# ASAP.GOV Participation Request

|  |
| --- |
| AGENCY INFORMATION  |
| **United States Department of the Interior**NATIONAL PARK SERVICE12795 W Alameda PkwyP.O. Box 25287Attn: Trinity Lintz (FBMS)Denver, CO 80225**EMAIL: ASAP\_Enrollment@nps.gov** |
| **NPS Contact For ASAP Enrollment: Trinity Lintz 303-969-2170** |
| **Fields marked with \* are required. Failure to provide required data may result in delayed enrollment.** |

## Organization Information

|  |  |
| --- | --- |
| \*Organization Name: |  |
| \*DUNS: Nine Digit Number |  |
| \*TIN/EIN:Nine Digit Number |  |
| ASAP ID:(If applicable)  |  |
| \*Mailing Address: |  |
| \*City: |  |
| \*State: |  |
| \*Zip Code: |  |
| \*Phone: |  |

## Point of Contact Information

|  |  |
| --- | --- |
| \*First Name: |  |
| Middle Initial: |  |
| \*Last Name: |  |
| Title: |  |
| \*Email: |  |

## \* Organization Type (choose one)

|  |
| --- |
| \_\_\_ Financial Institution\_\_\_ For-Profit\_\_\_ Indian Tribal Organization\_\_\_ Local Government\_\_\_ Non-Profit\_\_\_ Other Educational Organization\_\_\_ State Agency\_\_\_ University / College\_\_\_ University / College - State |

## Send the completed form to the email address at the top.

***Privacy Statement***

*Collection of the information in this form is authorized by 31 CFR 209 and/or 210, 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and/or DUNs/EIN/TIN and the other information requested will allow the federal government to process your ASAP financial assistance payments. Your social security number and/or DUNs/EIN/TIN is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your payments. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your payment cannot be processed without it. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Recipient to the financial institution and/or its agent.*