funds as described in the Department's financial management policy (FAM-FY2011-1, dated July 26, 2011) governing *COMPETES* Act and non-*COMPETES* Act competitions.