

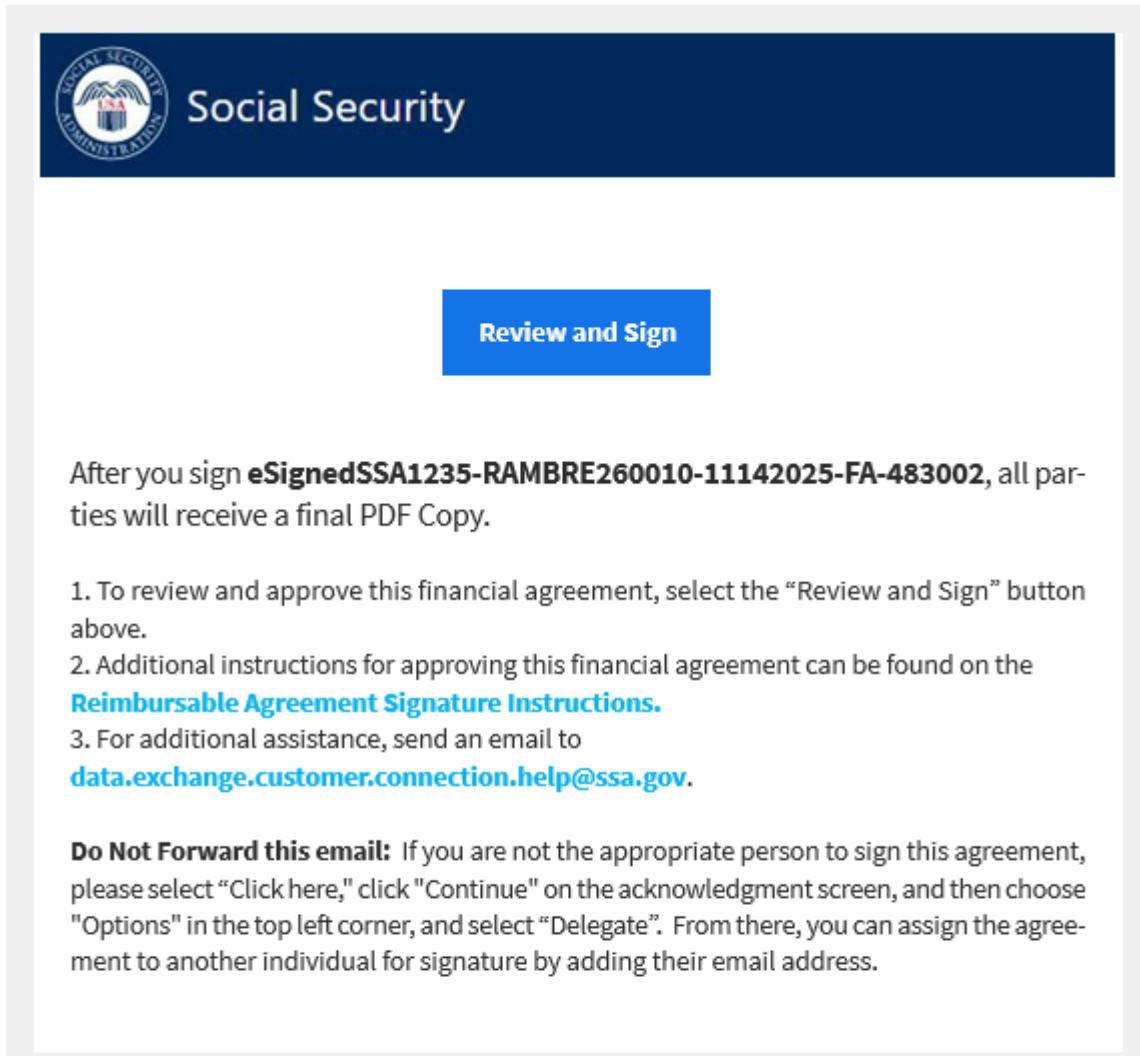
Adobe Sign instructions for external customers

In this document we will provide directions for signing a financial agreement with SSA. Adobe Sign is the service used by SSA for this process. As such, the email that contains the SSA financial agreement (SSA-1235) will be sent to external customers from Social Security Administration <adobesign@adobesign.com>.

Below is an example of the email sent to external customers

From: Social Security Administration <adobesign@adobesign.com>

Subject: Approval requested for Financial Agreement with SSA.



Social Security

Review and Sign

After you sign **eSignedSSA1235-RAMBRE260010-11142025-FA-483002**, all parties will receive a final PDF Copy.

1. To review and approve this financial agreement, select the “Review and Sign” button above.
2. Additional instructions for approving this financial agreement can be found on the **Reimbursable Agreement Signature Instructions**.
3. For additional assistance, send an email to **data.exchange.customer.connection.help@ssa.gov**.

Do Not Forward this email: If you are not the appropriate person to sign this agreement, please select “Click here,” click “Continue” on the acknowledgment screen, and then choose “Options” in the top left corner, and select “Delegate”. From there, you can assign the agreement to another individual for signature by adding their email address.

POWERED BY
 Adobe Sign

By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

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When Adobe Sign opens click Start.

eSignedSSA1235-FA-409002-06262025

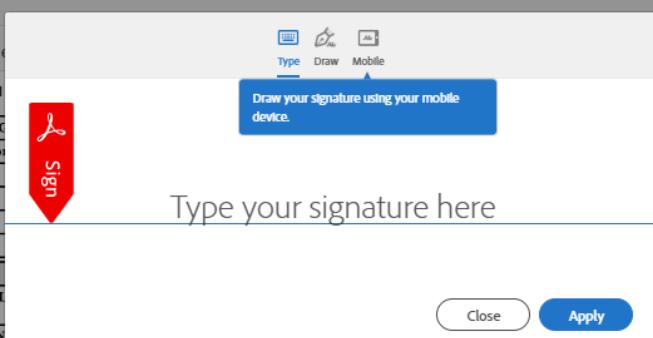
dc. DC 20224 (703) 655-9161	FUNDS ARE AVAILABLE - DRAC		
ACCOUNTING DATA (for Federal Government Agencies)		EMPLOYER IDENTIFICATION NUMBER (EIN)	
Appropriation/TAS:		24-2424542	
ALC:			
BETC:			
DUNS/BPN:			
UEI:			
BEGINNING AND ENDING DATES			
10/01/2024 through 09/30/2025			
TYPE OF SERVICE REQUESTED			
PROJECT TITLE OR KIND OF SERVICE test			
DESCRIPTION OF SERVICES test			
REFERENCES TO CORRESPONDENCE ON THIS MATTER (copies attached) Refer to accompanying legal agreement.			
SSA PROJECT COORDINATOR			
NAME Melissa Bowers	OFFICE OCIO / OEIS		
SSA CONTACT FOR INFORMATION PERTAINING TO THIS AGREEMENT			
NAME Melissa Bowers	OFFICE OCIO / OEIS		
ESTIMATED COST AND FINANCING OF SERVICES			
ESTIMATED COST OF SERVICES \$14.00	FINANCING (Check one):	ADVANCE PAYMENT (In Full) <input checked="" type="checkbox"/>	 (Quarterly) <input type="checkbox"/>
		IPAC	
SSA AUTHORIZATION			
PRINTED NAME Melissa Bowers Changed			
TITLE Supervisor			
SIGNATURE 	DATE		
ACCEPTANCE - FOR USE OF REQUESTING ORGANIZATION			
Please provide the services requested above. We agree to pay you the full cost of such services in the amount estimated above prior to any work being performed; and we also agree to all of the terms and conditions stated in the accompanying Memorandum of Agreement.			
NAME OF ORGANIZATION'S PROJECT COORDINATOR Happy Testing Changed		TITLE SA Updated	
NAME & SIGNATURE OF AUTHORIZING OFFICIAL Happy Testing 		TITLE SA	
Click here to sign 			

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Next 

In the yellow box, click where it says 'Click here to sign'

(Note: If the name or title of the signer is incorrect, you can click in the relevant box to update that information.)



The modal window shows three signature options: Type, Draw, and Mobile. The 'Type' option is selected. A red arrow points to the 'Type' button. Below the modal, the 'SSA AUTHORIZATION' section is visible, including the 'NAME & SIGNATURE OF AUTHORIZING OFFICIAL' field, which is highlighted in yellow and contains the text 'Click here to sign'.

dc. DC 20224 (703) 655-9161	FUNDS ARE AVAILABLE - DRAC		
ACCOUNTING DATA (for Federal Government Agencies)		EMPLOYER IDENTIFICATION NUMBER (EIN)	
Appropriation/TAS:		24-2424542	
ALC:			
BETC:			
DUNS/BPN:			
UEI:			
PROJECT TITLE OR KIND OF SERVICE test			
DESCRIPTION OF SERVICES test			
REFERENCES TO CORRESPONDENCE ON THIS MATTER (copies attached) Refer to accompanying legal agreement.			
SSA PROJECT COORDINATOR			
NAME Melissa Bowers	OFFICE OCIO / OEIS		
SSA CONTACT FOR INFORMATION PERTAINING TO THIS AGREEMENT			
NAME Melissa Bowers	OFFICE OCIO / OEIS		
ESTIMATED COST AND FINANCING OF SERVICES			

The signing modal will open. You can type your signature, use the draw, or mobile options. Click 'Apply' to continue.

dc, DC 20224 (703) 655-9161	Funds are available - DRAC		
Accounting Data (for Federal Government Agencies)			
Appropriation/TAS:	Employer Identification Number (EIN)		
ALC:	24-2424542		
BETC:	Beginning and Ending Dates		
DUNS/BPN:	10/01/2024 through 09/30/2025		
UEI:			
Type of Service Requested			
Project Title or Kind of Service test			
Description of Services test			
References to Correspondence on This Matter (copies attached) Refer to accompanying legal agreement.			
SSA Project Coordinator			
Name Melissa Bowers	Office OCIO / OEIS		
SSA Contact for Information Pertaining to This Agreement			
Name Melissa Bowers	Office OCIO / OEIS		
Estimated Cost and Financing of Services			
Estimated Cost of Services \$14.00	Financing (Check one):	Advance Payment (In Full) <input checked="" type="checkbox"/> (Quarterly) <input type="checkbox"/>	
		IPAC	
SSA Authorization			
Printed Name Melissa Bowers Changed			
Title Supervisor			
Signature 	Date		
Acceptance - For Use of Requesting Organization			
Please provide the services requested above. We agree to pay you the full cost of such services in the amount estimated above prior to any work being performed; and we also agree to all of the terms and conditions stated in the accompanying Memorandum of Agreement.			
Name of Organization's Project Coordinator Happy Testing Changed	Title SA Updated		
Name & Signature of Authorizing Official Happy Testing 	Title SA	Date	

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By approving, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

[Click to Approve](#)



(Note: the Date field does not need to be filled in since the Electronic Signature includes the date.)

Next 'Click to Approve'

← ⌛ ⌂ https://acrobat.adobe.com/link/postsign/us/en

OrgChart SSA Apps DDE DX IMT new IMT webTA Training Self Help SharePoint Sites Employee Dashboard Chat Agency Suppo...

Adobe Acrobat



You've signed successfully.

You finished approving "eSignedSSA1235-FA-409002-06262025".

Save a copy for your reference

Access the latest version of your signed document from anywhere by saving it to your Acrobat account. To continue, you'll need to create a free account or sign in.

[Save a signed copy](#) [Download](#)

A red arrow points to the "Download" button.

Screen will refresh after the signature is approved and a “You’ve signed successfully” screen will appear. From this screen, you can download a copy for your records.

External users should also receive an emailed with a copy of the successfully signed agreement from Customer Connection via Adobe Acrobat Sign <adobesign@adobesign.com>.

Note: Until March 7, 2026, please send a copy of the successfully signed agreement to the Program Coordinator/ SSA Contact.

Delegate agreement approval to another individual for signature.

Should the external customer require the delegation of signing authority to another individual within their organization, they must click on 'Options' located in the upper left corner and then select 'Delegate approval to another.' Subsequently, a delegate modal will appear, allowing them to input the email address and a message to be sent to the designated signer.

Adobe Acrobat Sign

Options: ✓

Read agreement

Delegate approval to another

Clear document data

View history

Download PDF

Legal Notices

eSignedSSA1235-RASOLV/260005-11142025-FA-483004

SSA EIN: 526004813	SSA U.E.C.:
REQUESTING ORGANIZATION	
PROGRAM CONTACT NAME/ADDRESS/PHONE# GAME AND FISH	FINANCIAL CONTACT NAME/ADDRESS/PHONE# samantha dixon 222 spanish moss lange baltimore, MD 21222
samantha dixon 222 spanish moss lange baltimore, MD 21222	FUNDS ARE AVAILABLE - DRAC
ACCOUNTING DATA (for Federal Government Agencies)	
Appropriation/TAS:	EMPLOYER IDENTIFICATION NUMBER (EIN) 3333333333
ALC:	BEGINNING AND ENDING DATES 10/01/2025 through 09/30/2026
BETC:	
DUNS/BPN:	
UEI:	
TYPE OF SERVICE REQUESTED	
PROJECT TITLE OR KIND OF SERVICE test	
DESCRIPTION OF SERVICES test	
REFERENCES TO CORRESPONDENCE ON THIS MATTER (copies attached) Refer to accompanying legal agreement.	
SSA PROJECT COORDINATOR	
NAME: Leslie Campbell	OFFICE: DCRDP / ODEPPIN
SSA CONTACT FOR INFORMATION PERTAINING TO THIS AGREEMENT	
NAME: Leslie Campbell	OFFICE: DCRDP / ODEPPIN
ESTIMATED COST AND FINANCING OF SERVICES	
ESTIMATED COST OF SERVICES \$5,000.00	FINANCING (Check one): <input checked="" type="checkbox"/> (In Full) X <input type="checkbox"/> (Quarterly) <input type="checkbox"/> IPAC
SSA AUTHORIZATION	
PRINTED NAME: Leslie Campbell TITLE: Project Coordinator	DATE: 11/14/2025
SIGNATURE: 	
ACCEPTANCE - FOR USE OF REQUESTING ORGANIZATION	
Please provide the services requested above. We agree to pay you the full cost of such services in the amount estimated above prior to any work being performed; and we also agree to all of the terms and conditions stated in the accompanying Memorandum of Agreement.	
NAME OF ORGANIZATION'S PROJECT COORDINATOR samantha dixon	TITLE: Test Contact
NAME & SIGNATURE OF AUTHORIZING OFFICIAL samantha dixon 	TITLE: Test Contact
	DATE

Next →

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