## Completing the Agency Defined Form: NEH Individual Acceptance Form

1. From the eGMS Reach Home Page, navigate to your NEH offer.

elcome to eGMS Reach. u are a panelist, select your panel under <b>My Panels</b> . This will allow you to accee u are a grantee, select your grant under <b>My Awards</b> . This will allow you to uploa act NEH staff. pdate your name, contact information, or subscriptions, hover over your name is	as the applications you are reviewing. Id reports; submit information about books or othe n the banner above and select <b>My information</b> .	r products of your grant; submit change n	equests; or
XMS Reach sends official notifications to the email address associated with you theritication, Reporting, and Conformance (( <u>DMARC</u> ). If you forward messages nerefore we recommend that you do not enable auto-forwarding on accounts w ur email address for which you are still responsible.	ur accourt. Protections against spoofing and phisi to other addresses, this may cause eGMS messag hich receive eGMS notifications. If you do so, you r	ing are provided by Domain-based Meass es to be flagged as illegitlimate and reject nay miss important official communicatio	ige ed. ons sent to
oners			Despapes
Details	Grants.gov Opportunity	Status	Deadline
Test Application University of Maryland, College Park FEL-279712 Beth P. Stewart (Applicant/Recipient)	Fellowships Deadline: 4/10/2019	This offer is ready to be viewed and accepted or declined.	11/20/2020
	u are a panelist, select your panel under <b>My Panels</b> . This will allow you to accee are a grantee, select your grant under <b>My Awards</b> . This will allow you to uploa act NEH staff. pdate your name, contact information, or subscriptions, hover over your name i MS Reach sends official notifications to the email address associated with yo theritositon, Reporting, and Conformance ( <u>DMARE). If you forward</u> messages perefore we recommend that you do not enable auto-forwarding on accounts w ur email address for which you are still responsible. Details Test Application University of Maryland, College Park Christopher Sciotto (Submits Performance) Beth P. Stewar((ApplicantRecipient)	u are a panelist, select your panel under <b>My Panels</b> . This will allow you to access the applications you are reviewing. a are a grantee, select your grant under <b>My Awards</b> . This will allow you to upload reports, submit information about books or other act NEH staff. pdate your name, contact information, or subscriptions, hover over your name in the banner above and select <b>My Information</b> . MS Reach aends official notifications to the email address associated with your account. Protections against apporting and Drinki theritation, Reach aends official notifications to the email address associated with your account. Protections against apporting and Drinki theritation, Renormance (DMARD). Hyou forward messages to other addresses, this may cause eCMS messages perfore we recommend that you do not enable auto-forwarding on accounts which receive eGMS notifications. If you do so, you nur email address for which you are still responsible. <b>Defails</b> Test Application University of Maryland, College Park Christopher Sciotto (Submits Performance) Beth P. Steward (Application/Recipient) Beth P. Steward (Application/Recipient)	u are a panelist, select your panel under <b>Ny Panels</b> . This will allow you to access the applications you are reviewing. u are a grantee, select your grant under <b>My Awards</b> . This will allow you to upload reports, submit information about books or other products of your grant, submit ichange re act NEH staff. pdate your name, contact information, or subscriptions, hover over your name in the banner above and select <b>My Information</b> . MS Reach aends official roofficiations to the email address associated with your account. Protections against aporting and philabing are provided by Domain-based Messa theritation, formation, or subscriptions, hover over your name in the banner above and select <b>My Information</b> . MS Reach aends official roofficiations to the email address associated with your account. Protections against aporting and Drafesse to be flagged as illegitimate and reject service we recommend that you do not enable auto-forwarding on accounts which receive eGMS notifications. If you do so, you may miss important official communication urre real address for which you are still responsible. <b>Details</b> <b>Details</b> <b>Details</b> <b>Test Application</b> <b>University of Maryland, College Park</b> Christopher Scotto (Submits Performance) Beth P. Streward (Application Receipted) <b>Details</b> <b>Fellowships</b> Details Performance) <b>Details</b> <b>Control Tree Scotto (Submits Performance)</b> <b>Beth P. Streward (Application Receipted)</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Details</b> <b>Deta</b>

2. Once you are viewing "My Offer," click on the Forms & Reports tab at the top of the page.

<ul> <li>My Offers</li> </ul>	Instructions Documents	Forms & Reports Accept/Decline Messa	iges				
FEL-279712, Test Application	Offer Information						
Complete the forms listed below.  • Offer Forms	My Offer: FEL-2	79712 and accepted or declined. Review the instruction	is below for more information ab	out what to do next.			
<ul> <li>FEL-279712, Test Application</li> </ul>		•					
	Institutions	University of Maryland, College Park (0	College Park, MD) (Sponsoring Ir	nstitution)			
NEH Individual Programs Acceptance Form (Duo: 4/15/2021)	Title	Test Application					
(Due. 4/13/2021)	Participants	Christopher Sciotto (Submits Performa Beth P. Stewart (Applicant/Recipient)	nce)				
OWAL ENDOW	Division	Research Programs					
ENDOWMENT FOR THE	Grants.gov Competition	Fellowships Police of Funding Opportunity ("Guidelines")					
hUMANITIES he National Endowment for the Humanities understands that 10VID-19 may impact your funded project as activities are ostponed or cancelled. Please contact your program officer ad cracts management needialist through of UM Book nee use	Agency Contacts	The best way to contact staff members is by sending a message using the <b>Messages</b> tab. Grants Management Specialist Christopher Sciotto Phone: 202-606-8217					
an help you explore options such as extensions, budget	Award Period	9/1/2020 - 5/31/2021					
evisions, and scope changes. NEH program and grants		Offer Date	11/24/2020				
exibility within our governing authorities. It is important to		Offer Expiration Date	11/20/2020				
ote that the NEH Office of Grant Management is the only		Outright Amount	\$0.00				
ther terms and conditions of your award, and they will do so		Match Offer Expiration Date					
rough eGMS Reach.	Details	Match Amount	\$0.00				
or more information regarding COVID-19, please visit the		Gift Amount	\$0.00				
rebsite for the Center for Disease Control (CDC).		Match Ratio	1:1				
		Total Amount	\$0.00				
	Notices	View SAM Registration					

3. Click on the "Select Action" drop menu and select "Edit Form." You will see the form's name and due date listed to the right. Keep in mind you must submit your acceptance form by the date shown here and in your offer letter OR at least 1 week prior to your desired start date,

an help you explore options such as extensions, budget	Award Netiod		9/1/2020	J - 5/31/2021					
visions, and scope changes. NEH program and grants anagement staff will work together to provide maximum			Offer D	ate	11/24/2020				
exibility within our governing authorities. It is important to			Offer E	xpiration Date	11/20/2020				
ote that the NEH Office of Grant Management is the only ffice authorized to change the funding scope duration or			Outrigh	t Amount	\$0.00				
her terms and conditions of your award, and they will do so	Dotails		Match (	Offer Expiration Date					
rough eGMS Reach.	Details		Match A	Amount	\$0.00				
r more information regarding COVID-19, please visit the			Gift Am	ount	\$0.00				
bsite for the Center for Disease Control (CDC).			Match F	Ratio	1.1				
			Total Ar	mount	\$0.00				
	Notices		View S	SAM Registration					
			Required?	Campaign/Form		Availability Date	Due Date -	Submission Date	Submission
	Actions								
	Actions Select Action		2	NEH Individual Programs Acceptar	nce Form		4/15/2021		
	Actions Select Action	•	2	NEH Individual Programs Acceptar	nce Form		4/15/2021		
	Actions Select Action City Edit Form	•	2	NEH Individual Programs Acceptar	nce Form		4/15/2021	_	
	Actions Select Action	•	2	NEH Individual Programs Acceptar	nce Form		4/15/2021	_	
	Actions Select Action		2	NEH Individual Programs Acceptar	nce Form		4/15/2021		
	Actions Select Action Celt Form Celt Form View Form	•		NEH Individual Programs Accepta	nce Form		4/15/2021		
	Actions Select Action Celt Form Celt Form View Form			NEH Individual Programs Accepta	nce Form		4/15/2021		

NEH Privacy Policy

4. Complete the first tab "Contact Info." Your Social Security Number will be encrypted. Enter N/A for any unused telephone number fields. Click "Save and Continue."

Social Security Numbe						
Provide your personal S This information is encr	• ocial Security Number or Tax ypted upon submission.	ID Number, even if you wi	II elect to have the award routed through	your institution. We	e cannot accept the EIN for your employi	ng institutior
Mailing Address						
Provide your mailing ad	dress. Click the button label	ed "Save" on the far righ	t once you have entered your mailing a	ddress information	Provide only one address.	
Street Address 1	Street Address 2	City	State	Zip	Country	
Enter data and click <b>Sa</b>	<b>ve</b> at the end of the row to sav	ve and insert a new empty	/ row.			-11
			Select a value 🔻		Select a value 🔻	Save
Office Phone						
Home Phone						
Cell Phone						
Email Address						

5. In the "Award Period" tab, begin by selecting the appropriate prefix. Confirm that your FAIN prefix matches that on your offer letter and in eGMS Reach.



6. Indicate your desired period of performance. If you select the prefix FEL, FO, or FT, you must have a **full-time, continuous** period of performance. Provide your desired start and end dates.

Contact Info	Award Period	ACH Vendor Options						
Indicate the pre	fix of your award	Federal Award Identification Numb	er <mark>(FAIN)</mark> :					
NEH funds a var Reach to ensure	iety of individual a you are selecting	ward programs. Each of these program he correct prefix. Your FAIN can also	ns is subjec be found on	t to different your NEH of	t rules ffer let	and guidelines. Refer ter, where it is referred	o your award's Federal Award Identification Number (FAIN) in e to as the "Application Number."	eGMS
Selecting the inc	orrect prefix may i	esult in a delay in processing your aw	ard.					
FEL: NEH Felle	owships; NEH Mel							
Period of Perfo	rmance Start Date							
Your award requ	ires full-time conti	nuous participation. Indicate your des	ired start da	te. The start	date r	nust fall on the first da	y of the month in which the period of performance begins. You	ur
start date may b	e different from th	at on your application, however the du	ration of yo	ur period of p	perform	nance may not chang		
Period of Perfo	rmance End Date							
Your award requ date may be diff	ires full-time, cont erent from that on	nuous participation. Indicate your des your application, however the duratio	ired end da n of your pe	te. The end d riod of perfor	date m rmanc	ust fall on the final day e may not change.	of the month in which the period of performance ends. Your e	and
		C	lose Pre	evious Sa	ave	Save and Continue		
		Ye	our form wa	s last saved o	on 11/	24/2020 at 3:32 PM.		

If you received an offer with the prefix HB or FZ, you may divide your period of performance into periods of full or part-time participation. These programs do not permit a period of inactivity. Review the Notice of Funding Opportunity for more information.

The FN program permits a period of inactivity. If you received an offer with the prefix FN, you may divide your period of performance into multiple periods of full-time participation. Review the Notice of Funding Opportunity for more information.

Instructions	Documents	Forms & Reports	Accept/Decline	Messages					
Forms									
Complete any fe	orms listed below.								
NEH Indiv	vidual Progr	ams Accept	ance Form						ē
OMB Approval	Number: 4040-00	14; Expiration Date:	2/28/2022						
Instructions: ) at least one we instructions, th	fou must accept o eek prior to your re rough eGMS Read	r decline the offer of quested period of p h by this deadline.	f an NEH individua ierformance start d in accepting the of	award (Fellowships, A late or no later than th fer of an NEH individua	Awards to Faculty, e date specified in al award, you agree	Fellowships for your NEH offer to comply with	or Advanced Social Science R er letter (whichever comes firs ith the NEH Terms and Conditi	search on Japan, Summer Stipends, Documenting Endangered Language Fellowships, Public Sch t) To accept the offer, please complete and submit the acceptance form, following the provided ons applicable to your individual award program.	iolar)
Burden Staten regarding this Management a	nent: NEH estimat estimated comple and Budget, Paper	tes the average time tion time or any oth work Reduction Pro	to complete this f er aspect of the for ject (3136-0134), V	orm is 30 minutes. Thi m, including suggestio Vashington, DC 20503.	is estimate include ons for reducing c According to the	es the time for ompletion tim Paperwork Re	r reviewing the instructions for e, to the Director, Office of Pub duction Act of 1995, no perso	this form, gathering the necessary data and entering the data on the form. Please send any comm ilications, National Endowment for the Humanities, Washington, D.C. 20506; and to the Office of is are required to respond to a collection of information unless it displays a valid OMB control nun	nents mber.
Contact Info	Award Period	ACH Vendor O	tions						
Indicate the pro	efix of your award	's Federal Award I	dentification Num	ber (FAIN):					
NEH funds a va also be found o	riety of individual n your NEH offer I	award programs. Ei etter, where it is ref	ich of these progra erred to as the "App	ms is subject to differ lication Number."	ent rules and guid	elines. Refer to	o your award's Federal Award	dentification Number (FAIN) in eGMS Reach to ensure you are selecting the correct prefix. Your FA	UN can
Selecting the in	correct prefix may	result in a delay in	processing your av	vard.					
HB: NEH Awa	rds for Faculty at	H, 💌							
Do you wish to	divide your proje	ct into multiple pe	riods of activity?						
The HB and FZ	programs permit	the division of the	period of perform	ance into a mix of pa	rt-time and full-ti	me participat	tion, but do not permit a perio	d of inactivity. Refer to the Notice of Funding Opportunity for more information.	
The HB and FZ The FN program	programs permit	the division of the	period of perform	ance into a mix of pa	rt-time and full-ti	me participat	tion, but do not permit a perio	<mark>d of inactivity.</mark> Refer to the Notice of Funding Opportunity for more information. . Refer to the Notice of Funding Opportunity for more information.	
The HB and FZ The FN program	programs permit	the division of the	period of perform of performance in	nance into a mix of part-time	rt-time and full-ti and full-time part	me participat icipation and	tion, but do not permit a perio permits a period of inactivit	<mark>d of inactivity.</mark> Refer to the Notice of Funding Opportunity for more information. . Refer to the Notice of Funding Opportunity for more information.	
The HB and FZ The FN program	programs permit m permits the div mples:	the division of the	period of perform of performance in	ance into a mix of pa	rt-time and full-ti and full-time part	me participat icipation and	iion, but do not permit a perio permits a period of inactivit	<mark>d of inactivity.</mark> Refer to the Notice of Funding Opportunity for more information. . Refer to the Notice of Funding Opportunity for more information.	
The HB and FZ The FN program A couple of exa A 12 month awa	programs permit m permits the div mples: ard may be divided	the division of the ision of the period	of performance in	nance into a mix of part-time to a mix of part-time n, 3 months of inactivi	rt-time and full-ti and full-time part	me participat icipation and months of ful	tion, but do not permit a perio permits a period of inactivit i time participation for an equi	d of inactivity. Refer to the Notice of Funding Opportunity for more information. . Refer to the Notice of Funding Opportunity for more information. valent of 12 months full time activity over a total of 15 months.	
The HB and FZ The FN program A couple of exa A 12 month awa A 10 month awa	programs permit m permits the div mples: ard may be divided ard may be divided	the division of the ision of the period d into 4 months of f d into 6 months of f	period of performance in of performance in ull time participatio ull time participatio	n, 3 months of part-time	rt-time and full-ti and full-time part ity, and another 8 hs of half time par	me participat icipation and months of ful ticipation, and	tion, but do not permit a perio permits a period of inactivit i time participation for an equi i finally ending with 3 months	d of inactivity. Refer to the Notice of Funding Opportunity for more information. . Refer to the Notice of Funding Opportunity for more information. valent of 12 months full time activity over a total of 15 months. of full time participation for an equivalent of 10 months of full time activity over 11 months.	
The HB and FZ The FN program A couple of exa A 12 month awa A 10 month awa Select a value	programs permit m permits the div mples: ard may be divided ard may be divided	the division of the ision of the period d into 4 months of f d into 6 months of f	period of perform of performance in all time participatio all time participatio	to a mix of part-time In, 3 months of inactivi In, followed by 2 month	rt-time and full-ti and full-time part ity, and another 8 hs of half time par	me participat icipation and months of ful ticipation, and	tion, but do not permit a peri permits a period of inactivit i time participation for an equi f finally ending with 3 months	d of inactivity. Refer to the Notice of Funding Opportunity for more information. . Refer to the Notice of Funding Opportunity for more information. valent of 12 months full time activity over a total of 15 months. of full time participation for an equivalent of 10 months of full time activity over 11 months.	
The HB and FZ The FN program A couple of exa A 12 month awa A 10 month awa Select a value Yes	programs permits m permits the div mples: ard may be divided ard may be divided	the division of the ision of the period d into 4 months of f d into 6 months of f	period of perform of performance in all time participation all time participation	nance into a mix of part-time to a mix of part-time In, 3 months of inactivi In, followed by 2 month	rt-time and full-ti and full-time part ity, and another 8 hs of half time par	me participat icipation and months of ful ticipation, and	lion, but do not permit a perio permits a period of inactivit I time participation for an equi I finally ending with 3 months	d of inactivity. Refer to the Notice of Funding Opportunity for more information. a. Refer to the Notice of Funding Opportunity for more information. valent of 12 months full time activity over a total of 15 months. of full time participation for an equivalent of 10 months of full time activity over 11 months.	

If you choose to divide your period of performance, follow the instructions to provide the desired dates and level of effort for each period.

articles and a second real second	ur award's Fe	deral Award Idea	dification Number (FAIN):									
I funds a variety of in	dividual awan H offer letter	d programs. Each where it is referm	of these programs is subject	t to different rules and guideli	nes. Refer to your award's Feo	leral Award Identification No	mber (FAIN) in eGMS Reach	to ensure you are selecting t	he correct prefix. Your FAIN o	an		
oting the incorrect pr I: NEH Awards for Fa	efix may resu iculty at H	it in a delay in pro	cessing your award.									
you wish to divide yo	ur project int	to multiple perior	is of activity?									
HB and FZ program	s permit the	division of the pr	riod of performance into a	mix of part-time and full-tim	e participation, but do not p	ermit a period of inactivity.	Refer to the Notice of Fund	ng Opportunity for more inf	ormation.			
FN program permits	s the division	of the period of	performance into a mix of p	art-time and full-time partic	ipation and permits a period	of inactivity. Refer to the N	lotice of Funding Opportuni	ty for more information.				
uple of examples:												
month award may b	e divided into	4 months of full	time participation, 3 months	of inactivity, and another 8 m	onths of full time participatio	for an equivalent of 12 mo	nths full time activity over a t	otal of 15 months.				
month award may b	e divided into	6 months of full	time participation, followed b	y 2 months of half time parts	ipation, and finally ending wit	h 3 months of full time parti	cipation for an equivalent of	10 months of full time activit	y over 11 months.			
And a second		2										
		<u>.</u>										
·				duration of these periods in	equivalent to the full durati	on of your project.						
cate the desired star	rt/end dates	for the 3 periods	below. Ensure that the tota									
cate the desired star	rt/end dates ou will be acti	for the 3 periods we on the project	below. Ensure that the tota must be at least 2 months	long. Keep in mind you may	only be in an Inactive status	during period 2. Selecting	an inactive status during pe	riods 1 or 3 may result in a	shorter period of performan	ice .		
cate the desired star ods during which yo a reduction in fundi	rt/end dates nu will be acti ng.	for the 3 periods we on the project	below. Ensure that the tota must be at least 2 months	long. Keep in mind you may	only be in an Inactive status	during period 2. Selecting	an inactive status during pe	riods 1 or 3 may result in a	shorter period of performar	ice .		
icate the desired star lods during which yo I a reduction in fundi icate the desired start	<mark>rt/end dates</mark> ru will be acti ng. : and end date	for the 3 periods we on the project es for each period	below. Ensure that the tota must be at least 2 months . After entering your desired	long. Keep in mind you may dates, you must click the "Sa	only be in an Inactive status e" button to the right before o	during period 2. Selecting	an inactive status during pe tion of the Acceptance Form.	riods 1 or 3 may result in a	shorter period of performa	ice .		
cate the desired star lods during which yo a reduction in fundi cate the desired start at Period Start Date	et/end dates nu will be acting. and end date	for the 3 periods we on the project es for each period	below. Ensure that the tota must be at least 2 months After entering your desired Indicate the amount of time you will be working on the project during the first period of activity.	long. Keep in mind you may dates, you must click the "Sa If "Other", please describe.	only be in an Inactive status e" button to the right before o Second Period Stort Date	during period 2. Selecting continuing onto the next sec Second Period End Date	an inactive status during pe tion of the Acceptance Form. Indicate the amount of time you will be working on the project during the second period of activity.	riods 1 or 3 may result in a	nhorter period of performant	nce Third Period End Date	Indicate the amount of time you will be working on the project during the third period of activity.	If 'Other', please describe.
cate the desired star ods during which yo a reduction in fundi cate the desired start it Period Start Date or data and click Saw	et the end of the end	for the 3 periods we on the project es for each period lod End Date	below. Ensure that the tota must be at least 2 months . After entering your desired Indicate the amount of time you will be working on the project during the first period of activity.	long, Keep in mind you may dates, you must click the "Sa H "Other", please describe.	only be in an Inactive status e <sup>*</sup> button to the right before o Second Period Start Date <b>O</b>	during period 2. Selecting continuing onto the next sec Second Period End Date	an inactive status during pe tion of the Acceptance Form. Indicate the amount of time you will be working on the project during the second period of activity.	riods 1 or 3 may result in a	nhorter period of performan	nce Third Period End Date	Indicate the amount of time you will be working on the project during the third period of activity.	If 'Other', please describe.

If you choose not to divide your period of performance, provide your desired start and end dates.

Contact Info	Award Period	ACH Vendor Options						
Indicate the pre	fix of your award	s Federal Award Identifica	ntion Number (FA	lin):				
NEH funds a var Reach to ensure	riety of individual a you are selecting	ward programs. Each of the the correct prefix. Your FAI	ese programs is s N can also be fou	subject to diff ind on your N	ferent rule EH offer l	s and guidelines. Refer to you etter, where it is referred to as	award's Federal Award Identification Number (FA) the "Application Number."	IN) in eGMS
Selecting the inc	correct prefix may i	result in a delay in processi	ng your award.					
HB: EH Award	s for Faculty at HB	· •						
Do you wish to Ensure that the	divide your projec total duration of 1	t into multiple periods of a these periods is equivalen	activity? Please It to the full durat	keep in mind tion of your p	that only project.	HB and FZ awards permit p	rt-time participation or divided periods of perfo	rmance.
A couple of example of	mples:							
A 12 month awa over a total of 1	ard may be divided 5 months.	into 4 months of full time p	participation, 3 mo	onths of inac	tivity, and	another 8 months of full time	participation for an equivalent of 12 months full ti	ime activity
A 10 month awa equivalent of 10	ard may be divided months of full tim	into 6 months of full time p e activity over 11 months.	participation, follo	owed by 2 mo	onths of ha	If time participation, and fina	ly ending with 3 months of full time participation for	or an
No		×						
Uninterrupted, I	Full Time Period o	f Performance Start Date	9					
	t:							
Uninterrupted, I	Full Time Period o	of Performance End Date						
	<b>:</b>							
			Close	Previous	Save	Save and Continue		
			Your for	m was last s	aved on 1	1/24/2020 at 4:35 PM.		

7. On the ACH Vendor Options tab, indicate the account into which payment should be deposited. You will be required to provide ACH details for the desired deposit account to NEH's accounting office via eGMS Reach at a later time. Instructions on submitting the ACH form will be included in the Notice of Action issued once your award has been processed.

ructions:							
11 H .I H .		la el					
would you like the direct of	deposit stipend pai	d? Choose only or	ne option.				
te: You will be required to pro	vide ACH details for	r the desired depos	sit account dire	ctly to NEH's	accountin	ng office at	a later time.
Select a value	-						
nto your bank account throug	h						
nto your bank account throug Automated Clearing House (A	h CH).						
nto your bank account throug Automated Clearing House (A nto the account of your emplo	h CH). oying						
nto your bank account throug Automated Clearing House (A nto the account of your emplo nstitution through Automated	h CH). <mark>Wing Clearing</mark>						

8. Indicate whether you require a larger first payment.

Contact Info	Award Period	ACH Vendor Options						
Instructions:								
How would you	like the direct dep	oosit stipend paid? Choose	e only one opt	ion.				
Note: You will be	e required to provid	le ACH details for the desire	ed deposit acc	ount dire	ctly to NEH's	accountin	ng office at a	later time.
Select a value								
Do you need a la	arger first paymer	nt?						
Select a value	\$	•						
Voc								
105				Close	Previous	Save	Submit	
No			Your f	form was	last saved o	n 11/24/2	2020 at 3:32	PM.

If you select "Yes", provide a brief explanation of the need for a larger first payment. After completing the ACH Vendor Options tab, click "Save" to save your responses and edit them at another time, or click "Submit" to submit your NEH Individual Program Acceptance Form

w would you like the di	reat depasit atingend paid? Chasses an	hu one option				
ote: You will be required t	o provide ACH details for the desired o	leposit account dire	ctly to NEH's	accountin	g office at a later time.	
Select a value	•		52 		-	
)o you need a larger first	payment?					
Yes	•					
rovide details about the	reason for requesting a larger first pa	ayment.				
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