



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.

1. Agency Information	
Agency Name:	Effingham County Board of Commissioners
Tax Identification Number (TIN):	58-6000821
2. Billing (Accounts Payable) Point of Contact (POC) Information	
Name:	Mark Barnes
Phone Number (xxx-xxx-xxxx):	912-754-8012
Fax Number (xxx-xxx-xxxx):	912-754-8413
E-mail Address:	mbarnes@effinghamcounty.org
Address:	804 S Laurel Street
Address (2nd line):	
City, State, Zip Code:	Springfield, GA. 31329
3. Customer Payment and Budgeting Information	
Purchase Commitment Number:	
Amount Obligated (Budgeted):	\$300.00
Funds Expiration Date:	June 30, 2024
4. Program POC	
Name:	Mark Barnes and Alison Bruton
Phone Number (xxx-xxx-xxxx):	912-754-2159
E-mail Address:	mbarnes@effinghamcounty.org ; abruton@effinghamcounty.org

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.

_____	_____
[Insert Authorized Signatory Name]	Jonathan M. Mills
[Insert Position/Title]	Chief, SAVE Program
[Insert Agency Name] Trading Partner]	DHS USCIS Trading Partner

_____	_____
Date	Date

<i>Internal SAVE Use ONLY</i> 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 the SAVE Program via e-mail
4. Submit the signed Addendum to: SAVERegistration@uscis.dhs.gov

EXPLANATION OF TERMS

- ¹ **Purchase Commitment Number:** This field may be left blank if your agency does not use this number or a similar identifier.
- ² **Amount Obligated (Budgeted):** This amount may be an estimate, though SAVE recommends a minimum of \$300 per year (calendar or fiscal). This amount equals \$25 per month, which is the minimum amount your agency can be invoiced in a single month (unless you do not submit a single query).
- ³ **Funds Expiration Date:** This date is the time when 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.
- ⁴ **Form G-845:** Verification Document, Form G-845, file electronically. Use this form to verify the immigration status of applications for federal public benefits or licenses when additional verification is required.