



## 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. See Page 2 for additional instructions and an explanation of terms.

<b>1. Agency Information</b>	
Agency Name:	Kansas Department for Children and Families
Tax Identification Number (TIN):	
<b>2. Billing (Accounts Payable) Point of Contact (POC) Information</b>	
Name:	
Phone Number (xxx-xxx-xxxx):	
Fax Number (xxx-xxx-xxxx):	
E-mail Address:	
Address:	
Address (2nd line):	
City, State, Zip Code:	
<b>3. Customer Payment and Budgeting Information</b>	
Purchase Commitment Number:	
Amount Obligated (Budgeted):	\$12,918.00
Funds Expiration Date:	6/30/2025
<b>4. Program POC</b>	
Name:	
Phone Number (xxx-xxx-xxxx):	
E-mail Address:	

Both Trading Partners agree to contact the POC to try to resolve any discrepancies before reversing transactions in IPAC.

In accordance with the SAVE Paperless Initiative, my agency agrees to only submit electronic verification requests and to not submit non-electronic verification requests, including non-electronic requests made on Form G-845 and/or the Form G-845 Supplement.

Furthermore, my agency certifies that all agency users accessing or using SAVE to perform verification procedures have completed the SAVE Tutorial and agrees that new SAVE users will be required to complete the SAVE Tutorial before accessing or using SAVE to perform verification procedures.

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

*Laura Howard*

Laura Howard, Secretary  
Kansas Department for Children and Families  
Trading Partner

07/31/2024

Date

Steven P. Yonkers  
Chief, SAVE Program  
DHS USCIS Trading Partner

Date

Internal SAVE Use ONLY  
Agency High Level Identifier: