

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

1. 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?  <div style="text-align: center;"> <input type="checkbox"/> YES                      <input type="checkbox"/> NO         </div> IF YES, PLEASE PROVIDE A COPY
8. HAS YOUR ORGANIZATION RECEIVED FEDERAL ASSISTANCE FUNDS IN THE LAST 2 YEARS?                      YES                      NO	9. TOTAL OPERATING BUDGET IN THE PREVIOUS FISCAL YEAR:  <div style="text-align: center;">\$</div>

### SECTION C: ACCOUNTING SYSTEM

1. HAS ANY GOVERNMENT AGENCY RENDERED AN OFFICIAL WRITTEN OPINION CONCERNING THE ADEQUACY OF THE ACCOUNTING SYSTEM FOR THE COLLECTION, IDENTIFICATION AND ALLOCATION OF COSTS UNDER FEDERAL CONTRACTS/GRANTS?                      YES                      NO	
1a. IF YES, PROVIDE NAME, AND ADDRESS OF AGENCY PERFORMING REVIEW:	1b. ATTACH A COPY OF THE LATEST REVIEW AND ANY SUBSEQUENT CORRESPONDENCE, 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/CONTRACTED	COMBINATION			
4. DOES THE ORGANIZATION ANTICIPATE ANY SIGNIFICANT CHANGES TO ACCOUNTING SYSTEM IN THE NEXT 12 MONTHS?      YES      NO					
IF YES, PLEASE EXPLAIN:					
5. DOES THE APPLICANT HAVE EFFECTIVE INTERNAL CONTROLS IN PLACE TO ENSURE THAT FEDERAL FUNDS ARE USED SOLEY FOR AUTHORIZED PURPOSES?					
		YES	NO		
6. DOES THE ORGANIZATION HAVE <u>WRITTEN</u> GRANTS MANAGEMENT POLICIES AND PROCEDURES FOR THE FOLLOWING:					
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 MAINTAIN TIMESHEETS (OR TIME AND ACTIVITY REPORTS) FOR EMPLOYEES THAT TRACK ACTUAL EFFORT BY PROJECT COST OR OBJECTIVE?					
		YES	NO		
8. DOES THE ORGANIZATION HAVE A CURRENT AND APPROVED INDIRECT COST RATE?      YES      NO					
9. DOES THE ACCOUNTING/FINANCIAL SYSTEM INCLUDE CONTROLS TO PREVENT INCURRING OBLIGATIONS IN EXCESS OF:					
9a TOTAL FUNDS AVAILABLE FOR A GRANT?	YES	NO			
9b TOTAL FUNDS AVAILABLE FOR A BUDGET COST CATEGORY (e.g. Personnel, Fringe Benefits, etc.)	YES	NO			
10. ARE THE INDIVIDUALS RESPONSIBLE FORADMINISTERING GRANT FUNDS FAMILIAR WITH THE CURRENT REGULATIONS AND GUIDELINES ON ADMINISTRATION, COST PRINCIPLES AND AUDIT REQUIREMENTS FOR FEDERAL GRANTS (INCLUDING 2 C.F.R. 200)?					
				YES	NO
<b>SECTION D: HISTORY OF PERFORMANCE</b>					
1. HAS THE ORGANIZATION EVER HAD A FEDERAL AWARD SUSPENDED OR TERMINATED FOR NON-COMPLIANCE?      YES      NO					
<b>SECTION E: FINANCIAL STATEMENTS</b>					
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					

**SECTION F: ADDITIONAL INFORMATION**

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**

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