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<br>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<br>THE ADEQUACY OF THE ACCOUNTING SYSTEM FOR THE COLLECTION, IDEN<br>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<br>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<br>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<br>WITH THE CURRENT REGUL<br>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<br>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