



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

National Institutes of Health  
Bethesda, Maryland 20892

[www.nih.gov](http://www.nih.gov)

DATE: 9/27/2017

TO: Delegated Acquisition Office

FROM: Requestors Administrative Officer

THRU: Requestors Budget Officer

SUBJECT: Funding Memo (Availability of Funds)  
Language Access Services: Translation and Interpretation (LASTI)

I affirm that the [ENTER PROGRAM NAME/PROGRAM AREA] has sufficient funds available to obligate up to [ ENTER AMOUNT] to cover [ENTER BASE YEAR/OPTION YEAR] of [ENTER SERVICES TO BE RECEIVED].

The purpose of this document is to set forth the commitment regarding the funding arrangement and to authorize the obligation of funds to cover the financial responsibility associated with the service(s) identified above.

[SIGNED BY AUTHORIZED PERSON TO OBLIGATE FUNDS]