*The purpose of this questionnaire is to gather initial information about potential program candidates, assess current state of receivables management and discuss specific agency needs and objectives in preparation for participation in the U.S. Treasury Centralized Receivables Service. A questionnaire must be completed for each program that wants to be a part of CRS.*

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| --- | --- | --- | --- | --- |
| **General**  Date**: Enter a date**  Agency Name**:** Click here to enter text.  Program Name:**­­­­­­­­­­­­­­** Click here to enter text. | | Preparer**:** Click here to enter text.  Phone**:** Click here to enter text.  ALC: Click here to enter text. | | |
| **Debt Information**   1. Does program refer to Cross-Servicing (CSNG)? **Yes No**   If Yes, Program Code  If Yes, when? | | | | |
| 1. Debtor Type: 2. Recurring Debtors? 3. Do you service any debtors with foreign addresses? **Yes No**   If Yes, do you call, email, or mail to them?  **Enter text**   1. What type of debtor information do you collect? *(check all that apply)*   **TIN Mailing Address**  **E-mail Address  Phone Number**  **Other: Enter text** | | 1. Debt Type (choose one item) 2. Brief Description of debt and debtor: 4. Will you refer all program’s receivables to CRS?   **Yes No**  If No, please describe:   1. Frequency of receivables submission   If Other, please describe:   1. What statutory or legal requirements govern servicing of these receivables? | | |
| **Receivables** *(Monthly estimates)*     |  |  |  | | --- | --- | --- | | Count (Volume) | Invoiced Amt ($) | Collections ($) | |  |  |  | | | | | |
| **Systems and Processes** |  | | | |
| 1. What initiates the receivables process? *(check all that apply)*   **Signed Agreement  Fines  Penalties**  **Recurring Fees Services Provided Other:**   1. Do you currently generate invoices (i.e., demands for payment)? **Yes No** 2. How are they generated?   If Automatic, please describe system *(Oracle, SAP, etc.)*   1. Number of FTE managing receivables: | | | | |
|  | | | | |
| 1. Do you offer repayment agreements on receivables? **Yes No**   If Yes, please describe *(ex. process, limits on $ or time to pay)*: | | | | |
| 1. What payment options do you offer? *(check all that apply****)***   **Pay.gov Wire Transfer ACH Credit Lockbox OTC.Net Other: Enter text** | | | | |
| 1. How do you share files with Treasury?   (*check all that apply)* | | | Connect: DirectConnect Enterprise  Secure FTPOther: **Enter text** | |
| 1. When is due process provided to the debtor? 2. Do you have special due process requirements outside of a 60 day due process notice **Yes No**   If Yes, please explain. **Enter text**   1. Do you charge interest on late receivables?   **Yes No**   1. Do you charge penalties on late receivables?   **Yes No** | | | Included with Invoice/demand letter  30 days after invoice/demand letter is sent  Other: **Enter text**  If yes, when is it accrued & assessed?  If no, do statutory exemptions apply?    If yes, when is it accrued & assessed?  If no, do statutory exemptions apply?  **Enter text for Yes/No explanation** | |
|  | | | |
| 1. Do you charge additional administrative fees, or penalties? **Yes No**   If so, please describe: **Enter text**   1. How do you pursue overdue debts? **Letter, phone call** | | | |
| **Current Servicing** *(Monthly estimates)*     |  |  |  |  |  | | --- | --- | --- | --- | --- | | Inbound Calls | Outbound Calls | Proof of Debt Requests | Disputes Received | Repayment Agreements Requested | | Monthly Inbound Calls | **Monthly Outbound Calls** | **Monthly POD** | **Monthly Disputes** | **Monthly installment/payment agreements** |   Choose an item. | | | |
| **Program Needs** |  | | | |

1. What data fields, reports, and/or information does your agency need to update your system/s? What frequency?

1. Do you foresee any impediments to implementation? (i.e., access to IT resources, CCB, etc)

1. When could your program transition to CRS?