

# HHS Competition Award Obligating Document

HHS CAOD # (FY-DVSN-000#)  
(e.g., HHS CAOD-2011-ASFR-0001)

*COMPETES* Act Competition  
 Non-*COMPETES* Act Competition

**This document is intended to obligate funds to be used for competitions announced in the *Federal Register* by the funding organization.**

Purpose of the Competition: (Description of competition, authorizing legislation and desired results; attach *Federal Register* notice announcing challenge)

\_\_\_\_\_

Anticipated Number and Amount of Awards: (e.g., 5 awards @ \$50K)

Obligating Organization: (Operating or Staff Division)

Total Amount to Obligate: (must be amount announced)

Tax Identification Number: (for Obligation the Obligating Division Employer Identification Number should be used)

DUNS Number (if applicable): \_\_\_\_\_

Treasury Account Fund Symbol (TAFS & Title): \_\_\_\_\_

Budget Account Classification Structure: \_\_\_\_\_

Common Account Number: \_\_\_\_\_

Object Class: **25954** \_\_\_\_\_

Fiscal Year Obligated: \_\_\_\_\_

Expected Fiscal Year of Payment: \_\_\_\_\_

Person Requesting the Obligation: (Name & Title)

Funds Certification: \_\_\_\_\_

Award Approving Official: STAFFDIV Head, OPDIV Head or OPDIV Head Direct Report

(Name & Title)

Signature: \_\_\_\_\_

Note: Use of this form is required to obligate funds for competitions, as described in the Department's financial management policy (FAM-FY2011-1, dated July 27, 2011).