

HIERARCHY LEVEL 3 (LOCAL AGENCY PROGRAM COORDINATOR (APC))

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Add _____ (Use only when setting up a new institution)					
Change _____					
Delete _____ (Use only when closing or consolidating an institution)					
Level 3 Unit (Agency/Organization) Name <u>BOP PURCHASE -</u>					
Internet E-Mail Address	Level #3 (5 digits)	Parent Level 2 # (5 digits)	Level 3 Recipient Name (30 characters)	Address Line 1,2,3 (may include title)	Address Line 4 (City, State, Country, Zip code)

<p>*Bank Use Only*</p> <p>Signature Verified _____</p> <p>Date Added _____</p> <p>Agency/Org.# _____</p> <p>Initials _____</p> <p>Mgt _____</p>	<p>Approved By (Signature of Authorized Signer)</p> <p>Print Name</p> <p>Date</p>
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**Directions for BOP Purchase Card
Hierarchy Level 3 Form
Agency Program Coordinators (APC)**

Complete this form to establish or update a local APC (Level 3 of your reporting hierarchy). The purpose of the reporting hierarchy is to allow the local APC to manage and receive information about your program. For each level and each unit/entity within that level, you must provide a name or title up to 30 characters and a 5 digit numeric identifier (unless a new account is being established). The name and title and numeric identifier will be shown on your reports for location identification purposes and will be utilized for report-invoicing, as well as cardholder assignments.

1. Mark whether the application is for an addition, change or deletion of a local Agency Program Coordinator (APC).

Choose "Add" when first setting up an institution. At this juncture, there are no Approving Officials or Cardholders yet assigned.

Choose "Change" when the APC name, etc. is being changed to another individual (e.g., John Doe replaces Gene Newt, who transferred to another location). Note that in this instance, the address lines 1-4 would not need to be completed.

Choose "Delete" when closing an institution that no longer has any AOs or Cardholders listed (e.g., when an institution is consolidated or closes, etc.). This function requires the concurrence of the NAPC before the hierarchy can be deleted.

2. Agency/Organization Name: Insert your location's name after the "BOP PURCHASE -" (e.g., FMC Rochester).
3. Level 3: Insert the 5-digit location account ((hierarchy) number. This is the 5-digit numeric FMIS location number (e.g., 51402 for FCI Seagoville). Use the same Hierarchy Level Code you use when completing the Cardholder form. This number must be completed on any submission.
4. Level 2: Insert the individual 5-digit Regional Account number for your Region, the Central Office, or the MSTC and Glynco. Use the same Hierarchy Level code you use when completing the Cardholder form (e.g., the South Central Level II Regional Code is 20005, etc.). This number must be included in any submission. It is not necessary to include a Level I#.
5. Name: If the APC name is being changed, insert the new name. Bank uses the information on this form solely for reporting purposes. Therefore, a separate form entitled, "Purchase Card Hierarchy Level III Authorized Signer" (Authorized Signer's Form) must be used to give the new APC the authority to make changes at the local level. Likewise, a separate Authorized Signer's Form must be used to delete the departing APC as no longer having the authority to make changes for that location.
6. Address Lines 1, 2, and 3: Use up to three lines for the address (excluding the City/State). If the submission is for the purpose of changing the APC name only, there is no need to complete the address lines.

7. Address Line 4: Insert the City, State, and Zip Code. For locations within the United States, it is not necessary to include the country. If the submission is for the purpose of changing the APC name, there is no need to complete the address lines.
8. Bank Use Only: Do not complete. This is for Bank One's use only.
9. Approved By: An approved Authorized Signer who is on file with the purchase card bank, must sign the form and must print his/her's name on the line below. Date the form.
10. **Fax** the form to Bank One Federal Card:

1-888-297-0785 (toll-free)
or (847) 488-7985 (commercial)

If neither of these numbers work, call Customer Service at
1-888-297-0781 or (847) 488-4411.

Mail to:

Bank One Federal Card
P.O. Box 2015
Elgin, IL 60121

Overnight to:

Bank One Federal Card
2500 Westfield Drive
Elgin, IL 60123

Note for future use: When you begin using Bank One's software capabilities, hierarchy maintenance may be completed electronically.