Paperwork Reduction Act Burden Statement: 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 mandatory. 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 (RAD-20), Federal Railroad Administration, 1200 New Jersey Avenue, Washington, DC. 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

4	NAME OF ORGANIZATION:
••	

2. NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (individual who will accept the grant 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
-			
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: ACCOUN		
1.	HAS ANY GOVERNMENT AGENCY RENDERED AN OFFICIAL WRITTEN OPINIO THE ADEQUACY OF THE ACCOUNTING SYSTEM FOR THE COLLECTION, IDEN AND ALLOCATION OF COSTS UNDER FEDERAL CONTRACTS/GRANTS?		
1a. I	F YES, PROVIDE NAME, AND ADDRESS OF AGENCY PERFORMING REVIEW:	-	TTACH A COPY OF THE LATEST REVIEW AND ANY SUBSEQUENT RESPONDENCE, CLEARANCE DOCUMENTS, ETC.

2.	WHICH OF THE FOLLOWING	BEST DESCRIBES	THE ORGANIZ	ATION'S ACCOUN	ITING SYSTEM?				
	MANUAL	AUTOMATED		COMBINA	TION				
3.	IS THE ORGANIZATION'S FI	NANCIAL MANAGEI	MENT PERFOR	MED IN-HOUSE (I	BY EMPLOYED ST	TAFF) OR O	UTSOURCED	WITH CONTR	ACTED
	IN-HOUSE	OUTSOURCED/CO	NTRACTED	COMBINA	TION				
4.	DOES THE ORGANIZATION AN	ITICIPATE ANY SIGN	IFICANT CHANG	GES TO ACCOUNTIN	IG SYSTEM IN THE	NEXT 12 M	ONTHS?	YES	NO
	IF YES, PLEASE EXPLAIN:								
5.	DOES THE APPLICANT HAVE AUTHORIZED PURPOSES?	EFFECTIVE INTER	NAL CONTROL	S IN PLACE TO E	ISURE THAT FED	ERAL FUNE	S ARE USED	SOLEY FOR	
		YES	NO						
6.	DOES THE ORGANIZATION H	AVE <u>WRITTEN</u> GRAM	ITS MANAGEME	ENT POLICIES AND	PROCEDURES FC	R THE FOL	LOWING:		
	6a. ACCOUNTING/FINANCIAL	? YES	NO	6b. PF	ROCUREMENT?	YES	NO		
	6c. PROPERTY MANAGEMEN	T? YES	NO	6d P	RSONNEL?	YES	NO		
		1. 120	NO	00.11		TEO	NO		
	6e. TRAVEL?	YES	NO						
7.	DOES THE ORGANIZATION MA	INTAIN TIMESHEET	G (OR TIME AND	ACTIVITY REPORT	S) FOR EMPLOYEE	ES THAT TR	ACK ACTUAL I	EFFORT BY PR	OJECT
	COST OR OBJECTIVE?	YES	NO						
8.	DOES THE ORGANIZATION HA	VE A CURRENT AND	APPROVED IN	DIRECT COST RATE	? YES	NC			
9.	DOES THE ACCOUNTING/FI	NANCIAL SYSTEM	INCLUDE CON	ITROLS TO PREV	ENT INCURRING	OBLIGATI	ONS IN EXC	ESS OF:	
	9a TOTAL FUNDS AVAILABLE	FOR A GRANT?	YES	NO					
	9b TOTAL FUNDS AVAILABLE	FOR A BUDGET CC	ST CATEGORY	(e.g. Personnel, Frin	ge Benefits, etc.)	YES	NO		
10.	ARE THE INDIVIDUALS RESI WITH THE CURRENT REGUL PRINCIPLES AND AUDIT REQU	ATIONS AND GUID	ELINES ON ADM	INISTRATION, COS	Т	YES	NO		
		SEC		STORY OF PI	REORMANC	F			
1. F	IAS THE ORGANIZATION EVER H	-			-		YES	NO	
		SE	CTION E: F	FINANCIAL S	TATEMENTS				
1. C	DID THE ORGANIZATION HAVE A	FINANCIAL STATEM	ENT AUDIT IN IT	IS MOST RECENT F	ISCAL 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 EXPE FISCAL YEAR?	ND \$750,000 OR MO	RE IN FEDERAL	FUNDS IN THE MO	ST RECENT COMP	LETED	YES	NO	

ADDITIONAL PAGE(S) AS REQUIRED.	1.	USE THIS SPACE FOR ANY ADDITIONAL INFORMATION (INDICATE SECTION AND ITEM NUMBERS IF A CONTINUATION). IF NEEDED, PLEASE ADD
SECTION G: APPLICANT CERTIFICATION		ADDITIONAL PAGE(S) AS REQUIRED.
SECTION G: APPLICANT CERTIFICATION		
		SECTION G: APPLICANT CERTIFICATION

SECTION F: ADDITIONAL INFORMATION

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