



## 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:

Alabama State Port Authority

2. NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (individual who will accept the grant on behalf of your organization):

Prefix:  First:  Middle:

Last:  Suffix:

Title:

3. YEAR ORGANIZATION WAS FOUNDED/INCORPORATED:

4. EMPLOYER IDENTIFICATION NUMBER (EIN):

5. UNIQUE ENTITY IDENTIFIER:

6. PRIMARY ADDRESS OF THE ORGANIZATION:

Street1:

Street2:

City:

County/Parish:

State:

Country:

Zip / Postal Code:

7. DOES THE ORGANIZATION HAVE A CURRENT ORGANIZATIONAL CHART?  Yes  No

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:

\$

**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:

Agency Name:

Street1:

Street2:

City:

County/Parish:

State:

Country:

Zip / Postal Code:

1b. ATTACH A COPY OF THE LATEST REVIEW AND ANY SUBSEQUENT CORRESPONDENCE, CLEARANCE DOCUMENTS, ETC.

Add Attachments

Delete Attachments

View Attachments

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 SOLELY FOR AUTHORIZED PURPOSES?

Yes  No

6. DOES THE ORGANIZATION HAVE WRITTEN 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 FOR ADMINISTERING 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

#### SECTION D: HISTORY OF PERFORMANCE

1. HAS THE ORGANIZATION EVER HAD A FEDERAL AWARD SUSPENDED OR TERMINATED FOR NON-COMPLIANCE?

Yes  No

#### 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

#### SECTION F: ADDITIONAL INFORMATION

1. USE THIS SPACE FOR ANY ADDITIONAL INFORMATION (INDICATE SECTION AND ITEM NUMBERS IF A CONTINUATION).

#### 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

Prefix:

First:

Middle:

Last:

Suffix:

1a. SIGNATURE

1b. DATE

1c. TITLE