



Anticipated Collections Addendum from Non-Federal Sources

Please provide the information requested in the table below. This information will be used to complete your Memorandum of Agreement (MOA). See Page 2 for additional instructions and an explanation of terms.

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| 1. Agency Information | |
| Agency Name: | Gordon County Board of Commissioners |
| Tax Identification Number (TIN): | 58-6000832 |
| Data Universal Numbering System (DUNS) or Business Partner Network (BPN) Number: | 07-936-0437 |
| 2. Billing (Accounts Payable) Point of Contact (POC) Information | |
| Name: | Zelda Gregg |
| Phone Number (xxx-xxx-xxxx): | 706-879-2190 |
| Fax Number (xxx-xxx-xxxx): | 706-602-9877 |
| E-mail Address: | zgregg@gordoncounty.org |
| Address: | P.O. Box 580 |
| Address (2nd line): | |
| City, State, Zip Code: | Calhoun, GA 30703-0580 |
| 3. Customer Payment and Budgeting Information | |
| Purchase Commitment Number: | |
| Payment Method: | Check |
| Amount Obligated (Budgeted): | \$500.00 |
| Funds Expiration Date: | 06/30/2017 |
| 4. Program POC | |
| Name: | Garah Childers |
| Phone Number (xxx-xxx-xxxx): | 706-879-2312 |
| E-mail Address: | gchilders@gordoncounty.org |

This addendum will commence as soon as all signatures are obtained in accordance with the Memorandum of Agreement. Both parties must agree to any amendments prior to their implementation in accordance with the Memorandum of Agreement.

Becky Hood
Chairman of Gordon County Board of Comm

Alissar Rahi
Chief, SAVE Program, DHS USCIS

Date

Date

Internal SAVE Use ONLY
Agency High Level Identifier:

INSTRUCTIONS FOR COMPLETING THIS ADDENDUM

1. Type or legibly print the information requested. See below for an **Explanation of Terms**.
2. Have your agency's authorized signatory sign and date the Addendum.
3. Return the Addendum to your SAVE Program Agency Manager via e-mail, or fax (802) 860-6907 or U.S. mail to:

SAVE Program
U.S. Citizenship and Immigration Services
Department of Homeland Security
10 Fountain Plaza
Buffalo, NY 14202

If you require an original signature from the SAVE Program Chief on your copy of this Addendum, please mail your signed Addendum to:

SAVE Program
U.S. Citizenship and Immigration Services
MS2620
Department of Homeland Security
Washington, DC 20529-2620

****Do not send any payment along with this ACA; you will receive a monthly bill for any use.**

EXPLANATION OF TERMS

¹DUNS or BPN Number: This field may be left blank if your agency does not have a DUNS or BPN number.

²Purchase Commitment Number: This field may be left blank if your agency does not use this number or a similar identifier.

³Amount Obligated (Budgeted): This amount may be an estimate, though SAVE recommends a minimum of \$300 per year (calendar or fiscal), which is equal to \$25 per month and is the minimum amount your agency can be invoiced in a single month (unless you do not submit a single query).

⁴Funds Expiration Date: This date is the time at which your agency's obligated funding amount runs out. This may be the end of the SAVE Program fiscal year (for example, September 2011), the end of your fiscal year, or the end of the calendar year.