

Paperwork Reduction Act Notice:

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of the Paperwork Reduction Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB control number. We estimate that it will take approximately 15 hours to complete this survey. This includes the time it will take for reviewing instructions. The OMB control number for this collection is 2132- and the expiration date is

**GRANT ACCRUAL LIABILITIES SURVEY**

(Please take as much space as needed to fully answer the questions)

Question	Response
1) Please provide us with the total amount of expenses and/or services that were incurred but have not yet been requested for payment (IBNR) from FTA as of your audited fiscal year end 2007 ( <b>accrued or unbilled</b> accounts receivable/federal payments) that applies to FTA funded activities (e.g., capital investments , formula grants and bus ).	Total Capital Investments (Construction) \$ Total Formula \$ Total Bus \$
2) Please provide us with the total amount of all other expenses and/or services incurred but not yet requested for payment from FTA as of your audited fiscal year end 2007 ( <b>accrued or unbilled</b> receivables/federal payments) that applies to FTA funded activities other than capital investments, formula grants and bus. Please list the type of grant(s) and briefly describe the purpose of this grant(s).	Other FTA Grants \$ Explanation:
3) Please explain or provide us with your written procedure/methodology on how you arrived at the reported numbers in questions 1 and 2 above.	Explanation:
4) If the method used to calculate the numbers reported in steps 1 and 2 differ by grant type (e.g., capital investments, construction, formula bus and other FTA grants) please specify.	Explanation:

<p>5) Is your accrual at audited fiscal year end 2007 compliant with GASB 34, if applicable? Please circle one.</p>	<p>Yes No</p>
<p>6) What is your typical billing cycle for each category? For example, how many days does it take between the date expenses are incurred and services are rendered, to the day this same activity is billed to FTA (i.e., FTA ECHO drawdown initiated)? <b>Please answer separately for all four categories.</b></p>	<p>Capital Investment (Construction): Formula: Bus: Other:</p>
<p>7) How consistent is your billing cycle and the ECHO drawdown? If consistent, please describe any activity that would prevent you from performing an ECHO drawdown in a timely manner, in accordance with the response in step 6.</p>	<p>Explanation:</p>
<p>8) How timely do you make a drawdown? Typically, what periods do these expenses relate to (e.g., current month, a month ago, 2 months ago, 3 months ago, or simultaneously). If other, please specify.</p>	<p>Explanation:</p>
<p>9) Have you been approved for or do you anticipate any significant projects/capital expenditures within the next 3 years that will require FTA funds? If so, please indicate the expenditure by type.</p>	<p>Projected amount:  <input type="checkbox"/> Capital Investment (Construction) \$  <input type="checkbox"/> Formula \$  <input type="checkbox"/> Bus \$  <input type="checkbox"/> Other \$</p>
<p>10) Is there any other information that you could provide to assist us with estimating and recording the expenses incurred but not yet drawn down from the ECHO system?</p>	<p>Explanation:</p>
<p>11) How do you organize support for your ECHO drawdowns?</p>	<p>Explanation:</p>
<p>12) If FTA selected several ECHO draw-downs of your organization for a detailed examination, how would we be able to identify the dates the expenses were incurred?</p>	<p>Explanation:</p>
<p>13) Was this survey easy to follow? If not, what made it confusing?</p>	<p>Explanation:</p>

**PLEASE REMEMBER TO COMPLETE THE CERTIFICATION ON THE NEXT PAGE BEFORE YOU SUBMIT THE SURVEY TO FTA.**

**THE SURVEY SHOULD BE RETURNED TO FTA (John Burch@dot.gov) NO LATER THAN xxxxx, 2009.**

**CERTIFICATION**

I, hereby represent that these responses are complete, valid and accurate, and reflect the activities of our organization to the best of my knowledge and belief.

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Organization

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Name of person completing survey

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Date completed

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Phone Number

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Signature

Thank you in advance for you cooperation and timely response.

Zelda Wallace Woods  
FTA Office of Accounting