

# SUPPLEMENTAL INFORMATION HEADER

The following pages contain supplemental information for this competitive document. The supplemental information is contained between this header and a trailer page. If you receive the trailer page, all supplemental information has been received.

If you do not receive the trailer page of this supplement, use the inquiry process described in the document to notify the Procurement Representative.

Note: portions of the supplemental information provided may or may not contain page numbers. The total number of pages indicated on the cover page does not include the pages contained in this supplement.

**Supplement One  
W-9 Form**

**Veterans Bonus System  
RFP #0A1071**



- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

## Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

**Supplement Two  
System Requirements Specification**

**Veterans Bonus System  
RFP #0A1071**

**Ohio Department of Veterans Services  
Veterans Bonus Program  
System Requirements Specification**

Req. #	Req. Area / Function / Description	Supporting Documentation
<b>1.0</b>	<b><i>Application Initiation &amp; Inquiry</i></b>	
<b>1.1</b>	<b>Welcome Page for the Veteran Bonus Program</b>	
1.1.1	The system must include a web site which includes a welcome page	
1.1.2	The system must include an eligibility tool (see 1.2) that will allow the applicant to determine if he/she qualifies for the bonus.	
1.1.3	The system must allow an applicant to initiate a new application (see 1.3).	
1.1.4	The system must include a web based welcome page that will allow an applicant to select from the following options: run through the eligibility tool, start a new application, login and check the status of a pending application.	
<b>1.2</b>	<b>Veteran Bonus Program Eligibility Tool</b>	
1.2.1	The system must include an intuitive/easy to use program eligibility tool to run the applicant through a list of questions to determine eligibility.	See Supplement Five - Draft Application Questions and Supporting Documentation Requirements
1.2.2	The system must direct the applicant to the full online application or explain why the individual should not continue with the application, based on the responses to the eligibility questions.	
1.2.3	The system must pass the data from the eligibility tool to the online application without the applicant entering duplicate data	
<b>1.3</b>	<b>Veteran Bonus Program Application</b>	
1.3.1	The system must allow the applicant to download or print the full application form.	
1.3.2	The system must provide a question navigation system using the standard first, previous, next and last.	
1.3.3	The system must allow the applicant to enter the application online	
1.3.4	The system must then walk the applicant through the application questions using basic yes/no radio button selections and drop down selections.	See Supplement Five - Draft Application Questions and Supporting Documentation Requirements
1.3.5	The system must be able to process applicant's responses to questions directing the applicant through the 13 different application paths and 6 application types.	See Supplement Five - Draft Application Questions and Supporting Documentation Requirements
1.3.6	The system must provide easy to understand and intuitive online help with definitions and examples on a per question basis.	
1.3.7	The system must allow the applicant to view, correct and print the summary of application responses at any time throughout the application process.	

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System Requirements Specification**

Req. #	Req. Area / Function / Description	Supporting Documentation
1.3.8	The system must allow the applicant to return to any question to change an answer. If the answer changes the application path, the system must prompt and redirect the applicant based on revised answer. The system must then send the applicant through the revised application path.	
1.3.9	The system must require an official certification by applicant of the accuracy of the application and include a "submit application" button upon completion of the application.	Certification text will be provided by ODVS at the time of system design
1.3.10	The system must prompt the applicant to print a one page application summary which must include the applicants information, an abbreviated view of their application responses, and a request for signature.	
1.3.11	The system must email the applicant and allow the applicant to print a pre-populated W9 form, a checklist of required supporting documentation, mailing instructions, and steps to check the status of the application.	
1.3.12	The system must create and assign an application number bar code* on all printed documents for document scanning during processing.	* The bar code used on all documents must be compatible with the proposed scanning equipment
<b>1.4</b>	<b>Application Inquiry</b>	
1.4.1	The system must allow the applicant to inquire on the status of their application with a user ID and password or the user's last name and last 4 digits of their SSN.	
1.4.2	The system must prompt the applicant for a password. The user ID must default to an email address but could be overwritten with a user defined ID.	
1.4.3	The system must allow the applicant to request application status information.	
1.4.4	The system must only display basic status information and must not include sensitive information.	
<b>2.0</b>	<b>Application Receipt and Indexing</b>	
<b>2.1</b>	<b>Application Receipt and Imaging Preparation</b>	
2.1.1	The system must direct applicants to mail all application documents to the Application Processing Center (APC) in Sandusky Ohio.	
2.1.2	The system must be able to handle the input from a minimum of two networked scanners.	

**Ohio Department of Veterans Services  
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2.1.3	The system must be able to use the application summary page as a page separator during the document scanning process.	
2.1.4	The system must accept a ODVS preprinted scan page as a separator if the contents of the envelope do not contain the application summary page.	
<b>2.2</b>	<b>Document Imaging and Indexing</b>	
2.2.1	The system must read any available bar code and index the application summary page and any supporting documents included with the summary page.	
2.2.2	The system must include 10 document templates each with up to 10 OCR fields on each document.	
2.2.3	The system must save the data collected through OCR to the application number within the database.	
2.2.6	The system must place all non-indexed documents in a processor's worklist and create a new application number if the system cannot index the document to an existing application number.	
2.2.7	If the system cannot automatically index a document(s), the system must place document(s) in a processor's work list for manual review and manual indexing	
2.2.8	The system must present the processor with the scanned image and an online form listing the available indexing fields (e.g. SSN, application number, last name). The processor will review the scanned image and record the applicable information in the indexing fields. The system must associate index information captured from the document(s) to the application number.	
<b>3.0</b>	<b>Application Processing</b>	
<b>3.1</b>	<b>Application Worklist Assignment</b>	
3.1.1	The system must assign the application to the processor's worklist based on application type, processor worklist volume, and application number.	
<b>3.2</b>	<b>Application Selection and Review</b>	
3.2.1	The system must have an easy to use navigation system that allows for processors to select an application from their worklist and navigate to the application management page where all of the applicant's data, online application and supporting documentation can be reviewed	

**Ohio Department of Veterans Services  
Veterans Bonus Program  
System Requirements Specification**

Req. #	Req. Area / Function / Description	Supporting Documentation
3.2.2	The system must allow a processor to manually key the imaged paper application into the Veterans Bonus System. In order to complete the data entry, the System must utilize the same online application available to an applicant. Once the application is entered in the system, the system must associate the signed application image, along with any supporting documentation, to the application number.	
3.2.3	The system must provide the processor with an online checklist to assist in the review of the application and the required supporting documentation. Once the checklist is complete, the system must automatically calculate the bonus (see 4.1.1)	
<b>3.3</b>	<b>Application Notification</b>	
3.3.1	The system must automatically notify the applicant through email or letter (based on the applicant communication preference), when a completed application has been received.	
3.3.2	The system must allow the processor to send out a notification letter or email (based on the applicant communication preference) to the applicant when additional supporting documentation is needed. This notification will include a bar coded cover letter to be returned with the documentation.	
3.3.3	The system must automatically notify the applicant through email or letter (based on the applicant communication preference) when an application has been received but the signed application or supporting documentation has not been received.	
3.3.4	The system must automatically notify the applicant via letter or email (based on the applicant communication preference) if there is a large backlog and the application is taking more than (ODVS defined) days to process.	
3.3.5	The system must notify the applicant through email or letter (based on the applicant communication preference) with details if the application is denied at any point throughout the process.	
<b>4.0</b>	<b>Bonus Calculation and Approval</b>	
<b>4.1</b>	<b>Bonus Calculation</b>	

**Ohio Department of Veterans Services  
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Req. #	Req. Area / Function / Description	Supporting Documentation
4.1.1	The system must allow for a bonus calculation formula based on the eligible bonus categories up to the maximum award amount(s). The formula will use the applicant's answers and confirmation of supporting documentation to calculate the total bonus using the bonus calculation formula.	See Supplement Four - Program Rules
<b>4.2</b>	<b>Bonus Review and Approval</b>	
4.2.1	The system must allow the processor to review and override the bonus calculation, if necessary, and submit the application for approval. If the processor overrides the calculation the system must require the processor to note the reason for the override.	
4.2.2	The system must allow the processor to place the application into an approver's worklist and notify the approver via email.	
4.2.3	The system must present the approver with a summary of the application and supporting documents. When the approver selects the application from their worklist, the system must provide a view of the detailed application and supporting documentation images.	
4.2.4	The system must include a view that summarizes all of the completed applications for the day or period of time and enables the approver to approve the bonus payments in a batch after review.	
<b>4.3</b>	<b>Bonus Rejection or Return to Processor</b>	
4.3.1	The system must allow the application and bonus to be denied by the approver and returned to a processor's worklist or if the bonus is denied for qualification reasons notification will be sent back to the applicant (see 3.3.5).	
4.3.2	If an application is sent back to a processor by the approver, the system must allow the approver to note the reason for denial. The system must allow the processor to correct and resubmit the application if appropriate.	
4.3.3	The system must also place any denied application at the top of a processor's worklist.	
<b>5.0</b>	<b>Bonus Payment Processing</b>	
<b>5.1</b>	<b>Applicant Notification</b>	
5.1.1	The system must notify the applicant via email or letter (based on the applicant communication preference) with the bonus details including expected payment date, once the application is approved for payment	
<b>5.2</b>	<b>OAKS Integration and Processing</b>	

**Ohio Department of Veterans Services  
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System Requirements Specification**

Req. #	Req. Area / Function / Description	Supporting Documentation
5.2.1	The system must produce the outbound voucher interface file which includes a daily batch of all payment requests for submission to the State's financial system (OAKS).	See Supplement Six - OAKS Interfaces
5.2.2	The system must format the Voucher interface file based on the State provided specifications, at the end of each business day.	
5.2.3	The system must interface with OAKS to load the vouchers into OAKS and process the payments. (Barring any voucher processing issues, checks will be printed and mailed by OBM two business days after receipt of vouchers from ODVS).	
5.2.4	The system must receive and process a daily report from OAKS identifying any voucher processing issues. ODVS Fiscal staff will work to resolve any issues.	
5.2.5	The system must read the inbound Payment Interface file provided by OAKS every business morning and match the voucher requests to the payment information.	See Supplement Six - OAKS Interfaces
5.2.6	The system must run an automated daily report to trace the status of all submitted vouchers. This report must be automatically emailed to the program management for review.	
<b>6.0 1099 Processing</b>		
<b>6.1 1099 Reporting</b>		
6.1.1	The system must be ODVS' system of record for all bonus payments and 1099 reporting.	
6.1.2	The system must store, recall and maintain 1099 reports for auditing purposes for the life of the Veterans Bonus Program.	
6.1.3	The system must identify all applicants by Tax ID (social security number) that have received a total bonus payment of \$600 or more, at the end of each calendar year.	
6.1.4	The system must produce a 1099 PDF file for submission to State Printing, that complies with IRS 1099 standards.	
6.1.5	The system must sort all 1099 forms by zip code.	
<b>6.2 1099 IRS Filing</b>		
6.2.1	The system must produce a 1099 flat file for submission to the IRS.	
6.2.2	The system must allow ODVS to review and email the file to OBM to be appended to the State's IRS filing.	
<b>6.3 1099 IRS Inquiries</b>		

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Req. #	Req. Area / Function / Description	Supporting Documentation
6.3.1	The system must have the ability to pull an applicant's 1099 and W9 upon request, for periodic requests by OBM for the State's 1099 reporting and backup documentation responsibilities to the IRS.	
<b>7.0</b>	<b>System Administrative Functions</b>	
<b>7.1</b>	<b>System Administration</b>	
7.1.1	The system must provide an administrative graphical user interface to the application questions and question path. The administrative interface must have the ability to add, modify or remove application types, questions and the question path.	
7.1.2	The system must provide an administrative graphical user interface with the ability to add, modify or remove the bonus rules and bonus calculations.	
7.1.3	The system must provide an administrative graphical user interface with the ability to add, modify or remove system configuration values (e.g. application notification criteria and periods; supporting documentation types; system users and roles, etc.).	
<b>7.2</b>	<b>System Security</b>	
7.2.1	The system security must be role based with roles defining the read, write and update rights for each component and function of the system. The ODVS staff would then be assigned to one or multiple roles.	
7.2.2	The system security must have identity management features that assigns a unique user ID and password to all users.	
7.2.3	The system must be able to handle at a minimum the following roles: applicant, application processor, application approver, system administrator.	
7.2.4	The system must be able to add, edit, and delete security roles as well as custom security on a field and page level basis.	
7.2.5	The system must provide an appropriate level of security to prevent unauthorized access from both internal and external locations.	
7.2.6	The system must store all applicant data behind the ODVS firewall. The system must only provide the application status outside of the firewall.	
7.2.7	When an applicant's session is completed or closed, the system must delete the associated data that resides outside the ODVS firewall.	
<b>7.3</b>	<b>House Bill 648 Requirements</b>	

**Ohio Department of Veterans Services  
Veterans Bonus Program  
System Requirements Specification**

Req. #	Req. Area / Function / Description	Supporting Documentation
7.3.1	The system must audit and log all access and activities by ODVS staff to application data. The audit log must also include all changes to system security and configuration settings.	For the full version of the House Bill HB 648: <a href="http://www.legislature.state.oh.us/bills.cfm?ID=127_HB_648">http://www.legislature.state.oh.us/bills.cfm?ID=127_HB_648</a>
7.3.2	The system must be able to generate a report that will detail all access to a specific person's sensitive information, this report must also detail what sensitive information is being maintained by the system.	
<b>7.4</b>	<b>Workflow / System Notifications</b>	
7.4.1	The system must provide all processors, approvers and administrators, a worklist to prioritize and drive their work.	
7.4.2	The system must bring the processor directly to the application record when a processor selects a task out of their worklist.	
7.4.3	The system must send all notifications to ODVS staff via email and also place a task in the worklist.	
7.4.4	The system must allow authorized ODVS staff to reassign a worklist queue or a specific task to another processor.	
<b>7.5</b>	<b>Management and Processor Reporting</b>	
7.5.1	The system must have an adhoc query and reporting tool. This reporting tool must include a graphical mapping function.	
7.5.2	The system must have a reporting tool that allows system administrators to create and support transaction and management reports.	
7.5.3	The system must have a report that includes application statistics by application status - in a list format and depicted on a visual map of Ohio by county. This report must also list out-of-state statistics.	
7.5.4	The system must have a report that includes applications received by day, week, month, and year.	
7.5.5	The system must have a report that includes application processed by type, day, week, month, year and average time to complete an application (from initial review to bonus calculation).	
7.5.6	The system must have a report that includes information on processor and approver performance (e.g. average time to complete an application review, number of rejections by an approver).	
7.5.7	The system must have a report that includes awards and denials by month and year.	
7.5.8	The system must have a report that includes awards by type: veteran/person on behalf of veteran by month, year and user defined parameters.	

**Ohio Department of Veterans Services  
Veterans Bonus Program  
System Requirements Specification**

Req. #	Req. Area / Function / Description	Supporting Documentation
7.5.9	The system must have a report that includes applicants by service type.	
7.5.10	The system must allow all reports to be exported to pdf, Excel, xml, and html.	
7.5.11	The system must have a report that includes call inquiry volume by: hour, day, week, and month.	
7.5.12	The system must have a report that includes call inquiry type: instructions and status.	
7.5.13	The system must have a report that includes call volume by type.	
7.5.14	The system must have a report that includes call origination by country, by state, by county, and by time frame with a visual map of Ohio by county.	
<b>7.6</b>	<b>Printing and Mailing</b>	
7.6.1	The system must produce all outbound documents in PDF format.	
7.6.2	The system must provide an automated connection and PDF file transfer to State Printing's secure ftp server. The system must provide administrative control over the scheduling of the PDF file transfer process (see 7.1.3).	
<b>8.0</b>	<b>Call Center</b>	
<b>8.1</b>	<b>Automated Call Attendant</b>	
8.1.1	The system must have an opening message to direct caller's inquiries about an existing application, new application or general questions about the Veterans Bonus Program. By selecting one of the options a call would be routed through the automated call system or directly to a processor.	
8.1.2	The system must allow at any point throughout the call tree, prerecorded messages about program rules, directions to get updated status online, general program information, and an option to speak directly to a processor.	
8.1.3	The system must prompt the applicant to enter application number and personal identifying security information (Zip, last 4 SSN), if it is an existing application.	
8.1.4	The system must route the call to a specific processor or next available processor to get status updates based upon the information entered in 8.1.3.	

**Ohio Department of Veterans Services  
Veterans Bonus Program  
System Requirements Specification**

Req. #	Req. Area / Function / Description	Supporting Documentation
8.1.5	The system must provide available application status information for the applicant based on the response to prompted questions	
8.1.6	The system must allow the applicant to exit the wait queue and schedule a call back when processors are available at any point during the call.	
8.1.7	The system must build all queues as first in first out, and processors will be given visual tools to view and identify the amount of incoming calls and wait time.	
8.1.8	The system must allow the processor to forward a call and information captured in 8.1.3 to another processor.	
8.1.9	The system must notify the applicant of the current average wait time for any queues they are in.	
8.1.10	The system must have the ability to record, store and replay calls with application number and processor spoken with, in order to improve customer service.	
<b>9.0 System Performance</b>		
<b>9.1 Veterans Bonus System</b>		
9.1.1	The system must allow for up to 50 ODVS processors to be logged into and performing work in the system simultaneously.	
9.1.2	The system must have the capacity to process up to 2000 applications per day.	
9.1.3	The system must have the capacity to support up to 500 applicants accessing the ODVS - Veterans Bonus Program website concurrently.	
<b>9.2 Call Center Solution</b>		
9.2.1	The system must have the capacity to support up to 50 application processors on calls simultaneously.	
9.2.2	The system must have the capacity to receive and route up to 2000 calls per day.	
<b>9.3 Imaging Solution</b>		
9.3.1	The system must have the capacity to scan, index and store up to 5000 pages per day.	
9.3.2	The system must have the capacity store 10 million pages over 5 years of the program.	
9.3.3	The system must include a minimum of two scanner stations with high volume, one pass, duplex scanners. These scanners must handle paper sizes from 3 x 5 to legal size.	

**Supplement Three  
Joint Resolution**

**Veterans Bonus System  
RFP #0A1071**

# JOINT RESOLUTION

Proposing to enact Section 2r of Article VIII of the Constitution of the State of Ohio to provide compensation to veterans of the Persian Gulf, Afghanistan, and Iraq conflicts.

Be it resolved by the General Assembly of the State of Ohio, three-fifths of the members elected to each house concurring herein, that there shall be submitted to the electors of the state, in the manner prescribed by law at the general election to be held on November 3, 2009, a proposal to enact Section 2r of Article VIII of the Constitution of Ohio to read as follows:

## ARTICLE VIII

Section 2r. (A) Upon the request of the department of veterans services, the Ohio public facilities commission shall proceed to issue and sell, from time to time, bonds or other obligations of the state in such amounts as are necessary to provide all or part of the funds as may be required to pay the compensation established by, and the expenses of administering, this section. The original principal amount of obligations so issued shall not exceed two hundred million dollars, provided that obligations issued under this section to retire or refund obligations previously issued under this section shall not be counted against that issuance limitation. The full faith and credit, revenue, and taxing power of the state is hereby pledged for payment of debt service on such obligations issued under this section, and the state covenants to continue the levy, collection, and application of sufficient state excises, taxes, and revenues to the extent needed for those purposes; provided that moneys referred to in Section 5a of Article XII of the Constitution of the State of Ohio may not be pledged or used for the payment of debt service. As used in this section, "debt service" means principal and interest and other accreted amounts payable on the obligations authorized by this section.

Each obligation so issued shall mature not later than the thirty-first day of December of the fifteenth calendar year after its issuance, except that obligations issued to refund obligations under this section shall mature not later than the thirty-first day of December of the fifteenth calendar year after

the year in which the original obligation was issued. Except for obligations issued under this section to retire or refund obligations previously issued under this section, no obligations shall be issued under this section later than December 31, 2013.

In the case of the issuance of any obligations under this section as bond anticipation notes, provision shall be made in the bond or note proceedings for the establishment, and the maintenance during the period the notes are outstanding, of special funds into which there shall be paid, from the sources authorized for payment of the bonds anticipated, the amount that would have been sufficient to pay the principal that would have been payable on those bonds during that period if bonds maturing serially in each year over the maximum period of maturity referred to in this section had been issued without the prior issuance of the notes. Those special funds and investment income on them shall be used solely for the payment of debt service on those notes or the bonds anticipated.

The obligations issued under this section, their transfer, and the interest, interest equivalent, and other income thereon, including any profit made on their sale, exchange, or other disposition, shall at all times be free from taxation within the state.

Such obligations may be sold at public or private sale as determined by the Ohio public facilities commission.

(B) Out of the proceeds of the sale of all obligations, except those issued to refund or retire obligations previously issued under this section, the amount that represents accrued interest, if any, shall be paid into the state treasury into the Persian gulf, Afghanistan, and Iraq conflicts compensation bond retirement fund, which is hereby created. As determined at the time of sale, the amount that represents premium shall be paid into either the Persian gulf, Afghanistan, and Iraq conflicts compensation bond retirement fund or the Persian gulf, Afghanistan, and Iraq conflicts compensation fund, which is hereby created in the state treasury. The balance of the proceeds shall be paid into the Persian gulf, Afghanistan, and Iraq conflicts compensation fund. All proceeds of the sale of any obligations issued under this section to refund or retire obligations previously issued under this section shall be paid into the Persian gulf, Afghanistan, and Iraq conflicts compensation bond retirement fund and used to pay debt service on those outstanding obligations so refunded. The general assembly may appropriate and cause to be paid into the Persian gulf, Afghanistan, and Iraq conflicts compensation bond retirement fund or the Persian gulf, Afghanistan, and Iraq conflicts compensation fund, out of money in the treasury not otherwise appropriated, such amount as is proper for use for the purposes for which such funds are

created. Except for amounts advanced by the general assembly to the Persian gulf, Afghanistan, and Iraq conflicts compensation fund with the express expectation of reimbursement from the proceeds of obligations paid into that fund, and except for amounts transferred under division (E) of this section for the purpose of defraying the immediate cost of administration and compensation, if the general assembly appropriates any funds to the Persian gulf, Afghanistan, and Iraq conflicts compensation fund prior to the time obligations have been issued in the original principal amount authorized in this section, that original principal amount authorized in this section shall be reduced by the amount of funds appropriated.

(C) On or before the fifteenth day of July of each fiscal year, the Ohio public facilities commission shall certify, or cause to be certified, to the director of budget and management the total amount of money required during the current fiscal year, together with all other money that will be available in the Persian gulf, Afghanistan, and Iraq conflicts compensation bond retirement fund, to meet in full all debt service and related financing costs on the obligations issued under this section. The director shall transfer from the general revenue fund to the Persian gulf, Afghanistan, and Iraq conflicts compensation bond retirement fund, without necessity of appropriation by the general assembly, an amount equal to the amount so certified, and those funds shall be used for the payment of the debt service.

(D)(1) The Persian gulf, Afghanistan, and Iraq conflicts compensation fund shall be paid out upon the order of the department of veterans services, without necessity of appropriation by the general assembly, in payment of the expenses of administering this section and as compensation as follows to each person who meets all of the following requirements:

(a) The person has served in active duty in the United States armed forces, except active duty for training only, at any time between August 2, 1990, and March 3, 1991, at any time between October 7, 2001, and the date determined by the president of the United States as the end of involvement of the United States armed forces in Afghanistan, or at any time between March 19, 2003, and the date determined by the president of the United States as the end of the involvement of the United States armed forces in Iraq.

(b) The person was an Ohio resident at the start of active duty service and is currently an Ohio resident.

(c) The person was separated from the United States armed forces under honorable conditions, is still serving in active duty service, or remains in any reserve component of the United States armed forces or in the Ohio national guard after serving on active duty.

A person who meets the requirements of divisions (D)(1)(a), (b), and (c) of this section is entitled to, and may apply to receive, compensation of fifty dollars for each month of active domestic or foreign service and one hundred dollars for each month of Persian gulf, Afghanistan, or Iraq service during the compensable periods. A person who is medically discharged or medically retired from service due to combat-related disabilities sustained during Persian gulf, Afghanistan, or Iraq service is entitled to, and may apply to receive, compensation of one thousand dollars. The maximum amount of cash payable to any person in active domestic or foreign service is five hundred dollars and the maximum amount of cash payable to any person in Persian gulf, Afghanistan, or Iraq service is one thousand dollars, unless the person qualifies for a survivor's payment or a payment based on missing in action or prisoner of war status under division (D)(2) or (D)(3) of this section. Compensation for a fraction of a month of service shall be paid on the basis of one-thirtieth of the appropriate monthly amount for each day of service.

(2) The surviving spouse, surviving child or children, or surviving parent or parents, including a person or persons standing in loco parentis for at least one year preceding commencement of service in the United States armed forces, is entitled to, and may apply to receive, the same amount of compensation that the person who served in the armed forces would have received under division (D)(1) of this section. If the United States department of veterans' affairs determines that the person's death was the result of injuries or illness sustained in Persian gulf, Afghanistan, or Iraq service, the person's survivors are entitled to, and may apply for, a survivor's payment of five thousand dollars, regardless of the amount of compensation that the deceased would have been entitled to receive under this section, if living. The survivor's payment shall be made to the surviving spouse. If there is no surviving spouse, the payment shall go to the surviving child or children. If there are no surviving children, the payment shall go to the surviving parent or parents or person or persons standing in loco parentis for at least one year preceding commencement of service in the United States armed forces.

(3) A person designated by the United States department of defense as missing in action as a result of honorable service or held in enemy captivity, or the spouse, child, or parent, including a person standing in loco parentis for at least one year preceding commencement of service in the United States armed forces, of a person designated as missing in action or held in enemy captivity, is entitled to, and may apply for, a payment of five thousand dollars. This payment replaces any other cash benefit payable

under this section. While the person is missing or held captive, the payment shall be made to the person's spouse. If there is no spouse to claim the payment, payment shall be made to the person's child or children. If the person does not have children, payment shall be made to the person's parent or parents or person or persons standing in loco parentis for at least one year preceding commencement of service in the United States armed forces.

No payment to a spouse, child, parent, or person in loco parentis of a person designated as missing in action as a result of honorable service or held in enemy captivity, while the person is missing in action or held captive, shall prevent the missing or captive person from claiming and receiving a bonus of an equal amount on the person's release or location.

(4) Compensation shall not be paid under this section as follows:

(a) To any person who received from another state a bonus or compensation of a similar nature;

(b) To any person who served less than ninety days in the United States armed forces, unless active duty was terminated as a result of injuries or illness sustained during Persian gulf, Afghanistan, or Iraq service during the compensable period;

(c) To any person for any time period spent under penal confinement during the compensable period.

(5) No sale or assignment of any right or claim to compensation under this section shall be valid. No claims of creditors shall be enforceable against rights or claims to or payments of compensation under this section. No fees shall be charged for services in connection with the prosecution of any right or claim to compensation or the collection of any compensation under this section.

(6) All applications for payment of compensation under this section shall be made to the department of veterans services according to the following schedule:

(a) For Persian gulf service, not later than December 31, 2013;

(b) For Afghanistan service, not later than three years after the date determined by the president of the United States as the end of involvement of the United States armed forces in Afghanistan;

(c) For Iraq service, not later than three years after the date determined by the president of the United States as the end of involvement of the United States armed forces in Iraq.

(7) As used in this section:

"Afghanistan service" means military service within Afghanistan during the period between October 7, 2001, and the date determined by the president of the United States as the end of the involvement of the United

States armed forces in Afghanistan.

"Domestic service" means service within the territorial limits of the fifty states.

"Foreign service" means service in locations other than the territorial limits of the fifty states, excluding Persian gulf, Afghanistan, or Iraq service.

"Iraq service" means military service within Iraq during the period between March 19, 2003, and the date determined by the president of the United States as the end of the involvement of the United States armed forces in Iraq.

"Persian gulf service" means military service within the Persian gulf theater of operations during the period between August 2, 1990, and March 3, 1991.

"United States armed forces" includes the army, air force, navy, marine corps, and coast guard; any active reserve component of such forces; and members of the Ohio national guard serving on active duty.

(E) The department of veterans services (hereinafter referred to as the "department") shall have complete charge of making payment of compensation under division (D) of this section and shall adopt rules, including rules regarding the amounts to which beneficiaries are entitled, residency requirements for purposes of division (D)(1)(b) of this section, and any other rules necessary to implement this section. These rules shall be adopted in accordance with Chapter 119. of the Revised Code.

The department shall select and appoint legal counsel and employees as are necessary and fix their compensation and prescribe their duties. All appointees shall serve at the pleasure of the director of veterans services. When practical, the department shall employ Persian gulf, Afghanistan, and Iraq conflict veterans to fill such positions. The general assembly shall transfer necessary funds to the Persian gulf, Afghanistan, and Iraq conflicts compensation fund and to the department's operating budget, for the purpose of defraying the immediate cost of administration and compensation. Any funds so transferred shall not reduce the original principal amount of obligations that may be issued under this section.

On payment of all valid claims for cash compensation made within the time limitations under this section, the department may transfer any funds remaining in the Persian gulf, Afghanistan, and Iraq conflicts compensation fund to the Persian gulf, Afghanistan, and Iraq conflicts compensation bond retirement fund.

On retirement of all of the obligations issued under this section and payment of all valid claims for cash compensation made within the time limitations under this section, the department shall make a final report to the

general assembly. Any balance remaining in the Persian gulf, Afghanistan, and Iraq conflicts compensation fund or the Persian gulf, Afghanistan, and Iraq conflicts compensation bond retirement fund shall be transferred or disposed of as provided by law.

Notwithstanding any other provision of this section to the contrary, valid claims for cash compensation made within the time limitations under this section shall be paid only if adequate funds remain in the Persian gulf, Afghanistan, and Iraq conflicts compensation fund.

(F) The people of this state declare it to be their intention that this amendment in no manner affects or changes any of the existing provisions of the Constitution except as set forth in this section. The provisions of this section shall be self-executing.

(G) Debt service on obligations issued pursuant to this section shall not be included in the calculation of total debt service for purposes of division (A) of Section 17 of Article VIII of the Constitution of the State of Ohio.

(H) As provided in divisions (C) and (D)(1) of this section, no further act of appropriation is necessary, notwithstanding Section 22 of Article II of the Constitution of the State of Ohio.

(I) Any reference in this section to a public office, officer, or body shall include any successor thereto.

EFFECTIVE DATE

If adopted by a majority of the electors voting on this proposal at the general election held November 3, 2009, Section 2r of Article VIII of the Constitution of the State of Ohio shall take effect immediately.

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*Speaker* \_\_\_\_\_ *of the House of Representatives.*

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*President* \_\_\_\_\_ *of the Senate.*

Adopted \_\_\_\_\_, 20\_\_\_\_

**Supplement Four  
Program Rules - Draft**

**Veterans Bonus System  
RFP #0A1071**

## **RULES FOR THE DEPARTMENT OF VETERANS SERVICES IN CONNECTION WITH THE DISTRIBUTION OF THE PERSIAN GULF, AFGHANISTAN, AND IRAQ CONFLICTS COMPENSATION FUND**

The director of the Department of Veterans Services shall establish procedures, hire staff and administer the payments of bonuses in accordance with Section 2r Article VIII of the constitution of Ohio.

### **5902-4-01 Definitions**

For purposes of Chapter 5902-4 of the Administrative Code, and except as otherwise provided, the following definitions shall apply:

- A) "Afghanistan service" means military service within Afghanistan during the period between October 7, 2001, and the date determined by the president of the United States as the end of the involvement of the United States armed forces in Afghanistan.
- B) "Child" when used in referring to the child of a deceased veteran, includes a child born as issue of a lawful marriage to which the deceased veteran was a part, a child who was legally adopted by the deceased veteran, the natural child of a deceased female veteran, and the child of a deceased male veteran for whom the parent-child relationship was lawfully established under a court or administrative proceeding.
- C) "Domestic Service" means service within the territorial limits of the fifty states.
- D) "Foreign service" means service in locations other than the territorial limits of the fifty states, excluding Persian gulf, Afghanistan, or Iraq service.
- E) "Iraq service" means military service within Iraq during the period between March 19, 2003, and the date determined by the president of the United States as the end of the involvement in Iraq.
- F) "Persian gulf service" means military service within the Persian gulf theater of operations during the period between August 2, 1990, and March 3, 1991.
- G) "Persian gulf theater of operations" means the geographic area determined by the United States Department of Defense for the awarding of the Southwest Asia Service Medal for the period of time between August 2, 1990 through March 3, 1991.
- H) "United States armed forces" includes the army, air force, navy, marine corps, and coast guard; any active reserve component of such forces; and members of the Ohio national guard serving on active duty.

**5902-4-02 Compensation To Living Current And Former Armed Forces Members Who Served During The Persian Gulf, Afghanistan, And Iraq Conflicts**

A) The Persian Gulf, Afghanistan, and Iraq Conflicts Compensation Fund shall be paid out upon the order of the director of the Department of Veterans Services, without necessity of appropriation by the general assembly, in payment of the expenses of administering this section and as compensation as follows to each person who applies properly and meets all of the following requirements:

1) The person has served in active duty in the United States armed forces, except active duty for training only, at any time during at least one of the following time periods:

a) between August 2, 1990, and March 3, 1991; or

b) between October 7, 2001, and the date determined by the president of the United States as the end of involvement of the United States armed forces in Afghanistan; or

c) between March 19, 2003, and the date determined by the president of the United States as the end of the involvement of the United States armed forces in Iraq.

2) The person was separated from the United States armed forces under honorable conditions, is still serving in active duty service, or remains in any reserve component of the United States armed forces or in the Ohio National Guard after serving on active duty.

3) The person was an Ohio resident at the start of active duty service and is currently an Ohio resident.

B) A person who meets all the requirements of paragraph (A) of this rule is entitled to, and may apply to receive, compensation as follows:

1) Fifty dollars for each month of active domestic or foreign service during the compensable periods, not to exceed five hundred dollars, and

2) One hundred dollars for each month of Persian Gulf, Afghanistan, or Iraq service during the compensable periods, not to exceed one thousand dollars.

A person who qualifies for compensation under both paragraph (B) (1) and (2) may receive compensation for both types of service, but in no case may the total compensation paid to any person exceed one thousand five hundred dollars.

- C) Compensation for a fraction of a month of service shall be paid on the basis of one-thirtieth of the appropriate monthly amount for each day of service.
- D) A person who is medically discharged or medically retired from service due to combat-related disabilities sustained during Persian Gulf, Afghanistan, or Iraq service is entitled to, and may apply to receive, compensation of one thousand dollars without regard to the amount of time served in such service.
- E) A person who had been designated by the United States department of defense as missing in action as a result of honorable service during any of the compensable periods or had been held in enemy captivity during any of the compensable periods, is entitled to, and may apply for, a payment of five thousand dollars upon the person's release or location. Such payment replaces any other cash benefit payable under this rule, and the person's entitlement to such five thousand dollar payment is not affected by any earlier payment to the person's spouse, child, parent or person standing in loco parentis under Rule 5902-4-03.

**5902-4-03 Compensation To Living Kin Of Deceased Veteran Who Served During The Persian Gulf, Afghanistan, And Iraq Conflicts**

- A) The surviving spouse, surviving child or children, or surviving parent or parents, including a person or persons standing in loco parentis for one year preceding commencement of service in the United States armed forces, of a person whose death was not as a result of injuries or illness sustained in Persian Gulf, Afghanistan, or Iraq service, is entitled to, and may apply to receive, the same amount of compensation that the person who served in the armed forces would have received under Rule 5902-4-02, if living.
- B) If the United States Department of Veterans' Affairs determines that the person's death was the result of injuries or illness sustained in Persian gulf, Afghanistan, or Iraq service, the person's survivor(s) is/are entitled to, and may apply for, a survivor's payment of five thousand dollars, regardless of the amount of compensation that the deceased would have been entitled to receive, if living.

Any survivor's compensation payments applied for under paragraphs (A) and (B) of this rule shall be made to the surviving spouse. If there is no surviving spouse, the payment shall go to the surviving child or children. If there are no surviving children, the payment shall go to the surviving parent or parents or person or persons standing in loco parentis for at least one year preceding commencement of service in the United States armed forces.

#### **5902-4-04 Compensation Paid To Living Kin Of Veteran Missing In Action During The Persian Gulf, Afghanistan, And Iraq Conflicts**

- A) The spouse, child or parent, including a person standing on loco parentis for at least one year preceding commencement of service in the United States armed forces, of a person designated by the United States department of defense as missing in action or held in enemy captivity as a result of honorable service during the Persian Gulf, Afghanistan, or Iraq Conflicts, is entitled to, and may apply for, a payment of five thousand dollars.
- B) This payment replaces any other cash benefit payable under this chapter.
- C) While the person is missing or held captive, the payment shall be made to the person's spouse. If there is no spouse to claim the payment, payment shall be made to the person's child or children. If the person does not have children, payment shall be made to the person's parent or parents or person or persons standing in loco parentis for at least one year preceding commencement of service in the United States armed forces.

#### **5902-4-05 Persons To Whom Compensation Shall Not Be Paid**

Compensation shall not be paid under this chapter of the Ohio Administrative Code:

- A) To any person who received from another state a bonus or compensation of a similar nature;
- B) To any person who served less than ninety days in the United States armed forces, unless active duty was terminated as a result of injuries or illness sustained during Persian gulf, Afghanistan, or Iraq service during the compensable period; or
- C) To any person for any time period spent under penal confinement during the compensable period.

#### **5902-4-06 Legal Residence**

- A) For purposes of this rule, the term "service member" shall mean the individual for whose military service compensation is sought, regardless of whether the application for compensation is filed by the individual on his or her own behalf; by a legally appointed guardian; or by his or her next of kin in the case of a deceased individual or an individual designated as missing in action or held in enemy captivity
- B) In order to be eligible for compensation under this chapter, the applicant must establish to the satisfaction to the director of the Department of Veterans Services,

that the service member was a legal resident of Ohio at the start of such service member's active duty service in the United States armed services. The proof of residence shall be the official military records of the United States or other evidence deemed sufficient by the director. In making a determination of the legal residence in cases where official military records do not show Ohio as the home of record at the start of active duty service, the director will apply a rebuttable presumption that the veteran was not a legal resident of Ohio. The applicant may rebut this presumption by submitting documents establishing to the satisfaction of the director that Ohio was the service member's legal residence.

- C) In order to be eligible for compensation under this chapter the applicant must also establish to the satisfaction of the director that the service member, if living, is an Ohio resident at the time the application is filed. An applicant for compensation who is the survivor of a deceased service member or the next of kin of a service member designated as missing in action or held in enemy captivity need not be a resident of Ohio at the time the application is filed in order to be eligible for compensation under this chapter if all other criteria are met, however in the case of an application for compensation filed by the survivor of a deceased service member, such service member must have been an Ohio resident at the time of his/her death in order for his/her survivor to be eligible for payment of compensation.
- D) A legal resident of Ohio is an individual for whom Ohio was the state of domicile and who did not claim legal residence in any other state for any purpose. A service member's legal residence in Ohio is not changed by virtue of military assignment to another state.
- E) Documents that the director may consider to determine the residency of a service member under paragraphs (B) and (C) above include, but are not limited, to the following:
- 1) Voter registration records;
  - 2) Proof of payment of Ohio State income tax as a resident;
  - 3) Ohio driver's license;
  - 4) Other proof of Ohio residence address, including high school diploma or attendance record for Ohio high school, real estate records, utility receipts and other records showing residence in Ohio; and
  - 5) An affidavit of residence submitted by the service member or other person having knowledge of such facts under penalty of law in which the affiant swears or affirms that the service member was a resident of Ohio at the start of his/her active duty and/or is a current Ohio resident.

#### **5902-4-07 Applications For Compensation**

- A) Applications for payment of compensation from the Persian Gulf, Afghanistan, and Iraq Conflicts Compensation Fund must be made to the Department of Veterans Services. All applications must be in writing on forms approved by the Department of Veterans Services.
- B) No sale or assignment of any right or claim to compensation under this chapter shall be valid. No claims of creditors shall be enforceable against rights or claims to or payments of compensation under this chapter. No fees shall be charged for services in connection with the prosecution of any right or claim to compensation or the collection of any compensation under this chapter.
- C) All applications for payment of compensation under this chapter shall be made to the Department of Veterans Services according to the following schedule:
- 1) For Persian gulf service, not later than December 31, 2013;
  - 2) For Afghanistan service, not later than three years after the date determined by the president of the United States as the end of involvement of the United States armed forces in Afghanistan;
  - 3) For Iraq service, not later than three years after the date determined by the president of the United States as the end of involvement of the United States armed forces in Iraq;
- D) Each applicant for compensation under this chapter shall complete IRS Form W-9, Request for Taxpayer Identification. Instructions for completing Form W-9, together with the W-9 Form, will be included in the application documents.

#### **5902-4-08 Availability Of Funding For The Program**

Notwithstanding any other provision to the contrary, valid claims for cash compensation made under these rules shall be paid only if adequate funds remain in the Persian Gulf, Afghanistan, and Iraq Conflicts Compensation Fund.

#### **5902-4-09 Applications For Compensation To Incompetent Persons**

- A) An application for the payment of compensation based upon service of a living person in the armed forces of the United States in the Persian gulf, Afghanistan, and Iraq

conflicts must be made by such person, unless such person is the ward of a legally appointed and acting guardian or unless such person is mentally or physically incompetent to make an application.

- B) If the person entitled to compensation under this chapter, including a survivor, is the ward of a legally appointed and acting guardian, the application must be made by such guardian, which must be filled in by such guardian just as though it was being filled in by the ward, excepting that at the place in the application form provided for the applicant's signature, the guardian must sign the ward's name and his/her own name followed by the words to indicate the guardianship and he/she must affirm to the truth of the application.

#### **5902-4-10 Applications For Compensation For Deceased Veterans**

- A) Any application for the payment of compensation under this chapter based upon the service of a deceased veteran must be made by the veteran's surviving spouse; if there is no surviving spouse, the application must be made by the child or children of such deceased veteran; if there is no surviving spouse and no surviving child or children, the application must be made by a surviving parent or surviving parents or person or persons standing in loco parentis for at least one year preceding commencement of service in the United States armed forces of such deceased veteran; provided, however, that if any of the kin of a deceased veteran mentioned in this paragraph, who may be entitled to compensation shall be the ward of a legally appointed and acting guardian, such guardian alone shall be entitled to make the application on behalf of such ward. An application by a guardian must be made, which must be filled in by the guardian as though it were being filled in by the ward himself, excepting that at the place in the application form provided for the applicant's signature, the guardian must sign the ward's name and his/her own name followed by words to indicate his/her guardianship and his/her affirmation of the truth of the application.
- B) If there is no surviving spouse of a deceased veteran, and if there is more than one living child of such deceased veteran an application for compensation shall be made by or on behalf of each child separately.
- C) If there is no surviving spouse of a deceased veteran, and if there are no living children of such deceased veteran, and if there is more than one living parent of such deceased veteran, an application for compensation shall be made separately by each of them. The surviving spouse of more than one deceased veteran shall be entitled to compensation based upon the service of each deceased veteran. Separate applications must be filed.

- D) The parent or parents of more than one deceased veteran who is not survived by a spouse, child or children, shall be entitled to compensation based upon the service of each of such deceased veterans. Separate applications for compensation by reason of the death of each of such deceased veterans, must be filed by such parent or parents.

#### **5902-4-11 Department Shall Appoint Counsel And Employees As Necessary**

In order to carry out the duties imposed by this chapter of the Ohio Administrative Code, the director of the Department of Veterans Services shall select and appoint legal counsel and employees as are necessary, fix their compensation, and prescribe their duties. All such appointees shall be in the unclassified service of the state of Ohio and shall serve at the pleasure of the director.

#### **5902-4-12 Payments Of Compensation**

- A) Payments of compensation will be made from the Persian Gulf, Afghanistan, and Iraq Conflicts Compensation Fund by warrants (checks) drawn upon such fund by order of the director of the Department of Veterans Services. Such warrants will be paid by the State of Ohio when properly endorsed and presented through any bank.
- B) In the case of the compensation awarded on an application made by a living person, the warrant in payment of such compensation shall be made payable to such person regardless of whether he/she is more or less than eighteen (18) years of age; provided, however, that if it shall appear to the satisfaction of the director of the Department of Veterans Services prior to the time the warrant in payment of the compensation awarded shall have been presented to the State of Ohio for payment, that such person is the ward of a legally appointed and acting guardian who was appointed subsequent to the execution of the application, the warrant in payment of such compensation shall be made payable to such guardian.
- C) In the case of compensation awarded on an application made by a legally appointed and acting guardian, the warrant in payment of such compensation will be made payable to such guardian.
- D) Warrants in payment of compensation on all other applications will be made payable to the applicants.
- E) Warrants in payment of compensation must be endorsed personally by persons to whom they are payable, provided, however, where to obtain a personal endorsement would cause extreme hardship, counsel for the Department of Veterans Services may

approve an endorsement by an individual holding a proper power of attorney. If the person to whom a warrant is made payable shall die before personally endorsing the warrant, the warrant shall be returned to the Department of Veterans Services and deposited in the Persian Gulf, Afghanistan, and Iraq Conflicts Compensation Fund. If the ward of a legally appointed guardian shall die before the warrant is personally endorsed by the guardian, the warrant shall be returned to the Department of Veterans Services and deposited in the Persian Gulf, Afghanistan, and Iraq Conflicts Compensation Fund.

- F) Compensation from the Persian Gulf, Afghanistan, and Iraq Conflicts Compensation Fund shall not be payable to an executor or administrator of a deceased person.
- G) In each case where compensation is payable to the children of a deceased veteran, each child shall be entitled to the total amount of compensation awarded by reason of the deceased veteran's service in the armed forces of the United States divided by the number of such children living at the time of the payment of compensation. A warrant will be issued to each such child for the share of such compensation due such child, upon such child's application therefore.
- H) In each case where compensation is payable to the parent of a deceased veteran, each such parent shall be entitled to the total amount of compensation awarded by reason of the deceased veteran's service in the armed forces of the United States divided by the number of such parents living at the time of the payment of compensation. A warrant will be issued to each such parent for the share of such compensation due such child, upon such parent's application therefore.
- I) Compensation for a fraction of a month of service shall be paid on the basis of one-thirtieth of the monthly amount payable for such service for each day of such service.
- J) Warrants from the Persian Gulf, Afghanistan, and Iraq Conflicts Compensation Fund mailed to applicants for compensation must be understood by the applicants receiving same to be in full settlement of their claims for compensation unless the warrant is accompanied by a communication from the director of the Department of Veterans Services indicating otherwise.

### **5902-4-13 Determination of Sufficiency of Documentation**

Determinations as to the sufficiency of documentation submitted in support of applications for compensation submitted under this Chapter, whether by current or former service members, guardians of current or former service members, or the next of kin of current or former service members shall rest within the discretion of the director of the department of veterans services.



**Supplement Five**  
**Draft Application Questions**  
**And**  
**Supporting Documentation Requirements**

**Veterans Bonus System**  
**RFP #0A1071**

Eligibility Questions for OVBP Applicants

Applicant Type	Question	List Responses	Action	Supporting Documentation
Veteran	From this drop-down list, select the term that describes you	*Veteran of Regular United States armed forces		DD214
	Are you currently a resident of Ohio?	Yes	Continue	DD214 Box 18 a. or VBP Application, State of Ohio Income Tax From, W-2
	Were you a resident of the state of Ohio at the time you entered active duty?	Yes	Continue	DD214-Box 7 b.
	Did you serve in active duty in at least one of the bonus qualifying periods (list qualifying periods)?	Yes	Continue	DD214-Box 12 a
	Were you honorably discharged or discharged under honorable conditions?	Yes	Continue	DD214-Box 24
	Have you received a similar bonus from another state?	No	You May qualify for Bonus - Continue to Veteran Application	
Veteran Reservist	From this drop-down list, select the term that describes you	*Veteran reservist of the Air Force, Army, Coast Guard, Marine, Navy or Ohio National Guard who served in active duty		DD214
	Are you currently a resident of Ohio?	Yes	Continue	DD214 Box 18 a. or VBP Application, State of Ohio Income Tax From, W-2
	Were you a resident of the state of Ohio at the time you entered active duty?	Yes	Continue	DD214-Box 7 b.
	Did you serve in active duty in at least one of the bonus qualifying periods (list qualifying periods)?	Yes	Continue	DD214-Box 12 a
	Were you honorably discharged or discharged under honorable conditions?	Yes	Continue	DD214-Box 24
	Have you received a similar bonus from another state?	No	You May qualify for Bonus - Continue to Veteran Application	
Service Member	From this drop-down list, select the term that describes you	*Service member currently serving active duty in Air Force, Army, Navy, Marine or Coast Guard?		DD214
	Were you a resident of the state of Ohio at the time you entered active duty?	Yes	Continue	DD214-Box 7 b.
	Are you currently a resident of the state of Ohio?	Yes	Continue	VBP Application
	Have you received a similar bonus from another state?	No	Continue to Service Member Application	VBP Application
Air Force Reservist, Army Reservist, Coast Guard Reservist, Marine Reservist, Navy Reservist or Ohio National Guardsman	From this drop-down list, select the term that describes you	*Air Force Reservist, Army Reservist, Coast Guard Reservist, Marine Reservist, Navy Reservist or Ohio National Guardsman, who has served in active duty		DD214
	Were you a resident of the state of Ohio at the time you entered active duty?	Yes	Continue	DD214-Box 7 b.
	Are you currently a resident of the state of Ohio?	Yes	Continue	DD214 Box 18 a. or VBP Application, State of Ohio Income Tax From, W-2
	Have you received a similar bonus from another state?	No	Continue to Service Member Application	VBP Application
Medically retired or medically discharged veteran	From this drop-down list, select the term that describes you	*Medically retired or medically discharged veteran		DD214
	Were you medically discharged or medically retired from active duty due to combat-related disabilities sustained in the Persian Gulf, Iraq or Afghanistan?	Yes	Continue	DD214???
	Are you currently a resident of Ohio?	Yes	Continue	DD214 Box 18 a. or VBP Application, State of Ohio Income Tax From, W-2
	Were you a resident of the state of Ohio at the time you entered active duty?	Yes	Continue	DD214-Box 7 b.
	Have you received a similar bonus from another state?	No	Continue to Med Ret or D/C Application	VBP Application
Spouse	From this drop-down list, select the term that describes you	*Spouse of deceased veteran	Continue	DD214 & Marriage Certificate reflecting name of spouse as veteran at time of death
	Did your spouse serve in active duty in at least one of the bonus qualifying periods (list qualifying periods)?	Yes	Continue	DD214-Box 12
	Was your spouse a resident of the state of Ohio at the time of entry into active duty?	Yes	Continue	DD214-Box 7 b.
	Was your spouse killed in action or reported missing in action?	No	Continue	DD1300 Box 4 d. & e.
	Did your loved one serve active duty during one or more of the bonus qualifying periods (list qualifying periods)?	Yes	Continue	DD214-Box 12
	Was your loved one a resident of the state of Ohio at the time of their passing?	Yes	Continue	Death Certificate of Veteran
	Was your veteran spouse discharged under honorable conditions?	Yes	Continue	
Have you received a similar bonus from another state?	No	Continue to Spouse	VBP Application	
Child	From this drop-down list, select the term that describes you	*Child of a deceased veteran		Birth certificate identifying parent as veteran & DD214 of veteran parent
	Did your loved one serve active duty in at least one of the bonus qualifying periods (list qualifying periods)?	Yes	Continue	DD214-Box 12 or DD1300-BOX
	Was your loved one a resident of the state of Ohio at the time of entry into active duty?	Yes	Continue	DD214-Box 7 b.
	Was your veteran parent married at the time of their passing?	Yes	Continue	Marriage Certificate & DD214 agree
	Is your parent that was married to the deceased veteran still living?	No	Continue	Death Certificate of Veteran's Spouse
	Was your veteran parent killed in action or reported missing in action?	Yes	Continue to KIA/MIA Application	DD1300 Box 1 or 4 d. & e.
	Was your veteran parent discharged under honorable conditions?	Yes	Continue	DD214-Box 24
	Have you received a similar bonus from another state?	No	Continue	VBP Application
	Do you have siblings from your veteran parent?	No	Continue to NOK Application	VBP Application
How many siblings have you from your veteran parent?		Continue to NOK Application	VBP Application	

Parent	From this drop-down list, select the term that describes you	*Parent of a deceased veteran		Birth certificate identifying parent as veteran & DD214 of veteran parent
	Was your veteran child married at the time of his passing?	No	Continue	Death Certificate of Veteran's Spouse
	Did your veteran child have children?	No	Skip next question	
	Are the children of your veteran child still living?	Yes	Does Not Qualify For Bonus	
	Did your loved one serve active duty in at least one of the bonus qualifying periods (list qualifying periods)?	Yes	Continue	DD214-Box 12
	Was your veteran child a resident of the state of Ohio at the time of entry into active duty?	Yes	Continue	DD214-Box 7 b.
	Was your veteran parent killed in action or reported missing in action?	No	Continue	DD1300 Box 1 or 4 d. & e.
	Was your veteran child discharged under honorable conditions?	Yes	Continue	DD214-Box 24
	Did your veteran child have children?	No	Continue	
	Are your veteran child's children still living?	No	Continue to Parent Application	
Have you received a similar bonus from another state?	No	Continue to Parent Application	VBP Application	
Guardian For Veteran	From this drop-down list, select the term that describes you	*Guardian for the veteran, veterans' spouse or veteran's child(ren)		
	Who are you guardian for?	Veteran		Document showing applicant as veteran's legal guardian
	Is the veteran currently a resident of Ohio?	Yes	Continue	DD214 Box 18 a. or VBP Application, State of Ohio Income Tax Form, W-2
	Was the veteran a resident of the state of Ohio at the time of entry into active duty?	Yes	Continue	DD214-Box 7 b.
	Has the veterans received a similar bonus from another state?	No	Continue to Veteran Application	VBP Application
Guardian For Spouse	From this drop-down list, select the term that describes you	*Guardian for the veteran, veterans' spouse or veteran's child(ren)		
	Who are you guardian for?	Spouse of the Deceased Veteran		Document showing applicant as spouse's legal guardian
	Was the veteran a resident of Ohio when they passed?	Yes	Continue	DD214 Box 18 a. or VBP Application, State of Ohio Income Tax Form, W-2
	Was the deceased veteran a resident of the state of Ohio at the time of entry into active duty?	Yes	Continue	DD214-Box 7 b.
	Had the deceased veteran or spouse received a similar bonus from another state?	No	Continue to Spouse Application	VBP Application
Guardian For Child(ren)	From this drop-down list, select the term that describes you	*Guardian for the veteran, veterans' spouse or veteran's child(ren)		
	Who are you guardian for?	Child of the Deceased Veteran & Parent		Document showing applicant as child's legal guardian
	Was the veteran a resident of Ohio when they passed?	Yes	Continue	DD214 Box 18 a. or VBP Application, State of Ohio Income Tax Form, W-2
	Was the deceased veteran a resident of the state of Ohio at the time of entry into active duty?	Yes	Continue	DD214-Box 7 b.
	Had the deceased veteran or spouse received a similar bonus from another state?	No	Continue to Child Application	VBP Application
Re-Application	Questions to be defined.			

Veteran On-Line Application				
Ref No.	Question	Responses	Action	Supporting Documentation
<b>All Veterans Questions</b>				
AV1	What date did you enter active duty?	mm/dd/yyyy	Continue to AV2	DD214-Box 12
AV2	What date did you separate from active duty?	mm/dd/yyyy	Continue to AV3	DD214-Box 12
AV3	Did you serve time in penal confinement during this period?	No	Continue to PV1, AV1, IV1, PAV1 or PAIV1 depending on dates served in active duty	DD214-Box 29
AV4	What date did you begin your penal confinement?	mm/dd/yyyy	Continue to AV5	DD214-Box 29
AV5	What date did you end your penal confinement?	mm/dd/yyyy	Continue to PV1, AV1, IV1, PAV1 or PAIV1 depending on dates served in active duty	DD214-Box 29
<b>Era 1 - Persian Gulf Only - Entered active duty before March 3, 1991 and separated service prior to October 7, 2001</b>				
PV1	Did you serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PV2	DD214-Box 18
PV2	What date did you begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PV3	DD214-Box 18
PV3	What date did you end your service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PV4	DD214-Box 18
PV4	Did you serve multiple tours in the Persian Gulf Theatre?	Yes	Continue to PV5	DD214-Box 18
PV5	How many such tours have you served?	Value for # Tours	Enter PV6 & PV7 for each tour	DD214-Box 18
PV6	What date did you begin tour 2,3... in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PV7	DD214-Box 18
PV7	What date did you end tour 2,3... in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to AV1	DD214-Box 18
<b>Era 2 - Afghanistan Only Entered active duty after March 3, 1991 and separated prior to March 19, 2003</b>				
AV1	Did you serve in Afghanistan between October 7, 2001 and the present time?	No	Continue to IV1	DD214-Box 18
AV2	What date did you begin your service in Afghanistan?	mm/dd/yyyy	Continue to AV3	DD214-Box 18
AV3	What date did you end your service in Afghanistan?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
AV4	Did you serve multiple tours in Afghanistan?	Yes	Continue to AV5	DD214-Box 18
AV5	How many such tours have you served?	Value for # Tours	Enter AV6 & AV7 for each tour	DD214-Box 18
AV6	What date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AV7	DD214-Box 18
AV7	What date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to IV1	DD214-Box 18
<b>Era 3 - Iraq Only - Entered active duty after March 19, 2003 and separated any time thereafter</b>				
IV1	Did you serve in Iraq between March 19, 2003 and the present time or in Afghanistan from October 7, 2001 and the present time?	Yes	Continue to IV2	DD214-Box 18
IV2	What date did you begin your service in Afghanistan or Iraq?	mm/dd/yyyy	Continue to IV3	DD214-Box 18
IV3	What date did you end your service in Afghanistan or Iraq?	mm/dd/yyyy	Continue to IV4	DD214-Box 18
IV4	Did you serve multiple tours in Afghanistan or Iraq?	Yes	Continue to IV5	
IV5	How many such tours have you served?	Value for # Tours	Enter PV6 & PV7 for each tour	DD214-Box 18
IV6	What date did you begin tour 2,3... in Afghanistan or Iraq?	mm/dd/yyyy	Continue to IV7	DD214-Box 18
IV7	What date did you end tour 2,3... in Afghanistan or Iraq?	mm/dd/yyyy	Continue to PAV1	DD214-Box 18
<b>Era 4 - Persian Gulf &amp; Afghanistan - Entered active duty prior to March 3, 1991 and separated prior to March 19, 2003</b>				
PAV1	Did you serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PAV2	DD214-Box 18
PAV2	What date did you begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAV3	DD214-Box 18
PAV3	What date did you end your service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAV4	DD214-Box 18
PAV4	Did you serve multiple tours in the Persian Gulf?	Yes	Continue to PAV2	DD214-Box 18
PAV5	How many such tours have you served?	Value for # Tours	Enter PAV6 & PAV7 for each tour	DD214-Box 18
PAV6	What date did you begin tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAV7	DD214-Box 18
PAV7	What date did you end tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAV8	DD214-Box 18
PAV8	Did you serve in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to PAV9	DD214-Box 18
PAV9	What date did you begin your service in Afghanistan?	mm/dd/yyyy	Continue to PAV10	DD214-Box 18
PAV10	What date did you end your service in Afghanistan?	mm/dd/yyyy	Continue to PAV11	DD214-Box 18
PAV11	What you serve multiple tours in Afghanistan?	Yes	Continue to PAV12	DD214-Box 18
PAV12	How many such tours have you served?	Value for # Tours	Enter PAV13 & PAV14 for each tour	DD214-Box 18
PAV13	What date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAV14	DD214-Box 18
PAV14	What date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAIV1	DD214-Box 18
<b>Era 5 - Persian Gulf, Afghanistan &amp; Iraq- Entered active duty prior to March 3, 1991 and separated any time after March 19, 2003</b>				
PAIV1	Did you serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PAIV2	DD214-Box 18
PAIV2	What date did you begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAIV3	DD214-Box 18
PAIV3	What date did you end your service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAIV4	DD214-Box 18
PAIV4	Did you serve multiple tours in the Persian Gulf?	Yes	Continue to PAIV5	DD214-Box 18
PAIV5	How many such tours have you served?	Value for # Tours	Enter PAIV6 & PAIV7 for each tour	DD214-Box 18
PAIV6	What date did you begin tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAIV6	DD214-Box 18
PAIV7	What date did you end tour 2,3... in Persian Gulf?	mm/dd/yyyy	Continue to PAIV8	DD214-Box 18
PAIV8	Did you serve in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AV2	DD214-Box 18
PAIV10	What date did you begin your service in Afghanistan?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
PAIV11	What date did you end your service in Afghanistan?	mm/dd/yyyy	Continue to AV5	DD214-Box 18
PAIV12	Did you serve multiple tours in Afghanistan?	Yes	Continue to PAV13	DD214-Box 18
PAIV13	How many such tours have you served?	Value for # Tours	Enter PAIV14 & PAIV15 for each tour	DD214-Box 18
PAIV14	What date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAV15	DD214-Box 18
PAIV15	What date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAIV16	DD214-Box 18
PAIV16	Did you serve in Iraq between March 19, 2003 and the present time?	Yes	Continue to PAIV17	DD214-Box 18
PAIV17	What date did you begin your service in Iraq?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
PAIV18	What date did you end your service in Iraq?	mm/dd/yyyy	Continue to PAIV18	DD214-Box 18
PAIV19	Did you serve multiple tours in Iraq?	Yes	Continue to PAIV19	DD214-Box 18
PAIV20	How many such tours have you served?	Value for # Tours	Enter PAIV21 & PAIV22 for each tour	DD214-Box 18
PAIV21	What date did you begin tour 2,3... in Iraq?	mm/dd/yyyy	Continue to PAIV22	DD214-Box 18

**Veteran On-Line Application**

Ref No.	Question	Responses	Action	Supporting Documentation
PAIV22	What date did you end tour 2,3... in Iraq?	mm/dd/yyyy	Continue to VAP1	DD214-Box 18
<b>Era 6 - Afghanistan &amp; Iraq Only Entered active duty after March 3, 1991 and separated any time after March 19, 2003</b>				
AIV1	Did you serve active duty in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AIV2	DD214-Box 12
AIV2	What date did you begin serving in Afghanistan?	mm/dd/yyyy	Continue to AIV3	DD214-Box 18
AIV3	What date did you end your service in the Afghanistan?	mm/dd/yyyy	Continue to AIV4	DD214-Box 18
AIV4	Did you serve multiple tours in Afghanistan?	Yes	Continue to AIV5	DD214-Box 18
AIV5	How many such tours have you served?	Value for # Tours	Enter AIV6 & AIV7 for each tour	DD214-Box 18
AIV6	Did date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AIV7	DD214-Box 18
AIV7	Did date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AIV8	DD214-Box 18
AIV8	Did you serve in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AV9	DD214-Box 18
AIV9	What date did you begin your service in Afghanistan?	mm/dd/yyyy	Continue to AIV10	DD214-Box 18
AIV10	What date did you end your service in Afghanistan?	mm/dd/yyyy	Continue to AV11	DD214-Box 18
AIV11	Did you serve multiple tours in Afghanistan?	No	Continue to VAP1	DD214-Box 18
AIV12	How many such tours have you served?	Value for # Tours	Enter AIV13 & AIV14 for each tour	DD214-Box 18
AIV13	What date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AIV14	DD214-Box 18
AIV14	What date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to VAP1	DD214-Box 18
<b>Applicant Information</b>				
VAP1	Veteran's Last Name			DD214-Box 1
VAP2	Veteran's First Name			DD214-Box 1
VAP3	Veteran's Middle Initial			DD214-Box 1
VAP4	Veteran's Social Security Account Number			DD214-Box 3
VAP5	Veteran's Street Address #1 At Time of Entry			DD214-Box 7b.
VAP6	Veteran's Street Address #2 At Time of Entry			DD214-Box 7b.
VAP7	Veteran's City at Time of Entry			DD214-Box 7b.
VAP8	Veteran's State at Time of Entry			DD214-Box 7b.
VAP9	Veteran's Zip Code at Time of Entry			DD214-Box 7b.
VAP10	Veteran's (or Veteran's Legal Guardian) Current Street Address #1			VBP Application
VAP11	Veteran's (or Veteran's Legal Guardian) Current Street Address #2			VBP Application
VAP12	Veteran's (or Veteran's Legal Guardian) Current City			VBP Application
VAP13	Veteran's (or Veteran's Legal Guardian) Current County			VBP Application
VAP14	Veteran's (or Veteran's Legal Guardian) Current State			VBP Application
VAP15	Veteran's (or Veteran's Legal Guardian) Current Zip Code			VBP Application
VAP16	Veteran's (or Veteran's Legal Guardian) Current Telephone Number			VBP Application
VAP17	Veteran's (or Veteran's Legal Guardian) Current Cell Number*			VBP Application
VAP18	Veteran's (or Veteran's Legal Guardian) Current E-Mail Address*			VBP Application
VAP19	Do you wish for the Department of Veterans Services to act as your agent in acquiring supporting documentation required for bonus processing?			VBP Application
VAP20	I certify, under penalty of law, that the foregoing information is true and correct to the best of my knowledge.			VBP Application

**Veteran reservist of the Air Force, Army, Coast Guard, Marine, Navy or Ohio National Guard who served in active duty**

Ref No.	Question	Responses	Action	Supporting Documentation
<b>All Veteran Reservist Questions</b>				
AV1	What date did you enter active duty?	mm/dd/yyyy	Continue to AV2	DD214-Box 12
AV2	What date did you separate from active duty?	mm/dd/yyyy	Continue to AV3	DD214-Box 12
AV3	Did you serve time in penal confinement during this period?	No	Continue to PAIV1	DD214-Box 29
AV4	What date did you begin your penal confinement?	mm/dd/yyyy	Continue to AV5	DD214-Box 29
AV5	What date did you end your penal confinement?	mm/dd/yyyy	Continue to PAIV1	DD214-Box 29
<b>Era 5 - Persian Gulf, Afghanistan &amp; Iraq- Entered active duty prior to March 3, 1991 and separated any time after March 19, 2003</b>				
PAIV1	Did you serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PAIV2	DD214-Box 18
PAIV2	What date did you begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAIV3	DD214-Box 18
PAIV3	What date did you end your service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAIV4	DD214-Box 18
PAIV4	Did you serve multiple tours in the Persian Gulf?	Yes	Continue to PAIV5	DD214-Box 18
PAIV5	How many such tours have you served?	Value for # Tours	Enter PAIV6 & PAIV7 for each tour	DD214-Box 18
PAIV6	What date did you begin tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAIV6	DD214-Box 18
PAIV7	What date did you end tour 2,3... in Persian Gulf?	mm/dd/yyyy	Continue to PAIV8	DD214-Box 18
PAIV8	Did you serve in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AV2	DD214-Box 18
PAIV10	What date did you begin your service in Afghanistan?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
PAIV11	What date did you end your service in Afghanistan?	mm/dd/yyyy	Continue to AV5	DD214-Box 18
PAIV12	Did you serve multiple tours in Afghanistan?	Yes	Continue to PAV13	DD214-Box 18
PAIV13	How many such tours have you served?	Value for # Tours	Enter PAIV14 & PAIV15 for each tour	DD214-Box 18
PAIV14	What date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAV15	DD214-Box 18
PAIV15	What date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAIV16	DD214-Box 18
PAIV16	Did you serve in Iraq between March 19, 2003 and the present time?	Yes	Continue to PIAV17	DD214-Box 18
PAIV17	What date did you begin your service in Iraq?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
PAIV18	What date did you end your service in Iraq?	mm/dd/yyyy	Continue to PAIV18	DD214-Box 18
PAIV19	Did you serve multiple tours in Iraq?	Yes	Continue to PAIV19	DD214-Box 18
PAIV20	How many such tours have you served?	Value for # Tours	Enter PAIV21& PAIV22 for each tour	DD214-Box 18
PAIV21	What date did you begin tour 2,3... in Iraq?	mm/dd/yyyy	Continue to PAIV22	DD214-Box 18
PAIV22	What date did you end tour 2,3... in Iraq?	mm/dd/yyyy	Continue to VAP1	DD214-Box 18
<b>Applicant Information</b>				
VAP1	Veteran's Last Name			DD214-Box 1
VAP2	Veteran's First Name			DD214-Box 1
VAP3	Veteran's Middle Initial			DD214-Box 1
VAP4	Veteran's Social Security Account Number			DD214-Box 3
VAP5	Veteran's Street Address #1 At Time of Entry			DD214-Box 7b.
VAP6	Veteran's Street Address #2 At Time of Entry			DD214-Box 7b.
VAP7	Veteran's City at Time of Entry			DD214-Box 7b.
VAP8	Veteran's State at Time of Entry			DD214-Box 7b.
VAP9	Veteran's Zip Code at Time of Entry			DD214-Box 7b.
VAP10	Veteran's (or Veteran's Legal Guardian) Current Street Address #1			VBP Application
VAP11	Veteran's (or Veteran's Legal Guardian) Current Street Address #2			VBP Application
VAP12	Veteran's (or Veteran's Legal Guardian) Current City			VBP Application
VAP13	Veteran's (or Veteran's Legal Guardian) Current County			VBP Application
VAP14	Veteran's (or Veteran's Legal Guardian) Current State			VBP Application
VAP15	Veteran's (or Veteran's Legal Guardian) Current Zip Code			VBP Application
VAP16	Veteran's (or Veteran's Legal Guardian) Current Telephone Number			VBP Application
VAP17	Veteran's (or Veteran's Legal Guardian) Current Cell Number*			VBP Application
VAP18	Veteran's (or Veteran's Legal Guardian) Current E-Mail Address*			VBP Application
VAP19	Do you wish for the Department of Veterans Services to act as your agent in acquiring supporting documentation required for bonus processing?			VBP Application
VAP20	I certify, under penalty of law, that the foregoing information is true and correct to the best of my knowledge.			VBP Application

**Service Member currently serving active duty in Air Force, Army, Navy, Marine or Coast Guard**

Ref No.	Question	Responses	Action	Supporting Documentation
<b>All Service Member Questions</b>				
AV1	What date did you enter active duty?	mm/dd/yyyy	Continue to AV3	DD214-Box 12
AV3	Did you serve time in penal confinement during this period?	No	Continue to PV1, AV1, IV1, PAV1 or PAIV1 depending on dates served in active duty	DD214-Box 29
AV4	What date did you begin your penal confinement?	mm/dd/yyyy	Continue to AV5	DD214-Box 29
AV5	What date did you end your penal confinement?	mm/dd/yyyy	Continue to PV1, AV1, IV1, PAV1 or PAIV1 depending on dates served in active duty	DD214-Box 29
<b>Era 1 - Persian Gulf Only - Entered active duty before March 3, 1991 and separated service prior to October 7, 2001</b>				
PV1	Did you serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PV2	DD214-Box 18
PV2	What date did you begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PV3	DD214-Box 18
PV3	What date did you end your service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PV4	DD214-Box 18
PV4	Did you serve multiple tours in the Persian Gulf Theatre?	Yes	Continue to PV5	DD214-Box 18
PV5	How many such tours have you served?	Value for # Tours	Enter PV6 & PV7 for each tour	DD214-Box 18
PV6	Did date did you begin tour 2,3... in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PV7	DD214-Box 18
PV7	Did date did you end tour 2,3... in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to AV1	DD214-Box 18
<b>Era 2 - Afghanistan Only Entered active duty after March 3, 1991 and separated prior to March 19, 2003</b>				
AV1	Did you serve in Afghanistan between October 7, 2001 and the present time?	No	Continue to IV1	DD214-Box 18
AV2	What date did you begin your service in Afghanistan?	mm/dd/yyyy	Continue to AV3	DD214-Box 18
AV3	What date did you end your service in Afghanistan?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
AV4	Did you serve multiple tours in Afghanistan?	Yes	Continue to AV5	DD214-Box 18
AV5	How many such tours have you served?	Value for # Tours	Enter AV6 & AV7 for each tour	DD214-Box 18
AV6	Did date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AV7	DD214-Box 18
AV7	Did date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to IV1	DD214-Box 18
<b>Era 3 - Iraq Only - Entered active duty after March 19, 2003 and separated any time thereafter</b>				
IV1	Did you serve in Iraq between March 19, 2003 and the present time or in Afghanistan from October 7, 2001 and the present time?	Yes	Continue to IV2	DD214-Box 18
IV2	What date did you begin your service in Afghanistan or Iraq?	mm/dd/yyyy	Continue to IV3	DD214-Box 18
IV3	What date did you end your service in Afghanistan or Iraq?	mm/dd/yyyy	Continue to IV4	DD214-Box 18
IV4	Did you serve multiple tours in Afghanistan or Iraq?	Yes	Continue to IV5	
IV5	How many such tours have you served?	Value for # Tours	Enter PV6 & PV7 for each tour	DD214-Box 18
IV6	What date did you begin tour 2,3... in Afghanistan or Iraq?	mm/dd/yyyy	Continue to IV7	DD214-Box 18
IV7	What date did you end tour 2,3... in Afghanistan or Iraq?	mm/dd/yyyy	Continue to PAV1	DD214-Box 18
<b>Era 4 - Persian Gulf &amp; Afghanistan - Entered active duty prior to March 3, 1991 and separated prior to March 19, 2003</b>				
PAV1	Did you serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PAV2	DD214-Box 18
PAV2	What date did you begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAV3	DD214-Box 18
PAV3	What date did you end your service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAV4	DD214-Box 18
PAV4	Did you serve multiple tours in the Persian Gulf?	Yes	Continue to PAV2	DD214-Box 18
PAV5	How many such tours have you served?	Value for # Tours	Enter PAV6 & PAV7 for each tour	DD214-Box 18
PAV6	What date did you begin tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAV7	DD214-Box 18
PAV7	Did date did you end tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAV8	DD214-Box 18
PAV8	Did you serve in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to PAV9	DD214-Box 18
PAV9	What date did you begin your service in Afghanistan?	mm/dd/yyyy	Continue to PAV10	DD214-Box 18
PAV10	What date did you end your service in Afghanistan?	mm/dd/yyyy	Continue to PAV11	DD214-Box 18
PAV11	Did you serve multiple tours in Afghanistan?	Yes	Continue to PAV12	DD214-Box 18
PAV12	How many such tours have you served?	Value for # Tours	Enter PAV13 & PAV14 for each tour	DD214-Box 18
PAV13	What date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAV14	DD214-Box 18
PAV14	What date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAIV1	DD214-Box 18
<b>Era 5 - Persian Gulf, Afghanistan &amp; Iraq - Entered active duty prior to March 3, 1991 and separated any time after March 19, 2003</b>				
PAIV1	Did you serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PAIV2	DD214-Box 18
PAIV2	What date did you begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAIV3	DD214-Box 18
PAIV3	What date did you end your service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAIV4	DD214-Box 18
PAIV4	Did you serve multiple tours in the Persian Gulf?	Yes	Continue to PAIV5	DD214-Box 18
PAIV5	How many such tours have you served?	Value for # Tours	Enter PAIV6 & PAIV7 for each tour	DD214-Box 18
PAIV6	What date did you begin tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAIV6	DD214-Box 18
PAIV7	What date did you end tour 2,3... in Persian Gulf?	mm/dd/yyyy	Continue to PAIV8	DD214-Box 18
PAIV8	Did you serve in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AV2	DD214-Box 18
PAIV10	What date did you begin your service in Afghanistan?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
PAIV11	What date did you end your service in Afghanistan?	mm/dd/yyyy	Continue to AV5	DD214-Box 18
PAIV12	Did you serve multiple tours in Afghanistan?	Yes	Continue to PAV13	DD214-Box 18
PAIV13	How many such tours have you served?	Value for # Tours	Enter PAIV14 & PAIV15 for each tour	DD214-Box 18
PAIV14	What date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAV15	DD214-Box 18
PAIV15	What date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAIV16	DD214-Box 18
PAIV16	Did you serve in Iraq between March 19, 2003 and the present time?	Yes	Continue to PAIV17	DD214-Box 18
PAIV17	What date did you begin your service in Iraq?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
PAIV18	What date did you end your service in Iraq?	mm/dd/yyyy	Continue to PAIV18	DD214-Box 18
PAIV19	Did you serve multiple tours in Iraq?	Yes	Continue to PAIV19	DD214-Box 18
PAIV20	How many such tours have you served?	Value for # Tours	Enter PAIV21 & PAIV22 for each tour	DD214-Box 18
PAIV21	What date did you begin tour 2,3... in Iraq?	mm/dd/yyyy	Continue to PAIV22	DD214-Box 18
PAIV22	What date did you end tour 2,3... in Iraq?	mm/dd/yyyy	continue to SMAP1	DD214-Box 18
<b>Era 6 - Afghanistan &amp; Iraq Only Entered active duty after March 3, 1991 and separated any time after March 19, 2003</b>				

**Service Member currently serving active duty in Air Force, Army, Navy, Marine or Coast Guard**

<b>Ref No.</b>	<b>Question</b>	<b>Responses</b>	<b>Action</b>	<b>Supporting Documentation</b>
AIV1	Did you serve active duty in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AIV2	DD214-Box 12
AIV2	What date did you begin serving in Afghanistan?	mm/dd/yyyy	Continue to AIV3	DD214-Box 18
AIV3	What date did you end your service in the Afghanistan?	mm/dd/yyyy	Continue to AIV4	DD214-Box 18
AIV4	Did you serve multiple tours in Afghanistan?	Yes	Continue to AIV5	DD214-Box 18
AIV5	How many such tours have you served?	Value for # Tours	Enter AIV6 & AIV7 for each tour	DD214-Box 18
AIV6	Did date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AIV7	DD214-Box 18
AIV7	Did date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AIV8	DD214-Box 18
AIV8	Did you serve in Afghanistan between October 7, 2001 and the present time?	No	Continue to SMAP1	DD214-Box 18
AIV9	What date did you begin your service in Afghanistan?	mm/dd/yyyy	Continue to AIV10	DD214-Box 18
AIV10	What date did you end your service in Afghanistan?	mm/dd/yyyy	Continue to AV11	DD214-Box 18
AIV11	Did you serve multiple tours in Afghanistan?	No	Continue to SMAP1	DD214-Box 18
AIV12	How many such tours have you served?	Value for # Tours	Enter AIV13 & AIV14 for each tour	DD214-Box 18
AIV13	Did date did you begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AIV14	DD214-Box 18
AIV14	Did date did you end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to SMAP1	DD214-Box 18
<b>Applicant Information</b>				
SMAP1	Veteran's Last Name			DD214-Box 1
SMAP2	Veteran's First Name			DD214-Box 1
SMAP3	Veteran's Middle Initial			DD214-Box 1
SMAP4	Veteran's Social Security Account Number			DD214-Box 3
SMAP5	Veteran's Street Address #1 At Time of Entry			DD214-Box 7b.
SMAP6	Veteran's Street Address #2 At Time of Entry			DD214-Box 7b.
SMAP7	Veteran's City at Time of Entry			DD214-Box 7b.
SMAP8	Veteran's State at Time of Entry			DD214-Box 7b.
SMAP9	Veteran's Zip Code at Time of Entry			DD214-Box 7b.
SMAP10	Veteran's (or Veteran's Legal Guardian) Current Street Address #1			VBP Application
SMAP11	Veteran's (or Veteran's Legal Guardian) Current Street Address #2			VBP Application
SMAP12	Veteran's (or Veteran's Legal Guardian) Current City			VBP Application
SMAP13	Veteran's (or Veteran's Legal Guardian) Current County			VBP Application
SMAP14	Veteran's (or Veteran's Legal Guardian) Current State			VBP Application
SMAP15	Veteran's (or Veteran's Legal Guardian) Current Zip Code			VBP Application
SMAP16	Veteran's (or Veteran's Legal Guardian) Current Telephone Number			VBP Application
SMAP17	Veteran's (or Veteran's Legal Guardian) Current Cell Number*			VBP Application
SMAP18	Veteran's (or Veteran's Legal Guardian) Current E-Mail Address*			VBP Application
SMAP19	Do you wish for the Department of Veterans Services to act as your agent in acquiring supporting documentation required for bonus processing?			VBP Application
SMAP20	I certify, under penalty of law, that the foregoing information is true and correct to the best of my knowledge.			VBP Application

**Medically Retired of Discharge Veteran On-Line Application**

Ref No.	Question	Responses	Action	Supporting Documentation
<b>All Veterans Questions</b>				
AV1	What date did you enter active duty?	mm/dd/yyyy	Continue to AV2	DD214-Box 12
AV2	What date did you separate from active duty?	mm/dd/yyyy	Continue to AV3	DD214-Box 12
AV3	Did you serve time in penal confinement during this period?	No	Continue to PV1, AV1, or IV1 depending on dates served in active duty	DD214-Box 29
AV4	What date did you begin your penal confinement?	mm/dd/yyyy	Continue to AV5	DD214-Box 29
AV5	What date did you end your penal confinement?	mm/dd/yyyy	Continue to PV1, AV1, or IV1 depending on dates served in active duty	DD214-Box 29
<b>Era 1 - Persian Gulf Only - Entered active duty before March 3, 1991 and separated service prior to October 7, 2001</b>				
PV1	Did you sustain your combat related disability in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PV2	DD214-Box 18
<b>Era 2 - Afghanistan Only Entered active duty after March 3, 1991 and separated prior to March 19, 2003</b>				
AV1	Did you sustain your combat related disability in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AV2	DD214-Box 18
<b>Era 3 - Iraq Only - Entered active duty after March 19, 2003 and separated any time thereafter</b>				
IV1	Did you sustain your combat related disability in Iraq between March 19, 2003 and the present time or in Afghanistan from October 7, 2001 and the present time?	Yes	Continue to IV2	DD214-Box 18
<b>Applicant Information</b>				
VAP1	Veteran's Last Name			DD214-Box 1
VAP2	Veteran's First Name			DD214-Box 1
VAP3	Veteran's Middle Initial			DD214-Box 1
VAP4	Veteran's Social Security Account Number			DD214-Box 3
VAP5	Veteran's Street Address #1 At Time of Entry			DD214-Box 7b.
VAP6	Veteran's Street Address #2 At Time of Entry			DD214-Box 7b.
VAP7	Veteran's City at Time of Entry			DD214-Box 7b.
VAP8	Veteran's State at Time of Entry			DD214-Box 7b.
VAP9	Veteran's Zip Code at Time of Entry			DD214-Box 7b.
VAP10	Veteran's (or Veteran's Legal Guardian) Current Street Address #1			VBP Application
VAP11	Veteran's (or Veteran's Legal Guardian) Current Street Address #2			VBP Application
VAP12	Veteran's (or Veteran's Legal Guardian) Current City			VBP Application
VAP13	Veteran's (or Veteran's Legal Guardian) Current County			VBP Application
VAP14	Veteran's (or Veteran's Legal Guardian) Current State			VBP Application
VAP15	Veteran's (or Veteran's Legal Guardian) Current Zip Code			VBP Application
VAP16	Veteran's (or Veteran's Legal Guardian) Current Telephone Number			VBP Application
VAP17	Veteran's (or Veteran's Legal Guardian) Current Cell Number*			VBP Application
VAP18	Veteran's (or Veteran's Legal Guardian) Current E-Mail Address*			VBP Application
VAP19	Do you wish for the Department of Veterans Services to act as your agent in acquiring supporting documentation required for bonus processing?			VBP Application
VAP20	I certify, under penalty of law, that the foregoing information is true and correct to the best of my knowledge.			VBP Application

NOK On-Line Application				
Ref No.	Question	Responses	Action	Supporting Documentation
<b>All Veterans Questions</b>				
AV1	What date did your loved one enter active duty?	mm/dd/yyyy	Continue to AV2	DD214-Box 12
AV2	What date did your loved one separate from active duty?	mm/dd/yyyy	Continue to AV3	DD214-Box 12
AV3	Did your loved one serve time in penal confinement during this period?	No	Continue to PV1, AV1, IV1, PAV1 or PAIV1 depending on dates served in active duty	DD214-Box 29
AV4	What date did your loved one begin penal confinement?	mm/dd/yyyy	Continue to AV5	DD214-Box 29
AV5	What date did your loved one end penal confinement?	mm/dd/yyyy	Continue to PV1, AV1, IV1, PAV1 or PAIV1 depending on dates served in active duty	DD214-Box 29
<b>Era 1 - Persian Gulf Only - Entered active duty before March 3, 1991 and separated service prior to October 7, 2001</b>				
PV1	Did your loved one serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PV2	DD214-Box 18
PV2	What date did your loved one begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PV3	DD214-Box 18
PV3	What date did your loved one end service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PV4	DD214-Box 18
PV4	Did your loved one serve multiple tours in the Persian Gulf Theatre?	Yes	Continue to PV5	DD214-Box 18
PV5	How many such tours did your loved one serve?	Value for # Tours	Enter PV6 & PV7 for each tour	DD214-Box 18
PV6	What date did your loved one begin tour 2,3... in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PV7	DD214-Box 18
PV7	What date did your loved one end tour 2,3... in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to AV1	DD214-Box 18
<b>Era 2 - Afghanistan Only Entered active duty after March 3, 1991 and separated prior to March 19, 2003</b>				
AV1	Did your loved one serve in Afghanistan between October 7, 2001 and the present time?	No	Continue to IV1	DD214-Box 18
AV2	What date did your loved one begin service in Afghanistan?	mm/dd/yyyy	Continue to AV3	DD214-Box 18
AV3	What date did your loved one end service in Afghanistan?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
AV4	Did your loved one serve multiple tours in Afghanistan?	Yes	Continue to AV5	DD214-Box 18
AV5	How many such tours did your loved one serve?	Value for # Tours	Enter AV6 & AV7 for each tour	DD214-Box 18
AV6	What date did your loved one begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AV7	DD214-Box 18
AV7	What date did your loved one end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to IV1	DD214-Box 18
<b>Era 3 - Iraq Only - Entered active duty after March 19, 2003 and separated any time thereafter</b>				
IV1	Did your loved one serve in Iraq between March 19, 2003 and the present time or in Afghanistan from October 7, 2001 and the present time?	Yes	Continue to IV2	DD214-Box 18
IV2	What date did your loved one begin service in Afghanistan or Iraq?	mm/dd/yyyy	Continue to IV3	DD214-Box 18
IV3	What date did your loved one end service in Afghanistan or Iraq?	mm/dd/yyyy	Continue to IV4	DD214-Box 18
IV4	Did you serve multiple tours in Afghanistan or Iraq?	Yes	Continue to IV5	
IV5	How many such tours did your loved one serve?	Value for # Tours	Enter PV6 & PV7 for each tour	DD214-Box 18
IV6	What date did you begin tour 2,3... in Afghanistan or Iraq?	mm/dd/yyyy	Continue to IV7	DD214-Box 18
IV7	What date did you end tour 2,3... in Afghanistan or Iraq?	mm/dd/yyyy	Continue to PAV1	DD214-Box 18
<b>Era 4 - Persian Gulf &amp; Afghanistan - Entered active duty prior to March 3, 1991 and separated prior to March 19, 2003</b>				
PAV1	Did your loved one serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PAV2	DD214-Box 18
PAV2	What date did your loved one begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAV3	DD214-Box 18
PAV3	What date did your loved one end service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAV4	DD214-Box 18
PAV4	Did your loved one serve multiple tours in the Persian Gulf?	Yes	Continue to PAV2	DD214-Box 18
PAV5	How many such tours did your loved one serve?	Value for # Tours	Enter PAV6 & PAV7 for each tour	DD214-Box 18
PAV6	What date did your loved one begin tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAV7	DD214-Box 18
PAV7	Did date did your loved one end tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAV8	DD214-Box 18
PAV8	Did your loved one serve in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to PAV9	DD214-Box 18
PAV9	What date did your loved one begin service in Afghanistan?	mm/dd/yyyy	Continue to PAV10	DD214-Box 18
PAV10	What date did your loved one end service in Afghanistan?	mm/dd/yyyy	Continue to PAV11	DD214-Box 18
PAV11	Did your loved one serve multiple tours in Afghanistan?	Yes	Continue to PAV12	DD214-Box 18
PAV12	How many such tours did your loved one serve?	Value for # Tours	Enter PAV13 & PAV14 for each tour	DD214-Box 18
PAV13	What date did your loved one begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAV14	DD214-Box 18
PAV14	What date did your loved one end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAIV1	DD214-Box 18
<b>Era 5 - Persian Gulf, Afghanistan &amp; Iraq- Entered active duty prior to March 3, 1991 and separated any time after March 19, 2003</b>				
PAIV1	Did your loved one serve in the Persian Gulf Theatre between August 2, 1990 and March 3, 1991?	Yes	Continue to PAIV2	DD214-Box 18
PAIV2	What date did your loved one begin serving in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAIV3	DD214-Box 18
PAIV3	What date did your loved one end service in the Persian Gulf Theatre?	mm/dd/yyyy	Continue to PAIV4	DD214-Box 18
PAIV4	Did your loved one serve multiple tours in the Persian Gulf?	Yes	Continue to PAIV5	DD214-Box 18
PAIV5	How many such tours did your loved one serve?	Value for # Tours	Enter PAIV6 & PAIV7 for each tour	DD214-Box 18
PAIV6	What date did your loved one begin tour 2,3... in the Persian Gulf?	mm/dd/yyyy	Continue to PAIV6	DD214-Box 18
PAIV7	What date did your loved one end tour 2,3... in Persian Gulf?	mm/dd/yyyy	Continue to PAIV8	DD214-Box 18
PAIV8	Did your loved one serve in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AV2	DD214-Box 18
PAIV10	What date did your loved one begin your service in Afghanistan?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
PAIV11	What date did your loved one end your service in Afghanistan?	mm/dd/yyyy	Continue to AV5	DD214-Box 18
PAIV12	Did your loved one serve multiple tours in Afghanistan?	Yes	Continue to PAV13	DD214-Box 18
PAIV13	How many such tours did your loved one serve?	Value for # Tours	Enter PAIV14 & PAIV15 for each tour	DD214-Box 18
PAIV14	What date did your loved one begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAV15	DD214-Box 18
PAIV15	What date did your loved one end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to PAIV16	DD214-Box 18
PAIV16	Did your loved one serve in Iraq between March 19, 2003 and the present time?	Yes	Continue to PAIV17	DD214-Box 18
PAIV17	What date did your loved one begin service in Iraq?	mm/dd/yyyy	Continue to AV4	DD214-Box 18
PAIV18	What date did you end your service in Iraq?	mm/dd/yyyy	Continue to PAIV18	DD214-Box 18
PAIV19	Did your loved one serve multiple tours in Iraq?	Yes	Continue to PAIV19	DD214-Box 18
PAIV20	How many such tours did your loved one serve?	Value for # Tours	Enter PAIV21 & PAIV22 for each tour	DD214-Box 18
PAIV21	What date did your loved one begin tour 2,3... in Iraq?	mm/dd/yyyy	Continue to PAIV22	DD214-Box 18

**NOK On-Line Application**

Ref No.	Question	Responses	Action	Supporting Documentation
PAIV22	What date did your loved one end tour 2,3... in Iraq?	mm/dd/yyyy	Continue to VAP1	DD214-Box 18
<b>Era 6 - Afghanistan &amp; Iraq Only Entered active duty after March 3, 1991 and separated any time after March 19, 2003</b>				
AIV1	Did your loved one serve active duty in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AIV2	DD214-Box 12
AIV2	What date did your loved one begin serving in Afghanistan?	mm/dd/yyyy	Continue to AIV3	DD214-Box 18
AIV3	What date did your loved one end service in the Afghanistan?	mm/dd/yyyy	Continue to AIV4	DD214-Box 18
AIV4	Did your loved one serve multiple tours in Afghanistan?	Yes	Continue to AIV5	DD214-Box 18
AIV5	How many such tours did your loved one serve?	Value for # Tours	Enter AIV6 & AIV7 for each tour	DD214-Box 18
AIV6	What date did your loved one begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AIV7	DD214-Box 18
AIV7	What date did your loved one end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AIV8	DD214-Box 18
AIV8	Did your loved one serve in Afghanistan between October 7, 2001 and the present time?	Yes	Continue to AV9	DD214-Box 18
AIV9	What date did your loved one begin service in Afghanistan?	mm/dd/yyyy	Continue to AIV10	DD214-Box 18
AIV10	What date did your loved one end service in Afghanistan?	mm/dd/yyyy	Continue to AV11	DD214-Box 18
AIV11	Did your loved one serve multiple tours in Afghanistan?	No	Continue to VAP1	DD214-Box 18
AIV12	How many such tours did your loved one serve?	Value for # Tours	Enter AIV13 & AIV14 for each tour	DD214-Box 18
AIV13	What date did your loved one begin tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to AIV14	DD214-Box 18
AIV14	What date did your loved one end tour 2,3... in Afghanistan?	mm/dd/yyyy	Continue to VAP1	DD214-Box 18
<b>Applicant Information</b>				
VAP1	Veteran's Last Name			DD214-Box 1
VAP2	Veteran's First Name			DD214-Box 1
VAP3	Veteran's Middle Initial			DD214-Box 1
VAP4	Veteran's Social Security Account Number			DD214-Box 3
VAP5	Veteran's Street Address #1 At Time of Entry			DD214-Box 7b.
VAP6	Veteran's Street Address #2 At Time of Entry			DD214-Box 7b.
VAP7	Veteran's City at Time of Entry			DD214-Box 7b.
VAP8	Veteran's State at Time of Entry			DD214-Box 7b.
VAP9	Veteran's Zip Code at Time of Entry			DD214-Box 7b.
VAP10	Your (or your Legal Guardian's) Current Street Address #1			VBP Application
VAP11	Your (or your Legal Guardian's) Current Street Address #2			VBP Application
VAP12	Your (or your Legal Guardian's) Current City			VBP Application
VAP13	Your (or your Legal Guardian's) Current County			VBP Application
VAP14	Your (or your Legal Guardian's) Current State			VBP Application
VAP15	Your (or your Legal Guardian's) Current Zip Code			VBP Application
VAP16	Your (or your Legal Guardian's) Current Telephone Number			VBP Application
VAP17	Your (or your Legal Guardian's) Current Cell Number*			VBP Application
VAP18	Your (or your Legal Guardian's) Current E-Mail Address*			VBP Application
VAP19	Do you wish for the Department of Veterans Services to act as your agent in acquiring supporting documentation required for bonus processing?			VBP Application
VAP20	I certify, under penalty of law, that the foregoing information is true and correct to the best of my knowledge.			VBP Application

**Next of Kin On-Line Application for KIA**

<b>Ref No.</b>	<b>Question</b>	<b>Responses</b>	<b>Action</b>	<b>Supporting Documentation</b>
<b>All Veterans Questions</b>				
SKM1	Was your loved one killed in action or missing in action?	MIA	Continue to SKM3	DD1300 Box 4 d.
SKM2	What date was the casualty reported?	mm/dd/yyyy	Continue to SAP1	DD1300 Box 4 d.
SKM3	What date was your loved one captured?	mm/dd/yyyy	Continue to SAP1	????
<b>Applicant Information</b>				
SAP1	Veteran's Last Name			DD1300 Box 3 a.
SAP2	Veteran's First Name			DD1300 Box 3 a.
SAP3	Veteran's Middle Initial			DD1300 Box 3 a.
SAP4	Veteran's Social Security Account Number			DD1300 Box 3 b.
SAP5	Veteran's Street Address #1 At Time of Entry			DD1300 Box 6 c.
SAP6	Veteran's Street Address #2 At Time of Entry			DD1300 Box 6 c.
SAP7	Veteran's City at Time of Entry			DD1300 Box 6 c.
SAP8	Veteran's State at Time of Entry			DD1300 Box 6 c.
SAP9	Veteran's Zip Code at Time of Entry			DD1300 Box 6 c.
SAP10	Spouse's (or Spouse's Legal Guardian's) Current Street Address #1			VBP Application
SAP11	Spouse's (or Spouse's Legal Guardian's) Current Street Address #2			VBP Application
SAP12	Spouse's (or Spouse's Legal Guardian's) Current City			VBP Application
SAP13	Spouse's (or Spouse's Legal Guardian's) Current County			VBP Application
SAP14	Spouse's (or Spouse's Legal Guardian's) Current State			VBP Application
SAP15	Spouse's (or Spouse's Legal Guardian's) Current Zip Code			VBP Application
SAP16	Spouse's (or Spouse's Legal Guardian's) Current Telephone Number			VBP Application
SAP17	Spouse's (or Spouse's Legal Guardian's) Current Cell Number*			VBP Application
SAP18	Spouse's (or Spouse's Legal Guardian's) Current E-Mail Address*			VBP Application
SAP19	Do you wish for the Department of Veterans Services to act as your agent in acquiring supporting documentation required for bonus processing?			VBP Application
SAP20	I certify, under penalty of law, that the foregoing information is true and correct to the best of my knowledge.			VBP Application

**Supplement Six  
OAKS Interface Requirements**

**Veterans Bonus System  
RFP #0A1071**

# Outbound Payment Data Interface File Layout

Prepared By: Lori Croster - OAKS FIN Design Team

Date: 2/9/2010

## Outbound Payment Data Interface File Layout

<b>OAKS Module:</b>	Account Payables
<b>Source Agency Technical Contact:</b>	
<b>Tel:</b>	
<b>Email:</b>	
<b>File Type:</b>	ASCII Fixed Length

OAKS File Name	OAKS Record Name	Parent/Child Record Relationship
INFAP003AXXX000.dat	Payment Information	This information creates the header for the interface. This information mainly consists of Payment information for vouchers in a status of Paid.
	Distribution Information	This information creates the child level information for the interface. This information mainly consists of Distribution line information.
INFAP003BXXX000.dat	Payment Information	This information creates the header for the interface. This information mainly consists of Payment information for vouchers not in a status of Stopped, Voided, or Paid.
	Distribution Information	This information creates the child level information for the interface. This information mainly consists of Distribution line information.
INFAP003CXXX000.dat	Payment Information	This information creates the header for the interface. This information mainly consists of Payment information for vouchers in a status of Voided.
	Distribution Information	This information creates the child level information for the interface. This information mainly consists of Distribution line information.
INFAP003DXXX000.dat	Payment Information	This information creates the header for the interface. This information mainly consists of Payment information for vouchers in a status of Stopped.
	Distribution Information	This information creates the child level information for the interface. This information mainly consists of Distribution line information.

\* The three 'XXX' in the file will be replaced by the three letter agency code. The '000' in the file name will be replaced by the three letter sub agency code.

## Outbound Payment Data Interface File Layout Instruction Sheet

Column headings are outlined below:

<b>OAKS FIELD (filled by OAKS Conversion Team):</b>	
<b>OAKS Field Name</b>	This is the actual column name in the OAKS record or staging record.
<b>Field Type</b>	The defined data type of the OAKS column.
<b>Field Length</b>	The defined length of the OAKS column.
<b>First Position</b>	Field starting position in flat file
<b>Last Position</b>	Field last position in flat file
<b>Key Field</b>	Indicates whether this field is required (Y/N).
<b>Required Field</b>	Indicates whether this field is required (Y/N).
<b>Cfg WUT#</b>	Configuration Work Unit Number (if applicable)
<b>Valid Values</b>	Lists valid values for the field
<b>Processing Rules</b>	Lists rules, default values, date format, etc.
<b>Description</b>	This is a detailed definition of the column.

OAKS Record Description: Outbound Payment Header Information

OAKS										
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field	Cfg WUT#	Valid Values/Defaults	Processing Rules	Description
ROW_ID	Char	3	1	3	Y	Y	N/A	000		Payment Header Record
BUSINESS_UNIT	Nbr	5	4	8	Y	Y	CAP121			AP Business Unit. Each agency will have their own valid business unit. The field will be displayed on the EFT and Check Remittance files.
PYMNT_ID_REF	Char	20	9	28	Y	N	N/A			The Payment reference number on the check or associated to the EFT
PYMNT_DT	Date	10	29	38	N	N	N/A		The date format should be listed as YYYY-MM-DD	The date the payment was created.
PYMNT_AMT	Sign	28	39	66	N	N	N/A		If positive, the number will look like this: S23(9).999, where 'S' stands for signed If negative, the number will look like this: - 23(9).999	The amount of the payment. There will not be negative payment amounts.
PYMNT_METHOD	Char	3	67	69	N	Y	N/A	CHK, EFT, ACH, GE		The method of payment CHK - Check/Warrant EFT - Electronic Payment (CCD+ and EDI) ACH - Electronic Payment (CTX -EDI) GE - ISTV Electronic Transfer
RECON_STATUS	Char	3	70	72	N	Y	N/A	REC,STP, UNR, VOI		The reconciliation status of the Payment REC - Reconciled STP - Stopped UNR - Unreconciled VOI - Void
PYMNT_RECONCILE_DT	Date	10	73	82	N	N	N/A		The date format should be listed as YYYY-MM-DD	The date the payment was reconciled
PYMNT_STATUS	Char	1	83	83	N	Y	N/A	P, V, S		The status of the Payment P - Paid V - Void S - Stop
CANCEL_DATE	Date	10	84	93	N	N	N/A			Date Canceled

INFAP003AXXX000.dat

OAKS Record Description: Outbound Payment Header Information

OAKS										
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field	Cfg WUT#	Valid Values/Defaults	Processing Rules	Description
REMIT_VENDOR	Char	10	94	103	N	N	N/A			Remit Vendor
NAME1	Char	40	104	143	N	N	N/A			Vendor Name
REMIT_ADDR_SEQ_NUM	Nbr	3	144	146	N	N	CAP050			Address Sequence Number
ADDRESS1	Char	55	147	201	N	N	N/A			Vendor Address1
CITY	Char	30	202	231	N	N	N/A			Vendor City
STATE	Char	6	232	237	N	N	CGL035			Vendor State
POSTAL	Char	12	238	249	N	N	N/A			Vendor Postal Code
BANK_SETID	Char	5	250	254	Y	N				Tableset ID associated with the State's bank. Required for JFS and TAX
BANK_CD	Char	5	255	259	Y	N				Unique Identifier that facilitates the identification of a given bank. Required for JFS and TAX
BANK_ACCT_KEY	Char	4	260	263	Y	N				Unique Identifier that facilitates the identification of a given account within a bank. Required for JFS and TAX

OAKS Record Description: Outbound Payment Distribution Information

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description	
ROW_ID	Char	3	1	3	Y	Y	N/A	001		Type of Record. This information mainly consist of Distribution line information therefore it's record type is 001.	
BUSINESS_UNIT	Nbr	5	4	8	Y	Y	CAP121			AP Business Unit. Each agency will have their own valid business unit. The field will be displayed on the EFT and Check Remittance files.	
PYMNT_ID_REF	Char	20	9	28	Y	Y	N/A			Payment Reference	
VENDOR_ID	Char	10	29	38	N	N				The Vednor ID.	
INVOICE_ID	Char	30	39	68	N	Y	N/A			The Invoice ID. Associated to the voucher of the payment. One payment may reference multiple invoices. The field will be displayed on the EFT and Check Remittance files.	
INVOICE_DT	Date	10	69	78	N	Y	N/A		The date format should be listed as YYYY-MM-DD	The Invoice Date. The date the invoice was received.	
PYMNT_MESSAGE	Char	70	79	148	N	Y	N/A			The Payment Message field will be displayed on the EFT and Check Remittance files.	
PYMNT_MESSAGE_CD	Char	6	149	154	N	N				The Payment Message Code field displays the code associated with the Payment Message.	
VOUCHER_ID	Nbr	8	155	162	Y	Y	N/A			Voucher ID. A sequentially generated number.	
VOUCHER_ID_RELATED	Char	8	163	170	N	Y	N/A			The legacy Voucher Number associated to the voucher	
VOUCHER_LINE_NUM	Nbr	5	171	175	Y	Y	N/A			The line number of the voucher. A voucher can have multiple lines associated to it.	
DISTRIB_LINE_NUM	Nbr	5	176	180	Y	Y	N/A			The line number of the voucher. A voucher can have multiple lines associated to it.	

OAKS Record Description: Outbound Payment Distribution Information

OAKS										
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
MERCHANDISE_AMT	Sign	28	181	208	N	Y	N/A		If positive, the number will look like this: S23(9).999, where 'S' stands for signed If negative, the number will look like this: -23(9).999 The sum of these amounts may not equal the amount of the payment because of discount, miscellaneous, freight , or Late fees.	This is the amount of each distribution line item.
ACCOUNT	Char	10	209	218	N	N	CGL045			The Account chartfield is used to specify the balance sheet account or operating account (i.e. expenditure or revenue object codes) on financial transactions. Required on all transactions
FUND_CODE	Char	5	219	223	N	N	CGL052			The Fund chartfield defines a fiscal and accounting entity with a self-balancing set of accounts. It records cash and other financial resources, together with related liabilities and residual equities or balances, and any corresponding changes. Required on all transactions.
DEPTID	Char	10	224	233	N	N	CGL046			This Department chartfield identifies the financial management organizational entity associated with a particular financial transaction. The State will use this chartfield to capture the State and agency organization chart. Required on encumbrance, expense, and revenue transactions.
PROGRAM_CODE	Char	5	234	238	N	N	CGL053			The Program chartfield is used to capture the enterprise program concept. The Program Chartfield will enable the State to capture the cost of providing a specific good or service in response to an identified social or individual need or problem. Programs are specific to an agency. Required on encumbrance and expense transactions.

OAKS Record Description: Outbound Payment Distribution Information

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description	
PRODUCT	Char	6	239	244	N	N	CGL047			The Product chartfield will be used by the State to capture Appropriation Line Item (ALI), the legal spending authority authorized by the budget bill, and will be required on encumbrance and expense transactions.	
PROJECT_ID	Char	15	245	259	N	N	CGL048			The Project ID chartfield will be used to capture grant and project transactions. All grant transactions will be tracked in this chartfield to facilitate enterprise-wide reporting. This chartfield may also be used to track project transactions after the project costing module is implemented if an agency chooses to use the project costing module functionality. This chartfield is designed to track grant and project financial activity, which can cross budget years, funds and departments. It is the gateway to the project costing module functionality.	
CLASS_FLD	Char	5	260	264	N	N	CGL055			The Class field will be used to capture the concept of Service Location (state, county, city, district, building, etc.). This will allow the State to track spending in relation to a geographic designation.	

OAKS Record Description: Outbound Payment Distribution Information

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description	
CHARTFIELD1	Char	10	265	274	N	N	CGL020			Chartfield 1 will be used to track project transactions when the project costing module functionality is not required. Prior to the implementation of the project costing module, all project transactions will be tracked in this chartfield. A project is defined as authorized expenditures for a specific purpose over a defined period of time, and may cross fiscal years, funds, or departments. Projects may be capital or non-capital, but are differentiated from on-going operations by their lifecycle. This chartfield gives agencies the ability to track project activity and grant activity in separate chartfields.	
CHARTFIELD2	Char	10	275	284	N	N	CGL021			Chartfield 2 will be used to fulfill agency reporting requirements as they relate to activities, tasks, or cost centers.	
CHARTFIELD3	Char	10	285	294	N	N	CGL022			Chartfield 3 will be used to fulfill agency reporting requirements as they relate to activities, tasks, or cost centers	
BUDGET_REF	Char	8	295	302	N	N	CGL056			The Budget Reference field will be used to capture the federal fiscal year for informational purposes. Some agencies have identified a need to use this chartfield to identify the year for other purposes not fulfilled by the system generated accounting and budget period dates (e.g., the state fiscal year when recording indirect costs in subsequent fiscal years). When not used to identify a year for informational purposes, an agency may use this chartfield to break an ALI into units for budget control.	
OPERATING_UNIT	Char	8	303	310	N	N	CGL051			The Operating Unit chartfield will be used to record the ISTV cross-reference agency.	

# Inbound Voucher Interface File Layout

Prepared By: Ismael Garcia - OAKS Financials Team

Date: 2/9/2010

**Inbound Voucher Interface File Layout**

**OAKS Module:**

**Source Agency Technical Contact:**   
**Tel:**   
**Email:**

**File Type:**

OAKS File Name	OAKS Record Name	Parent/Child Record Relationship
INFAPI02AXXXX000.DAT	Voucher Header	This information creates the header of the interface. This will be identified by ROW_ID '000'
	Voucher Line	This information creates the line of the interface. This will be identified by ROW_ID '001'
	Voucher Distribution Line	This information creates the distribution line of the interface. This will be identified by ROW_ID '002'  The Voucher Distribution Line will not be required if the voucher is a PO Voucher.
	Single Payment Line	Row Required if VOUCHER_STYLE in Voucher Header (000) is ' <b>SGLP</b> '.  This information creates the line for a Single Payment Voucher (VBV). This will be identified by ROW_ID '003'  The Single Payment Line is not required if the voucher is a PO voucher.

\* The three 'XXXXX' in the file will be replaced by the five character business unit. The '000' in the file name will be replaced by the three letter sub agency code.

**Inbound Voucher Interface File Layout  
Instruction Sheet**

Column headings are outlined below:

<b>OAKS FIELD:</b>	
<b>OAKS Field Name</b>	This is the actual column name in the OAKS record or staging record.
<b>Field Type</b>	The defined data type of the OAKS column.
<b>Field Length</b>	The defined length of the OAKS column.
<b>First Position</b>	Field starting position in flat file
<b>Last Position</b>	Field last position in flat file
<b>Key Field</b>	Indicates whether this field is a key field (Y/N).
<b>Required Field</b>	Indicates whether this field is required (Y/N).
<b>Cfg WUT#</b>	Configuration Work Unit Number (if applicable)
<b>Valid Values</b>	Lists valid values for the field
<b>Processing Rules</b>	Lists rules, default values, date format, etc.
<b>Description</b>	This is a detailed definition of the column.

OAKS Record Description: Voucher Header

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field Reg Voucher	Required Field PO Voucher	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
ROW_ID	Char	3	1	3	N	Y	Y		Populate with '000'		Row ID. This identifies the voucher header within the file.
BUSINESS_UNIT	Char	5	4	8	Y	Y	Y	CAP121			AP Business Unit. Each agency will have their own valid business unit.  The field will be displayed on the EFT and Check Remittance files.
VOUCHER_ID_RELATED	Char	8	9	16	N	Y	Y			Must be a unique identifier.	Voucher ID Related - This field stores 8 digits of the voucher ID from the legacy system. This field must be a unique identifier for as long as the agency uses the interface.
INVOICE_ID	Char	30	17	46	N	Y	Y				Invoice Number. This field will contain a unique Vendor Invoice Number.  The field will be displayed on the EFT and Check Remittance files.
INVOICE_DT	Date	10	47	56	N	Y	Y		Must be a valid date	Date must be in 'CCYY/MM/DD' format.	This field will contain the date the Vendor Invoice was received by the agencies. In conjunction with the payment terms, it is the basis for calculating the Scheduled Pay Date, which is the date the voucher will get picked up for payment.
VENDOR_SETID	Char	5	57	61	N	Y	Y	CGL030	Populate with 'STATE'		Agencies will use the SetID for the centrally maintained vendor database.
VENDOR_ID	Char	10	62	71	N	Y	Y		<b>Use the appropriate vendor ID for single payment vouchers:</b> SGLPAYCHK1 - Single Payment Warrant Vendor  SGLPAYEFT1 - Single Payment EFT Vendor  SGLPAYMED1 - Single Payment Medicaid EFT Vendor  SGLPAYOWF1 - Single Payment OWF EFT Vendor  SGLPAYTAX1 - Single Payment TAX EFT Vendor		This field will contain a valid PeopleSoft Vendor ID for the Vendor SetID provided above. Vendors will be converted into OAKS from CAS.
VNDR_LOC	Char	10	72	81	N	Y	Y		<b>Use the appropriate vendor location (in bold) for the corresponding single payment voucher vendor:</b> SGLPAYCHK1 - <b>CHK-01</b>  SGLPAYEFT1 - <b>EFT-01</b>  SGLPAYMED1 - <b>EFT-01</b>  SGLPAYOWF1 - <b>EFT-01</b>  SGLPAYTAX1 - <b>EFT-01</b>		This field will contain a valid PeopleSoft Vendor Location for the Vendor ID provided above.

OAKS Record Description: Voucher Header

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field Reg Voucher	Required Field PO Voucher	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
ADDRESS_SEQ_NUM	Nbr	3	82	84	N	Y	Y		Use the appropriate address sequence number (in bold) for the corresponding single payment voucher vendor: SGLPAYCHK1 - 001  SGLPAYEFT1 - 001  SGLPAYMED1 - 001  SGLPAYOWF1 - 001  SGLPAYTAX1 - 001		This field will contain a valid PeopleSoft Invoicing Vendor Address Sequence Number for the Vendor ID provided above.
ORIGIN	Char	3	85	87	N	Y	Y	CAP123	Must be a valid Origin		This value will be specific to each agency and can be hard coded.  Task 706 will create values.
OPRID	Char	30	88	117	N	Y	Y				PeopleSoft Operator ID-Populate with the predefined OAKS user ID. The User ID in this field will receive an email when vouchers are denied during agency and OBM workflow approval.
ACCOUNTING_DT	Date	10	118	127	N	Y	Y		Must be a valid date	Date must be in 'CCYY/MM/DD' format.	This field will contain the current date.
GROSS_AMT	Sign	28	128	155	N	Y	Y		Must be a non-zero value	The gross amount must equal the sum of all the voucher lines related to the voucher header.  The format for this field is S23(9).999 if it is a positive value. If it is negative, you will put the minus (-) sign where the letter(S) is currently found.	Gross Invoice Amount-This field will contain the Gross Amount of the Voucher/Vendor invoice.  The State of Ohio will not process negative vouchers through this interface.
PYMNT_TERMS_CD	Char	5	156	160	N	N	N	CAP091	Populate with these values:  '00' - Due Immediately '2D' - 2% Disc in 10 days, Net 30 '30' - Net 30 '21' - Net 21 '15' - Net 15		Payment Terms - These are used to schedule payments for invoices and to calculate amounts remitted to vendors. In conjunction with the Invoice Date, it is used to calculate the Scheduled Pay Date, which is the date the voucher will get picked up for payment.
DESCR254_MIXED	Char	254	161	414	N	N	N				Description of voucher. (left justify and buffer to the right with spaces). Include information relevant to the voucher.
REMIT_ADDR_SEQ_NUM	Nbr	3	415	417	N	Y	Y		Use the appropriate remit address sequence number (in bold) for the corresponding single payment voucher vendor: SGLPAYCHK1 - 001  SGLPAYEFT1 - 001  SGLPAYMED1 - 001  SGLPAYOWF1 - 001  SGLPAYTAX1 - 001		Remitting Location-This field will contain a valid PeopleSoft Vendor Remitting Address Sequence Number for the Vendor ID provided above.
VCHR_BLD_CODE	Char	6	418	423	N	N	Y		Populate with 'P' if Purchase Order is tied to voucher.		Voucher Build Code-This field will be left blank if there is no Purchase Order associated with the Voucher to be created.
PYMNT_MESSAGE	Char	70	424	493	N	N	N				Payment Message-This field may contain a free-form payment message. This field will appear on the check stub.  The field will be displayed on the EFT and Check Remittance files.
PYMNT_HANDLING_CD	Char	2	494	495	N	N	N	CAP118	RE' - Regular Payments RA' - Return to Agency LI' - Liens BP' - Bond Payments		Payment Handling Code-criteria to sort payments

OAKS Record Description: Voucher Header

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field Reg Voucher	Required Field PO Voucher	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
PYMNT_HOLD	Char	1	496	496	N	N	N	CAP128	Populate with 'N' as a default		Hold Payment Flag-Flag used to see if payment is on hold. If the payment needs to be placed on a Hold Status, then populate the field with 'Y'.
PYMNT_HOLD_REASON	Char	3	497	499	N	N	N	CAP128	ES-EARLY - SYSTEM APPLIED EU-EARLY - USER APPLIED LS-LATE - SYSTEM APPLIED LU-LATE - USER APPLIED		Hold Reason-Reason for payment hold
USER_VCHR_DATE	Date	10	500	509	N	Y	Y		Must be a valid date	Date must be in 'CCYY/MM/DD' format.	Last Receipt Date-This field will contain the Last Receipt Date that will be sent by the agencies, and it cannot be greater than the current date.
MESSAGE_CD	Char	6	510	515	N	N	N	CAP127			Message Code-This field may contain a valid Payment Message Code.  Task 709 will create values.
SCHEDULED_PAY_DT	Date	10	516	525	N	N	N			Date must be in 'CCYY/MM/DD' format.	Scheduled to Pay Date-This field may contain a valid Scheduled Due Date, which is the date the voucher is selected for payment. However, this field can be blank and the payment Scheduled Due Date will be calculated by the Voucher Build Process based on vendor payment terms.
VOUCHER_STYLE	Char	4	526	529	N	Y	Y		Populate with 'REG'		All vouchers the field should be populated with 'REG'.  For all single payment vouchers this value will be updated to 'SGLP' by a custom process after voucher build. Single payment vouchers will have a voucher style of 'SGLP' on INF03.

OAKS Record Description: Voucher Line

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field Reg Voucher	Required Field PO Voucher	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
ROW_ID	Char	3	1	3	N	Y	Y		Populate with '001'		Row ID. This is the voucher line identifier within the file.
BUSINESS_UNIT	Char	5	4	8	Y	Y	Y	CAP121			AP Business Unit-This field will have the same value as the Voucher Header business unit.  The field will be displayed on the EFT and Check Remittance files.
VOUCHER_ID_RELATED	Char	8	9	16	N	Y	Y			Must be a unique identifier.	A unique Record ID for each voucher in the input file. This will be the same number as the one found in the Voucher header that the single payment line depends on.
VOUCHER_LINE_NUM	Nbr	5	17	21	N	Y	Y				Voucher Line Number-This field will be provided by the agencies. It will contain a unique, sequential number that will be provided for each voucher line to be created for the voucher/vendor invoice.
BUSINESS_UNIT_PO	Char	5	22	26	N	N	Y	CPO182			PO Business Unit-This field will be left blank if there is no Purchase Order associated with the Voucher to be created. It will be the same PO Business Unit that is found in the Voucher header that the voucher line depends on.
PO_ID	Char	10	27	36	N	N	Y		Must be a valid Purchase Order ID for the PO Business Unit specified above.		PO Number-This field will be left blank if there is no Purchase Order associated with the voucher to be created.
LINE_NBR	Nbr	5	37	41	N	N	Y		Must be a valid Purchase Order Line Number for the PO ID specified above.		Line Number-This field will be left blank if there is no Purchase Order associated with the Voucher to be created. The field will contain a valid Purchase Order Line Number for the Purchase Order ID entered above.
SCHED_NBR	Nbr	3	42	44	N	N	Y				Schedule Number-This field will be left blank if there is no Purchase Order associated with the Voucher to be created. This field will contain a valid Purchase Order Schedule Number for the Purchase Order ID and Purchase Order Line Number entered above.
DESCR	Char	30	45	74	N	N	N				Description-This field will contain a description of the good or service provided by the Vendor.
MERCHANDISE_AMT	Sign	28	75	102	N	Y	Y			The sum of the Voucher Distribution Line merchandise amount associated with the voucher line must equal the merchandise amount in the Voucher Line.  The format for this field is S23(9).999 if it is a positive value. If it is negative, you will put the minus (-) sign where the letter(S) is currently found.	Merchandise Amount-This field will contain the amount of the voucher/vendor invoice line. If the voucher line contains a Line Quantity, Unit of Measure, and Unit Price then the Line Amount must be equal to the product of the Line Quantity and Unit Price.
ITM_SETID	Char	5	103	107	N	N	N		Populate with 'STATE'	If this voucher is related to a PO with listed items then this field becomes required.	Item Set ID-This field will contain the SetID of the State if an item is selected from the state item file.
INV_ITEM_ID	Char	18	108	125	N	N	N		Valid values will not be available until mock conversions are in place.	If this voucher is related to a PO with listed items then this field becomes required.	Item ID-The field will contain a valid Item ID.
QTY_VCHR	Sign	17	126	142	N	N	N			The format for this field is S11(9).9999 if it is a positive value. If it is negative, you will put the minus (-) sign where the space(S) is currently found.	Quantity Vouchered-This field may contain a quantity of the goods or services provided by the Vendor.

OAKS Record Description: Voucher Line

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field Reg Voucher	Required Field PO Voucher	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
UNIT_OF_MEASURE	Char	3	143	145	N	N	N	CPO197	Must be a valid Unit of Measure Code	This field is required if there is a quantity vouchered.	Unit of Measure-If the line contains a Quantity, then it must contain a valid PeopleSoft Unit of Measure Code.
UNIT_PRICE	Sign	17	146	162	N	N	N			This field is required if there is a quantity vouchered.  The format for this field is S10(5),99999 if it is a positive value. If it is negative, you will put the minus (-) sign where the space(S) is currently found.	Unit Price-If the Line contains a Quantity and Unit of Measure, then it must contain a Unit Price.
USER_VCHR_CHAR1	Char	1	163	163	N	N	N		Populate with one of these values:  E - EDGE M - MBE N - NONE		MBE/EDGE Flag - The vendor needs to be identified as EDGE or MBE during the certification period for the transaction to get credit. The default for this field will be 'N'.
USER_VCHR_CHAR2	Char	25	164	188	N	N	N			Must be a valid value in OAKS	Contract ID - This is the state term contract - GDCMAC or STSID.

OAKS Record Description: Voucher Distribution Line

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field Reg Voucher	Required Field PO Voucher	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
ROW_ID	Char	3	1	3	N	Y	N		Populate with '002'		Row ID. This is the voucher distribution line identifier within the file.
BUSINESS_UNIT	Char	5	4	8	Y	Y	N	CAP121			AP Business Unit-This field will have the same value as the Voucher Header business unit.  The field will be displayed on the EFT and Check Remittance files.
VOUCHER_ID_RELATED	Char	8	9	16	N	Y	N			Must be a unique identifier.	A unique Record ID for each voucher in the input file. This will be the same number as the one found in the Voucher header that the single payment line depends on.
VOUCHER_LINE_NUM	Nbr	5	17	21	N	Y	N				Voucher Line Number-This field will be provided by the agencies. It will contain a unique, sequential number that will be provided for each voucher line to be created for the voucher/vendor invoice. This will be the same number found in the Voucher Line that the distribution line depends on.
DISTRIB_LINE_NUM	Nbr	5	22	26	N	Y	N				Distribution Line-This field will be provided by the agencies. If the agencies want to send multiple distribution lines for a single voucher line then this number needs to be incremented for each distribution line.
BUSINESS_UNIT_GL	Char	5	27	31	N	N	N	CGL032	Populate with 'STATE'		GL Business Unit-This field will contain the valid PeopleSoft General Ledger Business Unit value, which is 'STATE'.
ACCOUNT	Char	10	32	41	N	Y	N	CGL045	Must be a valid chartfield value		Account-used to specify the expenditure account on financial transactions.
DEPTID	Char	10	42	51	N	Y	N	CGL046	Must be a valid chartfield value	Required on encumbrance and expense transactions.	Department-Identifies the financial management organizational entity associated with a particular financial transaction. The State will use this chartfield to capture the State and agency organization chart.
QTY_VCHR	Sign	17	52	68	N	N	N			The format for this field is S11(9),9999 if it is a positive value. If it is negative, you will put the minus (-) sign where the space(S) is currently found.	Quantity Vouchered-This field may contain a quantity of the goods or services provided by the Vendor that is attributable to the Voucher Distribution Line.
DESCR	Char	30	69	98	N	N	N				Description-This field may contain a description about the voucher distribution line.
OPERATING_UNIT	Char	8	99	106	N	N	N	CGL051	Must be a valid chartfield value	Required on intra-state transfer vouchers.	ISTV Xref-Reserved for ISTV agency cross reference
PRODUCT	Char	6	107	112	N	Y	N	CGL047	Must be a valid chartfield value	Required on encumbrance and expense transactions.	ALI-used by the State to capture Appropriation Line Item (ALI), the legal spending authority authorized by the budget bill.
FUND_CODE	Char	5	113	117	N	Y	N	CGL052	Must be a valid chartfield value	Required on encumbrance and expense transactions.	Fund Code-Defines a fiscal and accounting entity with a self-balancing set of accounts. It records cash and other financial resources, together with related liabilities and residual equities or balances, and any corresponding changes.

OAKS Record Description: Voucher Distribution Line

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field Reg Voucher	Required Field PO Voucher	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
CLASS_FLD	Char	5	118	122	N	N	N	CGL055	Must be a valid chartfield value		Service Location-Will be used to capture the concept of service location (state, county, city, district, building, etc.). This will allow the State to track spending in relation to a geographic designation.
PROGRAM_CODE	Char	5	123	127	N	Y	N	CGL053	Must be a valid chartfield value	Required on encumbrance and expense transactions.	Program-Used to capture the enterprise program concept. The Program Chartfield will enable the State to capture activity within an agency's organization that is intended to provide a specific good or service in response to an identified social or individual need or problem.
BUDGET_REF	Char	8	128	135	N	N	N	CGL056	Must be a valid chartfield value		Budget Reference-This will be used to capture the federal fiscal year for informational purposes. Start and end date of projects and grants will be captured in the Project/Grant chartfield.
CHARTFIELD1	Char	10	136	145	N	N	N	CGL020	Must be a valid chartfield value		Project-The Projects chartfield specifically captures and controls project information. It is designed to track project financial activity, which can cross budget years, funds and departments.
CHARTFIELD2	Char	10	146	155	N	N	N	CGL021	Must be a valid chartfield value		Reporting-Will be used to fulfill agency reporting requirements as they relate to activities, tasks, or cost centers.
CHARTFIELD3	Char	10	156	165	N	N	N	CGL022	Must be a valid chartfield value		Agency Use-Will be used to fulfill agency reporting requirements as they relate to activities, tasks, or cost centers.
MERCHANDISE_AMT	Sign	28	166	193	N	Y	N			The format for this field is \$23(9).999 if it is a positive value. If it is negative, you will put the minus (-) sign where the letter(S) is currently found.	Merchandise Amount-This field will contain the Amount of the Voucher/Vendor Invoice that is attributable to the Voucher Distribution Line. If the Voucher Distribution Line contains a Distribution Line Quantity, then the Distribution Amount must be equal to the product of the Distribution Quantity and Unit Price (from the Voucher Line). The sum of all Distribution Amounts on the Voucher/Vendor Invoice Distribution Lines must equal the Amount on the Voucher/Vendor Invoice Line.
BUSINESS_UNIT_PO	Char	5	194	198	N	N	N	CPO182			PO Business Unit-This field will be left blank if there is no Purchase Order associated with the Voucher to be created. It will be the same PO Business Unit that is found in the Voucher line that the voucher distribution line depends on.
PO_ID	Char	10	199	208	N	N	N				PO Number-This field will be left blank if there is no Purchase Order associated with the voucher to be created. It will be the same PO ID that is found in the voucher line the voucher distribution line depends on.
LINE_NBR	Nbr	5	209	213	N	N	N				Line Number-This field will be left blank if there is no Purchase Order associated with the Voucher to be created. The field will contain a valid Purchase Order Line Number for the Purchase Order ID entered above.

OAKS Record Description: Voucher Distribution Line

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field Reg Voucher	Required Field PO Voucher	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
SCHED_NBR	Nbr	3	214	216	N	N	N				Schedule Number-This field will be left blank if there is no Purchase Order associated with the Voucher to be created. This field will contain a valid Purchase Order Schedule Number for the Purchase Order ID and Purchase Order Line Number entered above.
PO_DIST_LINE_NUM	Nbr	5	217	221	N	N	N				PO Distribution Line Number-This field will be left blank if there is no Purchase Order associated with the voucher to be created. If there is a Purchase Order the this field will contain a valid Purchase Order Distribution Line for the PO ID, Line Number, and Schedule Number entered above.
PROJECT_ID	Char	15	222	236	N	N	N	CGL048	Must be a valid chartfield value		Grant/Project-Captures and controls grant information. The Projects Chartfield is designed to track grant financial activity, which can cross budget years, funds and departments.
BUDGET_DT	Date	10	237	246	Y	Y	Y		Must be a valid date	Date must be in 'CCYY/MM/DD' format.	Budget Date-This field will contain the Budget Date applicable to the Voucher. This date determines the budget period that will be impacted by the expenditures recorded on the Voucher Distribution Lines.

OAKS Record Description: Single Payment Line

OAKS											
OAKS Field Name	Field Type	Field Length	First Position	Last Position	Key Field	Required Field Reg Voucher	Required Field PO Voucher	Cfg WUT#	Valid Values/ Defaults	Processing Rules	Description
ROW_ID	Char	3	1	3	N	Y	N		Populate with '003'		Row ID. This identifies the single payment line within the file.
BUSINESS_UNIT	Char	5	4	8	Y	Y	N	CAP121			AP Business Unit. Each agency will have their own valid business unit.  The field will be displayed on the EFT and Check Remittance files.
VOUCHER_ID_RELATED	Char	8	9	16	N	Y	N			Must be a unique identifier.  If VOUCHER_STYLE in Voucher Header Row '000' equals 'SGLP' then this unique value needs to be the same value used in Voucher Header Row '000' VOUCHER_ID_RELATED field. This will tie these two records together.	A unique Record ID for each voucher in the input file. This will be the same number as the one found in the Voucher header that the single payment line depends on.
OH_EFT_VNDR_TAX_ID	Char	10	17	26	N	N	N				EFT Vendor Tax ID - This field may contain an EFT Vendor Tax ID. It will be used for single payment vendors.
NAME1	Char	40	27	66	N	Y	N				Vendor Name as it will appear on the printed Warrant.
COUNTRY	Char	3	67	69	N	Y	N	CGL034	Valid country code.  USA or CAN		Country Code as it will appear on the printed Warrant.
ADDRESS1	Char	55	70	124	N	Y	N				Address as it will appear on the printed Warrant.
ADDRESS2	Char	55	125	179	N	N	N				Address as it will appear on the printed Warrant. This is an overflow from Address 1
ADDRESS3	Char	55	180	234	N	N	N				Address as it will appear on the printed Warrant.
CITY	Char	30	235	264	N	Y	N				City as it will appear on the printed Warrant.
STATE	Char	6	265	270	N	Y	N	CGL035			State as it will appear on the printed Warrant. This will be the two character state ID.
POSTAL	Char	12	271	282	N	Y	N				Postal Code as it will appear on the printed Warrant.
BANK_ID_QUAL	Char	3	283	285	N	N	N	CAP093	Populate with one of these two values.  001 - US Bank 002 - Canadian Bank		Bank ID qualifier for location of the bank.
BANK_ACCT_TYPE	Char	2	286	287	N	N	N	CAP096	Populate with '03'		Bank Account Type.
BANK_ACCOUNT_NUM	Char	17	288	304	N	N	N	CAP096			Bank Account Number where payment will be electronically deposited.
DFI_ID_QUAL	Char	2	305	306	N	N	N	CAP096	Populate with one of these two values.  01 - US Bank 04 - Canadian Bank		A banking industry convention identifier utilized to drive data validation for a given bank/counterparty.
DFI_ID_NUM	Char	12	307	318	N	N	N	CAP096			Bank Routing Number-Vendor's Bank Routing number

# SUPPLEMENTAL INFORMATION TRAILER

This page is the last page of supplemental information for this competitive document. If you received this trailer page, all supplemental information has been received.

Note: portions of the supplemental information provided may or may not contain page numbers. The total number of pages indicated on the cover page does not include the pages contained in this supplement.