

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.

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

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.

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

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).

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.

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).

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

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).

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