

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-REN.

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 (<i>Last, First MI</i>)		2. REPORT DATE (YYYYMMDD)	
3. CURRENT TELEPHONE NUMBERS / E-MAIL (<i>no Defense Switched Network (DSN)</i>).			
a. WORK TELEPHONE		b. HOME	c. CELL
d. WORK E-MAIL		e. PERSONAL E-MAIL	
4. RESIDENTIAL HOME PROPERTY INFORMATION			
a. PROPERTY ADDRESS		b. CITY	
c. STATE	d. ZIP CODE	5. ESTIMATED VALUE OF RESIDENCE (<i>GHS only</i>)(<i>enter numbers only</i>)	
6. Request Services <input type="text"/>	7. 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
8. PROPERTY IS MY PRIMARY RESIDENCE, WHICH I REGULARLY COMMUTED TO WORK AT THE TIME OF MY OFFICIAL NOTIFICATION OF TRANSFER			<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYEE INSTRUCTIONS: ELECTRONICALLY SIGN BELOW, SAVE AND EMAIL 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

9a. EMPLOYEE (<i>Last, First MI</i>)	b. DATE (YYYYMMDD)	c. EMPLOYEE'S SIGNATURE (<i>CAC signing locks form to this point</i>)	
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SECTION II HUMAN RESOURCE OFFICE (HRO) USE ONLY

1. AGENCY (select from list) <input type="text"/>	OTHER:		
2. AGENCY NAME		3. AGENCY ADDRESS (<i>Street, City, State and Zip Code</i>)	
4. HRO POC (<i>Last, First MI</i>)		5. POC TELEPHONE NUMBER	
6. E-MAIL ADDRESS			
7. TO BE INCLUDED: a. Travel Orders. b. MIPR (Reimbursable Labor) c. MIPR (Reimbursable Home Purchase or Property Management). <input type="checkbox"/> MIRP=MILITARY INTERDEPARTMENTAL PURCHASE REQUEST ONLY ONE OF THE THREE SERVICES SHOULD BE SELECTED; DNRP BASIC or DNRP PLUS or PROPERTY MANAGEMENT			
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 (<i>convert whole years to months</i>)	X (e.g. 12 x \$700.00 = \$8,400.00)	= ESTIMATED OBLIGATED AMOUNT _____ .	

INSTRUCTIONS: SIGN AND ATTACH TRAVEL ORDERS TO EMAIL FORWARDED TO THE BUDGET OFFICE

11. a. HRO (<i>Last, First MI</i>)	b. DATE (YYYYMMDD)	c. AUTHORIZED HRO'S SIGNATURE (<i>CAC signing locks Sections I and II</i>)	
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SECTION III - BUDGET OFFICE USE ONLY

1. BUDGET OFFICE POC	2. BUDGET OFFICE POC TELEPHONE NUMBER
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3. BUDGET OFFICE POC E-MAIL ADDRESS

4 a. REIMBURSABLE MIPR NUMBER -LABOR (<i>PR&C</i>) NUMBER	4 b. REIMBURSABLE MIPR \$ AMOUNT -LABOR
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5 a. REIMBURSABLE MIPR NUMBER- HOME PURCHASE or PROPERTY MANAGEMENT

5 b. REIMBURSABLE MIPR \$ AMOUNT- HOME PURCHASE or PROPERTY MANAGEMENT (from section II 8, 9 or 10)

6 CERTIFY THAT THESE FUNDS ARE AVAILABLE (4b+5b)
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7. PAYING DEFENSE FINANCE AND ACCOUNTING SERVICE (DFAS) OFFICE ADDRESS
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8. ACCOUNTING CITATION/ LOA-Line of Accounting
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9. PAYING OFFICE DEPARTMENT OF DEFENSE ACTIVITY ADDRESS CODE (DODAAC) NUMBER
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10. TO BE INCLUDED: a. Travel Orders. b. MIPR (Reimbursable Labor) c. MIPR (Reimbursable Home Purchase or Property Management)
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11. NOTES

12 a. BUDGET OFFICE (Last, First MI)	b. DATE (YYYYMMDD)	c. BUDGET OFFICE REPRESENTATIVE'S SIGNATURE
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