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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 grant on behalf of your organization	1):

3.	YEAR ORGANIZATION WAS FOUNDED/INCORPORATED:		6. PRIMARY ADDRESS OF THE ORGANIZATION:			
4.	EMPLOYER IDENTIFICATION NUMBER (EIN):					
5.	UNIQUE ENTITY IDENTIFIER:			7. DOES THE ORGANIZAT ORGANIZATIONAL CHAI	RT?	
				YES	NO	
				IF YES, PLEASE PROVIDE	ACOPY	
8.	HAS YOUR ORGANIZATION RECEIVED FEDERAL				DGET 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 WRITT THE ADEQUACY OF THE ACCOUNTING SYSTEM FOR THE COLLEC AND ALLOCATION OF COSTS UNDER FEDERAL CONTRACTS/GRAN	TION, IDENT			NO	
1a.	IF YES, PROVIDE NAME, AND ADDRESS OF AGENCY PERFORMING RE	VIEW:	-	TACH A COPY OF THE LATES SPONDENCE, CLEARANCE D	T REVIEW AND ANY SUBSEQUENT OCUMENTS, ETC.	

2.	WHICH OF THE FOLLOWING BEST DESCRIBES THE ORGANIZATION'S ACCOUNTING SYSTEM?								
	MANUAL	AUTOMATED		C	COMBINATION				
3.	IS THE ORGANIZATION'S FINANCIAL MANAGEMENT PERFORMED IN-HOUSE (BY EMPLOYED STAFF) OR OUTSOURCED WITH CONTRACTED INDIVIDUALS?						ACTED		
	IN-HOUSE	OUTSOURCED/C	ONTRACTED		COMBINATION				
4.	DOES THE ORGANIZATION AN	ITICIPATE ANY SIG	NIFICANT CH	IANGES TO AC	COUNTING SYSTEM IN TH	E NEXT 12 M	ONTHS?	YES	NO
	IF YES, PLEASE EXPLAIN:								
5.	DOES THE APPLICANT HAVE	EFFECTIVE INTE	RNAL CONT	ROLS IN PLAC	CE TO ENSURE THAT FEI	DERAL FUN	DS ARE USED	SOLEY FOR	
	AUTHORIZED PURPOSES?	YES	NO						
		TES	NO						
6.	DOES THE ORGANIZATION H	AVE <u>WRITTEN</u> GRA	NTS MANAG	EMENT POLIC	IES AND PROCEDURES F	OR THE FOL	LOWING:		
	6a. ACCOUNTING/FINANCIAL	? YES	NO		6b. PROCUREMENT?	YES	NO		
		120	NO			TLO	NO		
	6c. PROPERTY MANAGEMEN	T? YES	NO		6d. PERSONNEL?	YES	NO		
	6e. TRAVEL?	YES	NO						
7.	DOES THE ORGANIZATION MA	INTAIN TIMESHEE	TS (OR TIME)	AND ACTIVITY	REPORTS) FOR EMPLOYE	EES THAT TR	ACK ACTUAL	EFFORT BY PRO	JECT
	COST OR OBJECTIVE?	YES	NO						
8.	DOES THE ORGANIZATION HA	VE A CURRENT AN	ID APPROVEI	D INDIRECT CO	OST RATE? YES	NC)		
9.	DOES THE ACCOUNTING/FI	NANCIAL SYSTEM	INCLUDE	CONTROLS T	O PREVENT INCURRING	G OBLIGATI	ONS IN EXC	ESS OF:	
	9a TOTAL FUNDS AVAILABLE	FOR A GRANT?	YES	NO					
	9b TOTAL FUNDS AVAILABLE	FOR A BUDGET C	OST CATEGO	ORY (e.g. Persc	onnel, Fringe Benefits, etc.)	YES	NO		
10	ARE THE INDIVIDUALS RES			NG GRANT F					
10.	WITH THE CURRENT REGUL PRINCIPLES AND AUDIT REQU	ATIONS AND GUI	DELINES ON	ADMINISTRAT	ION, COST	YES	NO		
		SEC		HISTORY	OF PERFORMAN	CF			
1. F	IAS THE ORGANIZATION EVER H		-				YES	NO	_
SECTION E: FINANCIAL STATEMENTS									
SECTION E. FINANCIAL STATEMENTS 1. DID THE ORGANIZATION HAVE A FINANCIAL STATEMENT AUDIT IN ITS 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.									
3. DID YOUR ORGANIZATION EXPEND \$750,000 OR MORE IN FEDERAL FUNDS IN THE MOST RECENT COMPLETED FISCAL YEAR? YES NO									

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