Public Reporting Burden Paperwork Reduction Act Notice. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2130-0615. Public reporting for this collection of information is estimated to be approximately 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required per (2 C.F.R. § 200.205). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Kim Toone, 1200 New Jersey Avenue, W34-212, Washington, D.C. 20590.



Federal Railroad Administration

APPLICANT FINANCIAL CAPABILITY QUESTIONNAIRE

SECTION A: PURPOSE

Federal agencies are required to review and evaluate the potential risks posed by applicants prior to awarding Federal funds (2 C.F.R. § 200.205). The Federal Railroad Administration (FRA) considers a variety of factors and information in completing this risk assessment. FRA's evaluation may include the following: financial capability and/or stability of the applicant organization; quality of the organization's management and financial systems; history of past performance; and results of audits and/or reports.

Completion of this form is intended to assist FRA in evaluating the financial capability of the applicant organization. This form is to be completed by organizations applying for FRA programs that 1) have not previously completed this form or 2) have not had a current/active award with FRA within the last three years.

-		_						
	SECTION B: ORGANIZATION INFORMATION							
1.	NAME OF ORGANIZATION:							
2.	NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (individual who will accept the	e grant o	it on behalf of your organization):					
3.	YEAR ORGANIZATION WAS FOUNDED/INCORPORATED:		6. PRIMARY ADDRESS OF THE ORGANIZATION:					
4.	EMPLOYER IDENTIFICATION NUMBER (EIN):							
5.	DUNS NUMBER/ UNIQUE ENTITY IDENTIFIER:		7. DOES THE ORGANIZATION HAVE A CURRENT ORGANIZATIONAL CHART?					
			YES NO IF YES, PLEASE PROVIDE A COPY					
8.	HAS YOUR ORGANIZATION RECEIVED FEDERAL		9. TOTAL OPERATING BUDGET IN THE PREVIOUS FISCAL					
	ASSISTANCE FUNDS IN THE LAST 2 YEARS? YES NO		YEAR:					
			\$					
	SECTION C: ACCOUNTING SYSTEM							
1.	HAS ANY GOVERNMENT AGENCY RENDERED AN OFFICIAL WRITTEN OPINION THE ADEQUACY OF THE ACCOUNTING SYSTEM FOR THE COLLECTION, IDENTAND ALLOCATION OF COSTS UNDER FEDERAL CONTRACTS/GRANTS?							
1a.	IF YES, PROVIDE NAME, AND ADDRESS OF AGENCY PERFORMING REVIEW:		ATTACH A COPY OF THE LATEST REVIEW AND ANY SUBSEQUENT RRESPONDENCE, CLEARANCE DOCUMENTS, ETC.					

2.	WHICH OF THE FOLLOWING BEST DESCRIBES THE ORGANIZATION'S ACCOUNTING SYSTEM?							
	MANUAL	AUTOMATED		COMBINATION				
3.	IS THE ORGANIZATION'S FINANCIAL MANAGEMENT PERFORMED IN-HOUSE (BY EMPLOYED STAFF) OR OUTSOURCED WITH CONTRACTED INDIVIDUALS?							
	IN-HOUSE	OUTSOURCED/C	CONTRACTED	COMBINATION				
4.	DOES THE ORGANIZATION AN	FICIPATE ANY SIG	INIFICANT CHANGE	ES TO ACCOUNTING SYSTEM IN TH	HE NEXT 12 M	ONTHS?	YES	NO
	IF YES, PLEASE EXPLAIN:							
5.	DOES THE APPLICANT HAVE AUTHORIZED PURPOSES?	EFFECTIVE INTE	RNAL CONTROLS	IN PLACE TO ENSURE THAT FE	EDERAL FUNI	OS ARE USE	SOLEY FOR	
		YES	NO					
6.	DOES THE ORGANIZATION HA	VE <u>WRITTEN</u> GR	ANTS MANAGEMEN	NT POLICIES AND PROCEDURES	FOR THE FOL	LOWING:		
	6a. ACCOUNTING/FINANCIAL?	YES	NO	6b. PROCUREMENT?	YES	NO		
	6c. PROPERTY MANAGEMENT	? YES	NO	6d. PERSONNEL?	YES	NO		
	6e. TRAVEL?	YES	NO					
7.	DOES THE ORGANIZATION MAI	NTAIN TIMESHEE	TS (OR TIME AND A	ACTIVITY REPORTS) FOR EMPLOY	EES THAT TR	ACK ACTUAL	EFFORT BY PI	ROJECT
	COST OR OBJECTIVE?	YES	NO					
8.	DOES THE ORGANIZATION HAV	/E A CURRENT AI	ND APPROVED INDI	RECT COST RATE? YES	NC)		
9.	DOES THE ACCOUNTING/FIN	IANCIAL SYSTE	M INCLUDE CONT	TROLS TO PREVENT INCURRIN	IG OBLIGATI	ONS IN EXC	ESS OF:	
	9a TOTAL FUNDS AVAILABLE I	FOR A GRANT?	YES N	10				
	9b TOTAL FUNDS AVAILABLE I	FOR A BUDGET (COST CATEGORY (e.g. Personnel, Fringe Benefits, etc.)	YES	NO		
10.	. ARE THE INDIVIDUALS RESP WITH THE CURRENT REGULA PRINCIPLES AND AUDIT REQUI	ATIONS AND GU	DELINES ON ADMI	NISTRATION, COST	YES	NO		
	FRINCIPLES AND AUDIT REQUI	NEWENTS FOR FI	EDERAL GRAINTS (I	NGLODING 2 C.F.R. 200)!				
		SEC	CTION D: HIS	TORY OF PERFORMAN	ICE			
1. F	HAS THE ORGANIZATION EVER H	AD A FEDERAL AV	WARD SUSPENDED	OR TERMINATED FOR NON-COM	PLIANCE?	YES	NO	
				INANCIAL STATEMENT	S			
	DID THE ORGANIZATION HAVE A			S MOST RECENT FISCAL YEAR?		YES	NO	
1a. WHEN IS THE ORGANIZATION'S FISCAL YEAR END?								
2. IF THE ORGANIZATION HAD AN AUDIT IN ITS MOST RECENT FISCAL YEAR, IS THE REPORT AVAILABLE PUBLICLY? YES NO								
IF YES, PLEASE PROVIDE LOCATION: (e.g. FEDERAL AUDIT CLEARINGHOUSE OR WEBSITE)								
IF NO, PLEASE PROVIDE A COPY.								
	DID YOUR ORGANIZATION EXPEN FISCAL YEAR?	ND \$750,000 OR M	ORE IN FEDERAL F	UNDS IN THE MOST RECENT COM	MPLETED	YES	NO	

	SECTION F: ADDITIONAL INF						
USE THIS SPACE FOR ANY ADDITIONAL INFO ADDITIONAL PAGE(S) AS REQUIRED.		UMBERS IF A CONTINUATION). IF NEEDED, PLEASE ADD					
	SECTION G: APPLICANT CER	TIFICATION					
I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE." (THE INDIVIDUAL CERTIFYING THIS FORM SHOULD BE FAMILIAR WITH THE ORGANIZATION'S MANAGEMENT AND FINANCIAL SYSTEMS.)							
1. NAME OF THE CERTIFYING OFFICIAL							
1a. SIGNATURE	1b DATE	1c. TITLE					