

U.S. ARMY CORPS OF ENGINEERS, BALTIMORE DISTRICT
DoD NATIONAL RELOCATION PROGRAM (DNRP) SERVICES REQUEST

For use of this form see 5 U.S.C., 5724 and JTR Chapter 5, Part B, Section 15; the proponent agency is CENAB-RE-N.

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Public Law 98-151; Title 5 U.S.C. Section 5724, Chapter 57, Joint Travel Regulations (JTR) Chapter 5, Part B, Section 15.

PRINCIPAL PURPOSE(s): To determine eligibility for employer-paid relocation services and process requests for the DoD National Relocation Program (DNRP)

ROUTINE USE(s): in addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)3 including the DNRP contractor(s) who provide guaranteed home sale and / or property management services for transferring employees in accordance with DNRP contract requirements.

DISCLOSURE: Disclosure is voluntary, however, failure to fully complete and return this form may preclude or delay your use of these services.

INSTRUCTIONS

DO NOT USE COMMAS, DECIMALS OR \$ SIGNS ANYWHERE ON THIS FORM. FOR QUESTIONS OR ASSISTANCE CALL DNRP AT 800.344.2501 OR 410.962.3166.

SECTION I - EMPLOYEE AND SERVICES

| | | | | |
|--|---------|--|-----------|---------------------------|
| 1. EMPLOYEE (Last, First MI) | | 2. REQUESTED SERVICES (Select X one) <input type="checkbox"/> a. GUARANTEED HOME SALE (GHS). <input type="checkbox"/> b. PROPERTY MANAGEMENT. | | 3. REPORT DATE (YYYYMMDD) |
| 4. CURRENT TELEPHONE NUMBERS / E-MAIL (no Defense Switched Network (DSN)). | | | | |
| a. WORK TELEPHONE | b. HOME | c. CELL | d. E-MAIL | |

SECTION II - RESIDENTIAL HOME SALE PROPERTY INFORMATION

| | | | | |
|---|-------------|--|--|--|
| 1. PROPERTY ADDRESS | | 2. CITY | | |
| 3. STATE | 4. ZIP CODE | 5. ESTIMATED VALUE OF RESIDENCE (GHS only)(enter numbers only) | | |
| 6. SUBJECT PROPERTY IS OWNED BY MYSELF AND / OR ELIGIBLE DEPENDENT(S) AT THE TIME OF MY NOTIFICATION OF TRANSFER. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 7. THE SUBJECT PROPERTY IS MY PRIMARY RESIDENCE FROM WHICH I REGULARLY COMMUTED TO WORK ON A DAILY BASIS AT THE TIME OF MY OFFICIAL NOTIFICATION OF TRANSFER. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

EMPLOYEE INSTRUCTIONS: ELECTRONICALLY SIGN BELOW, SAVE AND E-MAIL TO YOUR HUMAN RESOURCES OFFICE (HRO) POINT OF CONTACT (POC), I CERTIFY THAT THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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| 8a. EMPLOYEE (Last, First MI) | b. DATE (YYYYMMDD) | c. EMPLOYEE'S SIGNATURE (CAC signing locks form to this point) |
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SECTION III - HRO USE ONLY - DO NOT WRITE BELOW THIS LINE

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|---|---|---|-----------------------------|--|
| 1. SELECT X ONE. <input type="checkbox"/> a. ARMY. <input type="checkbox"/> b. NAVY. <input type="checkbox"/> c. AIR FORCE. <input type="checkbox"/> d. AIR FORCE RESERVE. <input type="checkbox"/> e. OTHER DoD (specify). | | | | |
| 2. AGENCY NAME | | 3. ADDRESS (Street, City, State and Zip Code) | | |
| 4. HRO POC (Last, First MI) | | 5. TELEPHONE NUMBER | | |
| 6. E-MAIL ADDRESS | | | | |
| <input type="checkbox"/> 7. TRAVEL ORDERS WILL BE INCLUDED (select X box) IN THE E-MAIL THAT IS SENT TO BUDGET OFFICE. | | | | |
| 8. DNRP BASIC: ESTIMATED HOME VALUE | X | % = | ESTIMATED OBLIGATED AMOUNT. | |
| 9. DNRP PLUS: ESTIMATED HOME VALUE | X | % = | ESTIMATED OBLIGATED AMOUNT. | |
| 10. PROPERTY MANAGEMENT: NUMBER OF MONTHS APPROVED (convert whole years to months) _____ X (e.g., 12 x \$810.00 = \$9,720.00) _____ = ESTIMATED OBLIGATED AMOUNT | | | | |

INSTRUCTIONS: SIGN, SAVE AND ATTACH TRAVEL ORDERS TO E-MAIL FORWARDED TO THE BUDGET OFFICE (CAC signing locks Sections III and IV).

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| 11a. AUTHORIZED HRO (Last, First MI) | b. DATE (YYYYMMDD) | c. AUTHORIZED HRO'S SIGNATURE |
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SECTION IV - BUDGET OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

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| 1. I CERTIFY THAT FUNDS IN THE AMOUNT (\$) OF ARE AVAILABLE | 2. TELEPHONE NUMBER |
| 3. E-MAIL ADDRESS | |
| 4. REQUISITION NUMBER / PURCHASE REQUEST AND COMMITMENT (PR&C) NUMBER | |
| 5. ACCOUNTING CITATION / LINE OF ACCOUNTING (LOA) | |
| 6. PAYING DEFENSE FINANCE AND ACCOUNTING SERVICE (DFAS) OFFICE ADDRESS (Street, City, State and Zip Code) | |
| 7. PAYING OFFICE DEPARTMENT OF DEFENSE ACTIVITY ADDRESS CODE (DODAAC) NUMBER | |

INSTRUCTIONS: SIGN, SAVE AND ATTACH TRAVEL ORDERS TO E-MAIL YOU FORWARD TO dnrp@usace.army.mil (CAC signing locks Sections V).

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| 8a. BUDGET OFFICE (Last, First MI) | b. DATE (YYYYMMDD) | c. BUDGET OFFICE REPRESENTATIVE'S SIGNATURE | |
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SECTION V - DNRP USE ONLY

INSTRUCTIONS

DO NOT USE COMMAS, DECIMALS OR \$ SIGNS IN SECTION VI BLOCKS 6a, b, c, 7b, c, THESE BLOCKS WILL SELF POPULATE THOSE CHARACTERS.

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| 1. REQUEST DATE (YYYYMMDD) | 2. TRANSFEREE NAME (Last, First MI) | 3. REPORT DATE (YYYYMMDD) PER DNRP |
| 4. DNRP SPECIALIST (Last, First MI) | | 5. CONTRACTOR / CONTRACT NUMBER |
| 6. GUARANTEED HOME SALE (GHS). | | |
| a. ESTIMATED HOME VALUE (\$) | b. BILLING % RATE (e.g., .25 = 25%) | c. OBLIGATION AMOUNT (\$) (a x b = c) |
| 7. PROPERTY MANAGEMENT. | | |
| a. NUMBER OF MONTHS | b. PROPERTY MANAGEMENT FEE \$ | c. OBLIGATION AMOUNT (\$) (a x b = c) |

8. COMMENTS

INSTRUCTIONS: SIGN AND SAVE (CAC signing locks Section VI).

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| 9a. DNRP REPRESENTATIVE (Last, First MI) | b. DATE (YYYYMMDD) | c. DNRP REPRESENTATIVE'S SIGNATURE | |
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SECTION VI - CONTRACTING USE ONLY

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| 1. BLANKET PURCHASE AGREEMENT (BPA) CALL NUMBER | 2. BPA AMOUNT | 3. DATE (YYYYMMDD) PREPARED BY CONTRACTING |
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INSTRUCTIONS: SIGN AND SAVE (CAC signing locks Section VI).

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| 4a. CONTRACTING OFFICES (Last, First MI) | b. DATE (YYYYMMDD) | c. CONTRACTING OFFICE'S SIGNATURE | |
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