

Financial Management and Processing Manual for Grant Programs

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Grants Financial Management Manual

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SECTION 1

Glossary

Accounting String: a set of alpha and numeric characters used to identify and track programs, projects and activities within the Delphi accounting system.

Accrual Accounting: Accrual-based accounting recognizes income on the financial statements when goods are shipped or services are rendered. Under the accrual method, an expense is recognized when the business is obligated to pay it.

ACH (Automated Clearing House Network): The **ACH Network** is a highly reliable and efficient nationwide batch-oriented electronic funds transfer system governed by the NACHA OPERATING RULES which provide for the interbank clearing of electronic payments for participating depository financial institutions. The Federal Reserve and Electronic Payments Network act as ACH Operators, central clearing facilities through which financial institutions transmit or receive ACH entries.

ACH payments include:

- Direct Deposit of payroll, Social Security and other government benefits, and tax refunds;
- Direct Payment of consumer bills such as mortgages, loans, utility bills and insurance premiums;
- Business-to-business payments;
- E-checks;
- E-commerce payments;
- Federal, state and local tax payments.

Allocation: an internal administrative re-delegation of the authority to incur obligations and make expenditures. Allocation information is provided and maintained by the Budget Office.

Allotment: the authority delegated from the head or other authorized employee of an agency to agency employees to incur obligations in a specified amount, pursuant to OMB apportionment or action or other statutory authority making funds available for obligation. For FMCSA, allotments are provided by the Administrator to the Associate Administrators.

Anti-Deficiency Act of 1870: a federal law that prohibits:

- Making expenditures or incurring obligations in advance of an appropriation
- Making obligations in excess of appropriations or apportionments
- Accepting voluntary or personal services

The law also requires each agency to set up a system of controls to track and control funds. (Reference Title 31, U.S.Code)

Apportionment: a distribution made by OMB of amounts available for obligation in an appropriation.

Appropriation: an act by Congress, typically on an annual basis, that permits federal agencies to incur obligations and to make payments out of the Treasury for specific purposes.

Commitment: an administrative reservation of allotted funds for estimated contractual activity. A commitment is not legally binding and cannot be maintained within the accounting system after the end of the fiscal year.

Date of Grant Award: the date the grant agreement has been signed by the grantor and recipient; creates an official obligation; must be at least 10 days prior to the beginning of the period of performance.

Delphi: The Department of Transportation's official accounting system of record.

De-obligation: a downward adjustment, supported by valid documentation, of funds previously obligated.

Disbursement: The liquidation of an established obligation via payment of cash, disbursement of check or Electronic Funds Transfer (same as outlay).

Discretionary Grant: a grant whose funding level and grantee is determined at the discretion of the program office (based on appropriation language).

Division: FMCSA state office.

Division Administrator (DA): the senior leaders of FMCSA field offices.

DUNS Number (Data Universal Numbering System): Used by Dun & Bradstreet. This is a unique 9 digit number for each grantee that allows the federal government to track federal money.

Expenditures: a liquidation of obligated funds that represent payments, reimbursements or receipts for goods and services received and accepted.

Federal Share: the portion of total project costs covered by federal funding. Also called the federal match and pro-rata of participating costs claimed from U.S.

FSR (Financial Status Report, SF-269). Quarterly financial report that grantees are required to file with the program office.

Grant (federal): an award of financial assistance from a Federal agency to a recipient/entity (not individuals) to carry out a public purpose of support or stimulation authorized by a law of the United States.

Grant Agreement: negotiated and accepted terms between FMCSA and the grantee for the performance of a grant program, project or activity. A grant agreement is not valid unless both FMCSA and the grantee sign it.

Grant Agreement Number: a unique identifying label assigned by the Grant Program Office to the grant agreement. Used for tracking grant execution. *Also known as a Purchase Order Number.*

Grant Amendment: a formal change to the terms or scope of a grant agreement.

Grant Award Amount: the total level of funding provided by FMCSA to cover project costs.

Grantee: entity or individual recipient of grant funds.

Grantee Share of Costs: the total amount of funding provided by a grantee to cover project costs.

Grantor: the entity that provides grant funding (FMCSA).

Grant Program Office: Headquarters program office that receives funding allotments for grant programs and provides guidance/oversight on the management of the programs.

Grants.gov: a central storehouse for information on federal grant programs; has its origins in the Federal Financial Assistance Management Improvement Act of 1999 (P.L. 106-107.)

Invoice: a formal written request by the grantee for payment for goods and services rendered.

Mandatory grant: a grant whose funding level and recipient (grantee) is stipulated by Congress. Also known as entitlement or formula grants.

MarkView: The Department of Transportation's electronic routing and approval system for invoice processing. (Process owner: The Acquisitions Office).

Monetary Grant Amendment: a formal revision that increases or decreases funding made available to a grantee.

Non-Monetary Grant Amendment: a formal amendment that modifies the scope, periods of performance or other non-monetary aspect of an existing agreement.

Non-state grant: grant made to an entity that is not a state or territory, such as a non-profit organization, a local government or a university.

Obligation: a binding agreement that will result in the outlay of funds. An obligation does not exist until there is a grant agreement signed by FMCSA and the grantee.

Office of Management and Budget (OMB): The Office of Management and Budget's primary mission is to assist the President in overseeing the preparation of the federal budget and to supervise its administration and execution in Executive Branch agencies.

Outlay: The liquidation of an established obligation via payment of cash, disbursement of check or Electronic Funds Transfer. (same as disbursement).

Period of Performance: defined lifespan of activity

- **For obligations:** the period the grant funds will be available for use by the grantee. Must begin at least 10 days after the grant is awarded.
- **For invoices:** the period that the work was performed in and is being billed for.

Separation of duties: the concept of having more than one person required to complete a task; By the term 'Separation of duties' we mean that one person's work serves as a complimentary check on another's. Implied in this definition is the concept that no one person should have complete control over any transaction from initialization to completion. Having adequate segregation of duties has a major impact on ensuring that transactions are valid and properly recorded and it reduces the opportunity for [intentional or unintentional] fraudulent or otherwise questionable activity.

Service Center: FMCSA regional service center—there are four (Eastern, Southern, Midwestern and Western)

State grant: federal funds provided to a state or territory (as defined in OMB Circular A-87, Attachment A, Part B paragraph 18).

State Share: the portion of total project costs covered by state funding. Also called state's match or grantee's share.

Standard Form (SF)-269: Standard Financial Status Form (FSR).

Standard Form (SF)-270: Standard Payment Request Form (invoice).

Standard Form (SF)-3881: ACH information required for electronic transfer of grant reimbursements and other grant payments.

Soft Match: non-cash match made by grantee. Also called an in-kind match or third-party match.

Tax Identification Number (TIN): the number is assigned to each entity by the IRS for tax reporting purposes.

Total Participating Costs: total year-to-date costs on a project.

Total Project Costs: total cost of the entire grant project.

SECTION 2

The Accounting String Structure

Here is an example of a typical FMCSA accounting string.

17X057701A-2007-0905770GOE-M120000000-21000

Fund Code

The first 10 positions represent the **Fund Code**. The Fund Code is the highest level in the accounting string structure. FMCSA budgetary allotments are typically loaded in Delphi at the fund code level. Each character in the fund code has a certain meaning.

Position	Number
1	1
2	7
3	X
4	0
5	5
6	7
7	7
8	0
9	1
10	A

Positions 1 and 2 (i.e. "17") identify this accounting string as belonging to FMCSA. All FMCSA accounting strings will start with a 17.

Position 3 identifies the type of money in the fund (i.e. one year, multi-year, or no-year). An X represents no-year or multi-year money. If the third position contained a number (i.e. "6") or a combination of numbers (i.e. "6/7"), that would indicate the period of availability for that fund. FMCSA funds are no-year, in terms of budgetary contract authority. *(However, it is important to note that FMCSA funds are one year in terms of obligation limitation.)*

Position 4 is a placeholder and is occupied with a "0".

Positions 5 and 6 will always have "57" in them; indicating to Delphi what operating agency's financial statements are assigned to these numbers. All FMCSA fund codes will have a "57" in these two positions.

Position 7, designates the fiscal year of obligation limitation. This position identifies the year of availability of funds for obligation purposes.

Positions 8, 9, and 10 are the unique identifiers for the specific fund. These positions can be filled using any combination of letters and numbers and represent internal agency sub-allotments of funds.

Budget Year

The next field of four digits represents the **fiscal year**. All four positions indicate the fiscal year that funds are available for obligation. (For example, for FY 2007, this field would be “2007”).

BPAC

The next field is the **BPAC**. BPAC stand for the Budget, Program and Activity Code. The BPAC code is used to differentiate the various sub-allotments, or programs, that would be tracked under one fund code.

Position	Number
1	0
2	9
3	0
4	5
5	7
6	7
7	0
8	G
9	O
10	E

Positions 1 and 2 of the BPAC will always be “09”. These numbers indicate that this is an FMCSA BPAC.

Position 3 will be either a “0” or a “1”. A “1” indicates that this position tracks payroll compensation and benefits expenses. A “0” in this position indicates that the expenses being tracked are administrative or program related.

Positions 4 and 5 will always have “57” in them. The numbers in these positions indicate to Delphi what operating agency’s financial statements are assigned to these numbers. All FMCSA accounting codes will have a “57” in these two positions.

Position 6 designates the current fiscal year. This position also identifies the year of availability of funds for obligation purposes.

Positions 7 through 10 are the unique identifiers of the BPAC. These positions can use any combination of letters and numbers and are used as an internal mechanism to track administrative and program funds.

Organizational Code (MXXXXXXXXX)

The next field is the **organizational code**. The organizational code is 10 digits in length and specifies which program office within FMCSA the obligation or expense belongs to. These agency Fund Managers provide oversight over the maintenance of these codes. These codes can also be found on the organizational employee roster, located on the Knowzone.

Object Classification Code (XXXXX)

The **object class** is the final field within the accounting string. It is 5 digits in length and indicates the specific type of expense being incurred.

For more information on object classifications, refer to OMB Circular A-11, Section 83 (www.whitehouse.gov/omb/circulars/a11/current_year/s83). The Enterprise Service Center (ESC), located in Oklahoma City, OK also maintains a table of object classifications frequently used by FMCSA.

Note:

The accounting string structure for programs that are entered into feeder financial systems, such as the FMIS grants system, may vary from the information presented above. In instances such as these, the fund code and/or bpac information will be structured in a manner that allows for the ability to identify and track programs at levels compatible to the systems in which the data is entered.

Little Tricks to Help Construct an Accounting String

- Positions 5 and 6 of the fund code and positions 4 and 5 of the BPAC will always be “57”.
- Position 7 of the fund code, position 6 of the BPAC and the last digit of the budget year will always be the same.
- The first 2 positions of the fund code will always be “17”.
- The first 2 positions of the BPAC will always be “09”.

SECTION 3

Roles and Responsibilities for Financial Processing

FMCSA Associate Administrator (MC-E and MC-R)

- Recipient of grant funding allotments from the Administrator.
- Signs award memos.
- Responsible for ensuring the proper management and execution of grant programs.
- Signatory for non-state grant agreements.

FMCSA Budget Office

- Distributes funding and tracks execution for grant programs (includes apportionment and allotment of funds).
- Provides authorization and appropriation language interpretations for time/purpose/amount for agency grant programs.

FMCSA Grant Program Office

- Program administration
 - Assign Purchase Order (PO)/award identifier numbers for all grants.
 - Prepares award memos, ensuring funds availability for grant obligations.
 - Calculates formulas for allocating funds for non-discretionary grants.
 - Forward copy of grant agreement and obligation checklist to FAA/ESC and Finance Office for non-state grants.
 - Ensure Finance Office receives a copy of the first page of the application and award memo with accounting information for commitment in Delphi.
 - Oversee execution for the grant program (including tracking spending to prevent over-obligation).
 - Approve both monetary and non-monetary grant modifications for non-state grants.
 - Send close-out letter for non-state grants.
 - Assist Division Offices and monitors close-out process for state grants.
- Invoicing
 - Review and approve invoices for non-state grants.
 - Reconcile final voucher for non-state grants and resolves any outstanding issues prior to payment.
- Document retention
 - Retain complete grant file for non-state grants.
 - Retain copies of all monetary and non-monetary grant amendments.
 - Retain copy of grant agreement for state grants.

FMCSA Division Offices

- Forwards copy of the grant agreement and the obligation checklist to FAA/ESC and the Finance Office.
- Division Administrator is FMCSA signatory for state grant agreements and amendments.
- Oversees execution for all FMCSA state grant programs. This includes:
 - Approves invoices for state grants

- Ensures funds availability for obligations and invoice payments
- Tracks obligations and invoices
- Approves and negotiates both monetary and non-monetary grant modifications for state grants.
- Sends letter to state grantee specifying the close-out date for the grant and listing all required reports.
- Reviews and reconciles close-out voucher, resolving all close-out issues prior to payment of the final voucher.
- Retains complete grant file.

FMCSA Finance Office

- Certifies funds availability for grant commitments and obligations, as applicable.
- Enters commitments into Delphi.
- Provides assistance with funds reconciliation issues and closeout of grant programs.
- Completes/coordinates all financial reporting requirements for agency grant programs.
- Is the agency liaison for all grant financial management activities.
- Provides guidance and/or training on key financial processes.
- Performs financial reviews/assessments on agency grant programs.
- Provides funds execution reports to grant program offices.
- Provides guidance and oversight on documentation and document retention processes.

FMCSA Acquisitions Office

- Markview access and troubleshooting.

FAA/ESC Accounts Payable

- Enters obligations into Delphi.
- Enters and routes invoices through Markview.
- Processes invoice payments through Markview.
- Resolves funds execution issues.

SECTION

4

Commitment Procedure for Grants

A commitment is reservation of allotted funds made in anticipation of a formal or contractual agreement. Commitments are not legally binding and cannot be maintained within the accounting system after the end of the fiscal year in which the funds were appropriated. Any funding remaining in a committed status within the accounting system at the end of the fiscal year will be removed and will not be available for further execution activities in subsequent fiscal years without Congressional action.

A grant commitment represents an approved application that will be funded. The grant application needs to be approved for funding by the Grant Program Office and an award memo prepared and signed by the appropriate Associate Administrator. The Grant Program Office will forward the Finance Office a copy of the first page of the application and a memo that contains the amount of the grant award and the applicable accounting string. Upon receipt of this documentation, the Finance Office will certify funds availability by verifying funds are available within the accounting system for the line of accounting specified in the memo. Once funds certification is completed, the Finance Office will enter the commitment transaction within Delphi.

Obligation Procedures for Grants

An obligation is defined a binding agreement that will result in the outlay of funds. A valid obligation exists when there is a grant agreement signed by FMCSA and the grantee for a grant award. The date the grant agreement is signed by FMCSA represents the date for valid establishment of the obligation. The grant agreement should be reconciled to the Grant Obligation Checklist to ensure all pertinent data is contained therein. The grant agreement must be accompanied by an SF-3881 form in order to be obligated in Delphi. See Appendix VII for instructions on how to complete the SF-3881.

State Grants

For state grantees, the Division Administrator (DA) executes and signs 3 copies of the grant agreement with the grantee for the grant. The grant agreement should not be executed until the DA receives notification from the Grant Program Office that the grant has been approved by the Associate Administrator and verified that there is funding available for the grant. The amount of the grant should match the amount that was specified by the grant program office. The grant agreement or its' attachments should contain:

- the total costs for the project, with a breakout of the federal and state shares
- a detailed description of the project
- a detailed budget for the project
- the period of performance for the grant (e.g. 4/1/2006 to 6/30/2007)
- signature of the DA, including name, title and date of signature
- authorized signature from the grantee, including the name and title of the signatory and the date of signature
- complete Delphi accounting string for the project
- Taxpayer Identification Number (TIN)
- DUNS Number
- the grant award number (PO number)
- the name of the grant program (e.g. MCSAP, CVISN).

Once the grant agreements are signed, the following distribution of copies should be made:

- the Grant Program Office (copy)
- the Division Office (original)
- the grantee (original)
- to FAA/OKC (Accounts Payable), accompanied with a completed SF-3881 form and the Obligation Checklist (original)
- the Finance Office (copy)

FAA/OKC will record the obligation when all the required information is received. Funds that are not obligated within Delphi by year-end will not be available for further use without Congressional action. Obligations can be verified in Delphi by using the PO 60721 Web Report (contact the Finance Office for more information on this report). If

the obligation has not been entered into Delphi within 5 business days, then the Finance Office should be contacted.

Non-State Grants

For non-state grants, the Grant Program Office will negotiate the grant agreement. The grant agreement requires the signature of the appropriate Associate Administrator on behalf of FMCSA and the grantee. The grant agreement should contain:

- the total costs for the project, breaking out the federal and state shares
- detailed description of the project
- detailed funding level for the project
- the period of performance for the grant (i.e. 4/1/2006 to 6/30/2007)
- signature of the AA, including name and title
- authorized signature from the grantee, including the name and title
- dates for both signatures
- complete accounting string for the project
- Taxpayer Identification Number (TIN)
- DUNS Number
- The grant award number
- The type of grant programs (e.g. MCSAP, CVISN).

Once the grant agreements are signed, the following distribution of copies should be made:

- the Grant Program Office (original)
- the grantee (original)
- to FAA/OKC (Accounts Payable), accompanied with a completed SF-3881 form and the Obligation Checklist (original).
- the Finance Office (copy)

FAA/OKC will record the obligation transaction when all the required information is received. Funds that are not obligated in Delphi by year-end will not be available for further use without Congressional action. Obligations can be verified in Delphi by using the PO 60721 Web Report (see the Appendix for instructions). If the obligation has not been entered into Delphi within 5 business days, then the Finance Office should be contacted.

GRANT OBLIGATION CHECKLIST

Please ensure each item is included in your documentation package submission to OKC-FAA, Accounts Payable. Incomplete documentation will not be input into Delphi.

Grant Name	
Grant Award Number	
Grant Award Amount	
Grant Award Description	
Date of Award	
<u>Period of performance:</u> Start date End date	
Tax Identification Number (TIN)-grantee	
DUNS Number-grantee	
<u>Grantee Info:</u> Name Address Telephone Fax Email	
SF 3881 ACH form included (Y/N)	
Accounting String Information	
Grant agreement signed by FMCSA and grantee included (Y/N)	
<u>FMCSA Grant Program Office Contact:</u> Name Telephone Fax Email	

Invoice Approval and Payment Procedures for Grants

To initiate the process, the grantee submits an SF-270 and supporting documentation to OKC-FAA, Accounts Payable (*see the Appendix for instructions on how to complete the SF-270*). These documents can be submitted either electronically or as hard-copy. (*see the Appendix for address information*). The SF-270 packet should contain the following items:

- Grant agreement number (also called the PO number) or the grant project number
- Grantee name and billing address
- Point of Contact for billing questions
- Total cost for the project to date
- Total federal share of the project costs to date
- Total grantee share of the project costs to date
- Total payments to date
- General breakdown of expenses that supports the payment requested
- Period of performance for the payment requested
- Amount of payment grantee is requesting

If the grantee has additional expenses from a prior period, then a separate SF-270 packet should be submitted for the additional prior period expenses.¹ This packet would include the same items that are listed above.

When the SF-270 and supporting documentation are received by FAA-OKC Accounts Payable, the entire package will be scanned into Markview for approval. Markview will notify the proper approving official via email that the grantee has submitted an invoice for payment.² If the approving official has not approved the invoice within 21 days, then Markview will notify the approving official's supervisor that there is an unapproved invoice. The approving official, the back-up approving official and the approving official's supervisor **must be FMCSA employees**. (The Acquisitions Office should be contacted for information on approving processes and routing set-up for Markview)

Once the approving official receives the invoice, the invoice approval checklist should be completed and maintained within office files. (See Invoice Approval Checklist).³ If items are missing, incomplete or incorrect on the invoice, the invoice should be returned by the approver via Markview to the grantee.⁴ Once the grantee corrects the problems

¹ A prior period is defined as any billable activity that has occurred within the grant performance period before the current billing activity.

² Invoice approval routing for Markview should be established by the applicable Grant Program Office or Division Office.

³ The invoice approval checklist provides supporting documentation that the invoice was reviewed prior to payment approval

⁴ The approval for state grants would be within the division office. The approval for non-state grants would be within the Grant Program Office.

with the invoice, the corrected invoice returned to the approving office via the Markview system. All changes to the invoice will be tracked by the Markview system.

Once the invoice approval checklist is complete, the approving official should electronically sign the invoice in Markview. Once the invoice is signed, it will be routed through Markview back to FAA-OKC Accounts Payable for payment processing.⁵ The invoice approval checklist should be faxed or emailed to Accounts Payable in Oklahoma City. Payments will be made within 3 to 5 business days from the receipt of the approved invoice.⁶ If the grantee does not receive payment, the Division Office should contact the Finance Office to resolve the issue. For all final invoice payments of grant activities, a copy of the invoice should be sent to the Grant Program Office and the Finance Office for file retention.

The SF-270 and any supporting documentation will be retained in the Markview system. The invoice approval checklist should be retained in the approving office.

⁵ Payment cannot be made until the invoice is approved in Markview

⁶ All payments are made by Electronic Funds Transfer (EFT)

Invoice Approval Checklist

Does the Invoice Contain:	Yes/No	Comments
A grant agreement number, PO number or project number		
Grantee Name and Billing Address		
Approval Point of Contact		
Total cost of project to date		
a. Total federal share of total project costs to date		
b. Total state share of total project cost to date		
Total payments to grantee to date		
Period of performance for the payment requested		
Amount of payment request		
Are all costs allowable under the grant agreement?		
Are there sufficient funds left on the obligation to pay the invoice?		
Is the math correct on the invoice?		
Does the period of performance seem reasonable?		
<i>If the answer to any of these questions is no, then return the invoice to the grantee for correction</i>		<i>This document should be maintained in file within the approving office</i>

SECTION

5

Grant Modifications

There are two types of grant modifications, monetary and non-monetary.

Non-monetary grant modifications are for an extension of time, a change to the scope of the grant project, a change in the lead agency for the grantee or any other types of changes that would affect the grant agreement, but not affect overall project costs.

Procedures for processing a non-monetary grant amendment:

Non-monetary state grants

- The grantee submits the proposed changes to the grant agreement to the FMCSA Division Administrator (DA) for review and approval
- The DA reviews the proposed changes to ensure compliance with applicable rules and regulations, and that the changes have no monetary impact and are within the scope of the grant. Any changes to the purpose, time or amount of the grant allocations should be coordinated with the Budget Office.
- After the DA approves the modification, the modification request is sent to the Grant Program Office for additional review and approval.
- Once approval is granted, a grant agreement amendment/modification is executed by the DA.
- A copy of the executed grant amendment is retained by the Division Office. Copies of the grant amendment should be sent to FAA/ESC and the Finance Office.

Non-monetary non-state grants:

- The grantee submits the proposed changes to the grant agreement to the Grant Program Office.
- The Grant Program Office reviews the proposed changes to ensure compliance with applicable rules and regulations, and that the changes have no monetary impact and are within the scope of the grant. Any changes to the purpose, time or amount of the grant allocations should be coordinated with the Budget Office.
- Once approval is granted, a grant agreement amendment/modification is executed by the Grant Program Office.
- A copy of the executed grant amendment is retained by Grant Program Office. Copies of the grant amendment should be sent to FAA/ESC and the Finance Office.

Monetary grant modifications are accomplished to either increase the grant award or to de-obligate funds that will not be expended.

Procedures for processing a monetary grant amendment:

- The grantee submits the proposed changes to the grant agreement to the DA for a state grant and to the Grant Program Office for a non-state grant for review and approval.

- The DA reviews the proposed changes to ensure that the changes are in compliance with applicable rules and regulations, there are funds available and the changes are within the scope of the grant.
- After the DA approves the modification, the modification request is sent to the Grant Program Office for additional review and approval.
- Once the Grant Program Office approves the modification request, a grant agreement amendment/modification is executed by the Division Office for a state grant OR by the Grant Program Office for a non-state grant.
- A copy of the executed grant amendment is sent to the Grant Program Office (for state grants), the Finance Office and FAA-OKC Accounts Payable.
- To ensure that the remaining funds are de-obligated in Delphi, the Grant Program Office or Division Office should reconcile their documentation to Delphi to ensure the transaction was correctly entered into Delphi. If the de-obligation does not show up in Delphi, the Grant Program Office or Division Office should contact the Finance Office to report the discrepancy. The Finance Office will research and reconcile the discrepancy and provide feedback to the requesting office.
- **Please note that the grantee must sign a grant modification agreeing to the de-obligation of funds prior to the de-obligation taking place.**

SECTION

6

Grant Close-Out

A grant is closed out when the agreement has been fulfilled or the period of performance for the grant expires. To initiate the process, a letter needs to be sent to the grantee 90 days prior to the grant being closed-out (Reference: Title 22, U.S. Code Sec 135.50). This letter should list the required actions to close-out the grant. See list below for required items:

- SF-270 final voucher
 - Total project costs summarized in a similar style to the original budget
 - Total federal costs of the project
 - Total state costs of the project
- SF-269 final financial status report
- Any other reports required by the grant agreement

The Division Offices are responsible for sending the close-out letter to state grantees. The Grant Program Office is responsible for sending the close-out letter to non-state grantees. Additionally, the Finance Office, with assistance from the Grant Program Office, is responsible for providing oversight all close-out activities for their specific grant programs.

Once the final close-out package has been submitted by the grantee, a reconciliation is required by the Division Office or the Grant Program Office to ensure that all funds have been accounted for. The following steps should be taken when reconciling the final close-out package:

1. The following items should be equivalent on both the SF-269 (FSR) and the SF-270

Final SF-270		SF-269 (FSR)	
Name	Line #	Name	Line #
Total Program Outlays	11a	Total Outlays	10a
Total	11e	Net Outlays	10d
Non Federal Share	11f	Total Recipient Share	10i
Federal Share	11g	Total Federal Share	10n

2. The total of the summarized total costs should match the total program outlays on the final SF-270 and the SF-269.
3. Total of the summarized total costs match total payments made in Delphi for the project.
4. Any other applicable actions the Grant Program Office and/or the Division Office need to do to complete the reconciliation.

Once the amounts listed on the final voucher are reconciled, then the Division Office or Grant Program Office should reconcile the expenditure activity to verify if the funds have been fully expended. If any federal funds remain unexpended, the FMCSA State Division Administrator (DA) should execute a grant modification to de-obligate the

funds. If the grantee is a non-state entity the grant modification for de-obligation will be done by the Grant Program Office.

SECTION 7

**The Financial Status Report (FSR)
(Standard Form 269)**

The Financial Status Report (FSR) is required by OMB Circular A-102 Section 2, Paragraph C and OMB Circular A-110 Section 52. Each grantee must file this report on a quarterly basis. The report needs to be filed for each grant the grantee receives from FMCSA. Below are instructions for completing this form:

- | <u>Box #</u> | <u>Required Information</u> |
|--------------|--|
| 1 | DOT-FMCSA |
| 2 | Grant Agreement Number |
| 3 | Name and Address of grantee |
| 4 | Grantee's Taxpayer ID Number (TIN) |
| 5 | This box is for the grantee to put in any identifying information |
| 6 | Check "no" unless this is the final FSR for the project. |
| 7 | The accounting department should know the accounting basis for the grant |
| 8 | Enter the period of performance for the grant |
| 9 | Period covered by this particular report |

Instructions for Box 10:

Box 10 has both rows and columns. The number being input to each field has to match the description for both the rows and columns. First the columns will be explained. Below are the three columns that will need to be filled in for each row of information

I	II	III
Previously Reported	This Period	Cumulative

Column I: Previously Reported: This column should show the total transactions for the project reported on previous FSR's. This column should match the Column III Cumulative on the previous FSR. If these columns do not match, please provide explanation in a footnote in Box 12. This column should not be filled out for the first report of a project.

Column II: This Period: This column is for reporting totals transactions for the period of this report. The period for this report is listed in Box 9.

Column III: Cumulative: Add Column I to Column II for the cumulative transactions for the entire project.

The rows in Box 10 need to be completed for each column. Below is a list of the rows and what transactions should be listed in each row.

Line a Total Outlays: This line is the total disbursements for the project.

Line b Refunds, Rebates etc: Include any refunds, rebates or other reductions of expenditures that are not already captured in line a.

Line c Program Income: DO NOT USE

Line d : Net Outlays: Line a minus line b

Line e: Third-Party (in-kind) contributions: Non-cash contributions made by the grantee as part of the grantee's share of total costs. See the Appendix for more information.

Line f: Other Federal Awards Authorized to Match this Award: The grantee's share of expenses paid for with other federal funds. Only federal funds approved to be used as matching funds can be used for the grantee's share of FMCSA grants.

Line g: Program Income: DO NOT USE

Line h: All recipient outlays not shown on lines e, f or g: Grantee shares of project costs not listed on lines e or f (line g should not be used by FMCSA grantees). This should be the grantee's "hard match".

Line i: Total recipient share of net outlays: The total of lines e, f, and h (FMCSA grantees should not be using line g).

Line j Federal share of net outlays: Line d minus line i

Line k: Total unliquidated obligations: The amount of obligations incurred, but not yet paid.

Line l: Recipients share of unliquidated obligations: Line k multiplied by grantees share of total program cost as agreed to in the grant agreement.

Line m: Federal Share of unliquidated obligations: Line k minus line l

Line n: Total federal share: Line j plus line m

Line o: Total federal funds authorized for this period: The total amount of funds authorized for period listed in Box 8.

Line p: Unobligated balance of Federal Funds: line o minus line n

Lines q through t: DO NOT USE

Line 11 Indirect Expenses

Box a: Check the appropriate box for the type of indirect rate being used:

- a) Provisional: a temporary rate to be used for specific periods while a final rate is being developed.
- b) Predetermined: indirect cost rate to be applied to specific current or future periods
- c) Final: indirect cost rate applicable to past periods. If the final rate has been audited, it cannot be adjusted.
- d) Fixed: same as a predetermined rate, except any adjustments between actual and estimated expenses is carried forward into the next period

Box b: Rate :The indirect rate used to calculate indirect costs for the period listed in Box 9

Box c: Base: The indirect cost base used for the period listed in Box 9.

Box d: Total Amount: Box b multiplied by Box c

Box e: Federal Share: Box d multiplied by the federal share of expenses agreed to in the grant agreement.

Line 12: Remarks: Grantee should include a list of in-kind contributions being used as matching funds and a list of federal grants being used as matching funds. The list for federal grants should include the name, CFDA number and amount of funds being used.

Line 13: Certification: The Name, title and telephone number of the grantee's authorized signatory.

SF-269
PLACEHOLDER

A-133 Single Audit Procedures

The OMB Circular A-133 requires grantees that expend more the \$500,000 per year on grants, cooperative agreements, cost reimbursement agreement or direct appropriation submit an annual audit on their financial statements and schedule of federal expenditures. This audit should be performed by a qualified audit firm or another audit agency (such as a state auditor). The audit report should contain:

- The grantee’s financial statements, with the Notes to the Financial Statements and the auditors opinion on if the grantee’s financial statements fairly represent the financial position of the federal grant funds.
- A report on the internal controls and the auditor’s opinion on the effectiveness of the internal controls
- A report on the grantee’s compliance with applicable laws, regulations and conditions of the grant with an accompanying opinion.
- Schedule of Federal Expenditures, by CFDA number, that lists all federal grants and the grantor agency.
- Schedule of findings and questioned costs, accompanied by a Corrective Action Plan (CAP).
- Summary schedule of prior year findings with current status
- Identification of non-cash expenditures either as a separate schedule or as part of a note to the Schedule of Federal Expenditures

Federal programs will be divided into 2 categories. Type A programs and Type B programs. Type A programs are also referred to as major grant programs. A type A Program must meet on of the following criteria:

		Then the Type A Threshold would be the greater of	
Expenses equal or exceed	AND Expenses are less than	Minimum	OR
500,000.00	100,000,000.00	300,000.00	3% of total federal expenditures
100,000,000.00	100,000,000,000.00	3,000,000.00	.3 % of federal expenditures
100,000,000,000.00		30,000,000.00	.15% of federal expenditures

Any program that does not meet the thresholds above is considered a Type B program (non-major programs).

Once this audit is completed, it is submitted to the Single Audit Clearinghouse⁷. If there are material weaknesses or copy of the audit report to the Department of Transportation Office of the Inspector General (OIG). The OIG reviews the grantee’s corrective action

⁷ The Single Audit Clearinghouse is the designated receiver and manager for all Single Audit Reports

plan to see if it addresses the issues raised in the audit and will contact FMCSA about the findings in the following manner.

1. The Office of the Inspector General notifies the single audit point of contact in the Finance Office that the corrective action plan has been analyzed and that they either concur or don't concur with the actions.
2. The Finance Office will contact the program offices and/or division offices to determine if the findings are justified and the corrective action plans meet grant conditions.
3. The OIG monitors the corrective action plan and keeps the single audit point of contact informed of the progress.

If a Division Office receives a copy of the Single Audit report, please forward a copy to the Finance Office.

SECTION

8

Financial Reviews

The Finance Office performs financial reviews with Grant Program Office, the Division Offices, Service Centers and/or grantees to ensure that compliance with applicable financial policies and regulations and adequate internal controls exist over financial resources. The reviews are conducted via telecom, site visit or by other means and consist of interviewing key personnel on the financial management processes that currently exist and providing analysis on key supporting documentation. The purpose of the reviews is to provide an agency assessment on the effectiveness of the processes and to provide guidance on applicable financial process improvements or recommended corrective actions.

- 1) **Initiate Grant Review:** The Grant Program Office, the applicable Service Center and/or the Division Office will be contacted via written correspondence or telecom regarding the scheduling of the financial review.
- 2) As applicable, the following Grant Review process will take place:
 - i) **Review of the grant application and agreement package**
 - (a) Grant purpose.
 - (b) The total funding provided for the project, including federal and state shares.
 - (c) Applicable restrictions on grant funding activity.
 - (d) Verification of funding levels.
 - (e) Note any differences between Grant Program Office application package and the state office's application package.
 - (f) Verification that all costs on the application are allowable.
 - ii) **Review of the grant obligation process**
 - (a) Ensure valid supporting documentation exists for the obligation
 - (b) Are the proper delegations of authority in place for obligation purposes? (Note: The FMCSA Delegation of Authority is maintained by MC-MH and can be located on the Knowzone)
 - (c) Verify the proper recording of the obligation in the grant management system (as applicable)
 - (d) Verify the proper recording of the obligation(s) in Delphi
 - iii) **Invoicing and payment history**
 - (a) Identify unusual transactions, such as invoices for the same amount, duplicate invoice numbers, credits, etc
 - (b) Review invoice approval and routing process
 - (c) Ensure invoices are paid in a timely manner
 - (d) Ensure obligation amount is not exceeded.
 - (e) Ensure invoices are accurately recorded in the grant management system (as applicable) and the accounting system

- iv) Review other key correspondence (e.g. audit reports, agency guidance, self assessments, quality assurance reviews, etc)
- v) Internal controls: review functions, roles and separation of duties
- vi) Review of Single Audit Report information (as applicable)
- vii) Review Financial Status Reports (FSR)
 - (a) Review submission history of FSR's
 - (b) Obtain copies of each year end FSR and review for irregularities (i.e. beginning balance does not match ending balance of previous FSR)

SECTION 9

Trouble Shooting

Here are some common problems that can occur with financial processing and suggestions on how to rectify. Please contact the Finance Office for assistance with outstanding issues.

Obligation not posted in Delphi

Obligations generally take about 3 to 5 business days to post into Delphi. If the obligation has not been posted after 5 business days, the Finance Office should be contacted to coordinate with FAA-OKC Accounts Payable to ensure that proper documentation for the obligation has been received. FAA/OKC will not process an obligation transaction in the accounting system until all the obligation documentation is received.

Payment not received by the Grantee

Grantees should wait 3 to 5 business days after the invoice is approved within Markview to receive payment. If the payment has not been received after this period has elapsed, then one of the following has likely occurred:

SF-3881 Form not Received

FAA/OKC is required to have an SF-3881 form on file for each grantee prior to any payments being made. The Grantee should work through the Division Office with the Finance Office. The Finance Office will research the issue with Accounts Payable at FAA/OKC to verify the existence of an SF-3881 on file and provide feedback to the Division Office. If an SF-3881 is not on file, see the Appendix for instructions on how to fill one out.

Obligation not Posted in Delphi

If an obligation is not posted in Delphi, no payments can be processed for that obligation. See section above for more information.

Not Enough Money Left on Obligation

If the amount being requested by the grantee is more than the obligation balance available, then the payment should not be processed.

- Ensure all invoice payments are applicable to that specific grant agreement.
- Ensure the payment request is not a duplicate.
- Perform a reconciliation of invoices approved to invoices paid in Delphi.

If these procedures fail to solve the problem, contact the Finance Office for assistance.

Overpayments:

Overpayments may occur due to several issues:

1. Payment transactions in excess of available obligated funds
2. Duplicate payment
3. Billing for the same expenses on different invoices
4. The lack of reconciliation of expenses during close-out
5. Disallowed or unsupported expenses discovered during an audit or other internal review process.

The resolution of an overpayment depends on the timing of the discovery of the overpayment.

- If an overpayment is discovered prior to or during the grant close-out process, the overpayment may be deducted from the final invoice.
- If the overpayment exceeds the amount of the final invoice, the grantee will have to write a check for the difference. The check is payable to FMCSA and sent to the Finance Office.
- If the overpayment is discovered after the grant is closed out, then the preferred method to resolve the issue is to have the grantee write a check or enter into a repayment plan.⁸ If writing a check is impossible for the grantee to do, then the Chief Financial Officer may permit resolution by either an administrative offset or a withholding, pending legislative allowability.

An administrative offset is the reduction of a current grant invoice by the amount of the overpayment on a previous payment. An administrative offset can only take place after the following steps have been completed:

1. A written notice of the type and amount of the overpayment has been sent to the grantee by the Grant Program Office or Division Office (as applicable).
2. The grantee has been given an opportunity to review and retain copies of the records that FMCSA is using to support the claim of overpayment.
3. The grantee should be given an opportunity to appeal the decision within the FMCSA. The Grant Program Office will define the parameters and requirements for the appeal process.
4. The grantee has been given an opportunity to enter into a repayment agreement with FMCSA.
5. The grant that the payment is being offset from is under the same program as the grant that was overpaid. (e.g. a MCSAP overpayment cannot be deducted from a CVISN grant).
6. An analysis has been done by the Grant Program Office and the grantee to verify that the current grant activities will not be adversely impacted by the reduction in funds. A copy of the analysis must be maintained by the Grant Program Office.

⁸ USC Title 31 and GAO Red Book Version III prefer grantees to write checks to cover these types of overpayments in order to prevent an adverse impact on current grant activities.

If there is an adverse impact on current grant activities, such as the inability to fully execute the current year funding as intended by Congress, the administrative offset **should not** take place.

7. The administrative offset has been approved by the Grant Program Office and coordinated through the Finance Office.

A withholding is a reduction of a current grant for the amount of the overpayment. A withholding **cannot** be used for mandatory grants (MCSAP). A withholding can only take place after the following steps have been completed:

1. A written notice of the type and amount of the overpayment has been sent to the grantee.
2. The grantee has been given an opportunity to review and retain copies of the records that FMCSA is using to support the claim of overpayment.
3. The grantee should be given an opportunity to appeal the decision within the FMCSA.
4. The grantee has been given an opportunity to enter into a repayment agreement with FMCSA.
5. The grant funding that is being withheld is under the same program as the grant that was overpaid. (e.g. A CVISN overpayment cannot be withheld from a Border Enforcement grant)
6. An analysis has been done by FMCSA and the grantee indicating that the current grant activities will not be adversely impacted by the reduction in funds. A copy of the analysis must be kept by the Grant Program Office. If there is an adverse impact on current grant activities, the withholding **cannot** take place.
7. The administrative offset has been approved by the Grant Program Office and the Chief Financial Officer.

Payments Posted Against an Incorrect Grant

Sometimes payments get posted against the wrong grant. For example, a grantee might inadvertently bill MCSAP for CVISN payments. When this happens, the steps listed below should be followed to resolve the problem

1. Obtain written explanation from the grantee indicating:
 - a. The grant programs that will be impacted (reduced or increased) by the payment correction
 - b. Justification for the payment correction
 - c. Supporting documentation for the incorrect payment transactions
2. The applicable Fund Manager(s) or other designated responsible party need to ensure that sufficient funds are available on the obligation to cover the payment correction.
3. The applicable Grant Program Office(s) need to approve the correction transactions.
4. The applicable Fund Manager(s) need to submit a Delphi Adjustment form (MCSA 2302) along with supporting documentation to the Finance Office.

5. The Finance Office will submit the Delphi Adjustment forms to FAA-OKC Accounts Payable.

SECTION 10

APPENDIX

A

Grant Numbering System (subject to further revision)

Proposed 14 digit grant numbering system that will be assigned by grant program office:

Position	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Example	C	V	0	6	5	0	1	2	G	0	0	0	0	0

Then the positions mean:

Positions 1 and 2 would represent the grant name (CV)

- IT- CVISN Grants
- CD- Commercial Drivers License Improvement Grants
- BE- Border Enforcement Grants
- MC- MCSAP Basic and Incentive Grants
- MH- MCSAP High Priority Grants
- MN- MCSAP New Entrant Grants
- MR-Safety Data Improvement Grants
- DT-CMV Operators Grants
- CDM- CDLIS Modernization Grants
- PZ- PRISM Grants

Positions 3 and 4 would represent the fiscal year (06)

Positions 5 and 6 depends on who is awarded the grant (50)

- a. If the grantee is going to be a state, then the 2 digit Delphi code will be used. See the Appendix for a list of these codes
- b. If the grantee is not a state, the these position will be “00”

Positions 7-8 would be a sequential number assigned by the Grant Program Office (12)

Position 9 would represent to Delphi this is a grant. (G)

Positions 10-15 positions would be all zeroes as placeholders to match procurement numbering system. These positions may be used by the grant program office for internal tracking. (000000)

APPENDIX B

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name:

*b. Employer/Taxpayer Identification Number (EIN/TIN):

*c. Organizational DUNS:

d. Address:

*Street 1: _____

Street 2: _____

*City: _____

County: _____

*State: _____

Province: _____

*Country: _____

*Zip / Postal Code: _____

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____

*First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

Title:

Organizational Affiliation:

*Telephone Number:

Fax Number:

*Email:

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: _____	*b. Program/Project: _____	
17. Proposed Project:		
*a. Start Date: _____	*b. End Date: _____	
18. Estimated Funding (\$):		
*a. Federal _____		
*b. Applicant _____		
*c. State _____		
*d. Local _____		
*e. Other _____		
*f. Program Income _____		
*g. TOTAL _____		
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)</p> <p><input type="checkbox"/> ** I AGREE</p> <p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions</p>		
Authorized Representative:		
Prefix: _____	*First Name: _____	
Middle Name: _____		
*Last Name: _____		
Suffix: _____		
*Title: _____		
*Telephone Number: _____	Fax Number: _____	
* Email: _____		
*Signature of Authorized Representative: _____	*Date Signed: _____	

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
8.	Applicant Information: Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the 	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>		<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
20.			<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>if yes, include an explanation on the continuation sheet.</p>		
21.	<p>20. Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="186 441 868 1001"> <tr> <td data-bbox="186 441 527 1001"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td data-bbox="527 441 868 1001"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>		<p>21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>				

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.b. Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.d. Version: <input type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>		* 2. Date Received: <input type="text"/>	STATE USE ONLY:
		3. Applicant Identifier: <input type="text"/>	5. Date Received by State: <input type="text"/>
		4a. Federal Entity Identifier: <input type="text"/>	6. State Application Identifier: <input type="text"/>
		4b. Federal Award Identifier: <input type="text"/>	

7. APPLICANT INFORMATION:

* a. Legal Name: <input type="text"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>	
d. Address:		
* Street1: <input type="text"/>	Street2: <input type="text"/>	
* City: <input type="text"/>	County: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text"/>	* Zip / Postal Code: <input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Title: <input type="text"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Email: <input type="text"/>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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*** 8a. TYPE OF APPLICANT:**

* Other (specify):

b. Additional Description:

*** 9. Name of Federal Agency:**

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

13. FUNDING PERIOD:

a. Start Date:

b. End Date:

14. ESTIMATED FUNDING:

* a. Federal (\$):

b. Match (\$):

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

- a. This submission was made available to the State under the Executive Order 12372 Process for review on:
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

17. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I Agree

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

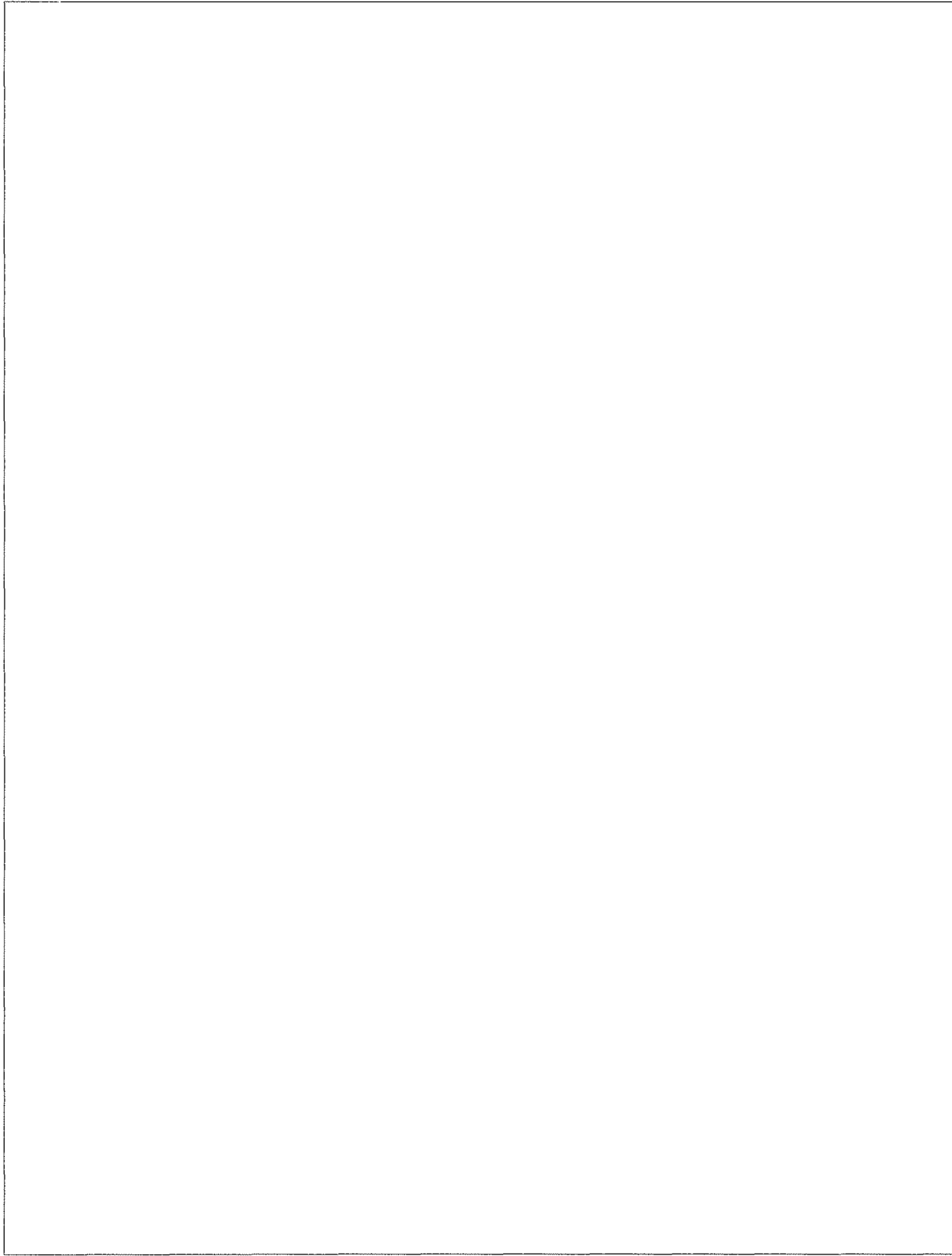
* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* Consolidated Application/Plan/Funding Request Explanation:



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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*** Applicant Federal Debt Delinquency Explanation:**

[Empty text box for Applicant Federal Debt Delinquency Explanation]

Instructions on How to Fill Out an SF-270

The SF-270 is the form all grantees must use when requesting reimbursement for grant expenses. A blank copy of the form is contained in the Appendix and can be downloaded from either the OMB website or the grants.gov website. Below please follow the steps listed below to fill out this form:

1. Box 1- Box A- Type of Payment. FMCSA has only reimbursable grants, so the grantee should mark the "REIMBURSEMENT" Box.
2. Box 1- Box B. The "Partial" box will be marked for all requests except for the last request.
3. Box 2- Basis of Request. This is one of the questions the grantee needs to ask their accounting department. Some smaller grantees use a cash basis, but most will use the accrual method. The grantee should check the appropriate box.
4. Box 3, Sponsoring Agency will always be DOT-FMCSA
5. Box 4 will be the Delphi PO number assigned to the grant.
6. Box 5 Partial Payment Request Number for this payment. This number can be assigned by either the grantee or the Grant Program Office. However, the numbering system for each reimbursement request for a specific grant should be consistent.
7. Box 6 Employer Identification Number: this is also called a Taxpayer ID Number (TIN)
8. Box 7 Recipients' Account Number is for the grantee's use, FMCSA does not need this box filled in.
9. Box 8 Period Covered by this Request. This is the period of time the grantee is billing for (i.e. 10/1/06-10/31/06)
10. Box 9 Recipient Information. This is the business address of the grantee.
11. Box 10 Payee Information. This is where the payment should be sent. Because all FMCSA grantees are ACH participants, this box does not need to be filled out.
12. Box 11 Row A As of Date: this should be the date put in Box 8 as the end of the period of time the grantee is billing for. .
13. Box 11 Row A column A. The amount of program expenditures (outlays) to date. This is a cumulative amount and should increase with each payment request. This amount needs to be on the same basis as in Box 2. The grantee's accounting department should have this information.
14. Box 11 Row B, skip this row, FMCSA grants should not have program revenue.
15. Box 11 Row C: same amount as in Row A
16. Box 11 Row D Estimate Cash Outlays for Advance Period. Skip this line, FMCSA has only reimbursable grants
17. Box 11 Row E same amount in Row A
18. Box 11 Row F Non-federal share on amount on Line E. This is the grantee's share of expenses for the project. The amount should be the Amount on Row E multiplied by the grantee's agreed upon share noted in the grant agreement.
19. Box 11 Row G. Subtract Row F from Row E to get this amount
20. Box 11 Row H Federal Payments previously requested. The total amount of reimbursement requested for this grant prior to this request.

21. Box 11 Row I: subtract Row H from Row G to get this amount. This is the amount the grantee will be paid.
22. Skip the rest of the form.

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. **0348-0004** PAGE 1 OF 1 PAGES

1 TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2 BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
--------------------------------------	---	---

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
---	---	--

6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST	
		FROM (month, day, year)	TO (month, day, year)

9 RECIPIENT ORGANIZATION <i>Name:</i> <i>Number and Street:</i> <i>City, State and ZIP Code:</i>	10. PAYEE (Where check is to be sent if different than item 9) <i>Name:</i> <i>Number and Street:</i> <i>City, State and ZIP Code:</i>
---	---

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$ 0.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	0.00	0.00	0.00	0.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	0.00	0.00	0.00	0.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				0.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	0.00	0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED June 21, 2007
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | <u>Item</u> | <u>Entry</u> |
|-------------|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |

Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.

- 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or

- | <u>Item</u> | <u>Entry</u> |
|-------------|---|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |

Instruction on How to Fill Out an SF-3881

The SF-3881 is the ACH Vendor/Miscellaneous Payment Enrollment. This form is used to set-up electronic payments in Delphi and must be on file with FAA/ESC at the time an obligation is processed. The Grant Program Office or Division Office may keep a copy of file to submit with the grant agreement for obligation. A new form is required if the ACH information changes. Below are instructions on how to fill out this form:

1. Skip the “ Agency Information Box”
2. Go to the “Payee Information Box”.
 - a. “Name”: the business name of the grantee
 - b. SSN or Taxpayer ID No. Box: the tax payer id number (TIN) for the grantee.
 - c. Address: the business address of the grantee (there are 2 boxes for this)
 - d. Contact Person Name: the name of the person that the grantee would like to have contacted if there is a problem with the ACH transfer.
 - e. Telephone Number: telephone number of the Contact Person Name in previous box.
3. Go to the Financial Institution Information Box
 - a. “Name”: the name of the financial institution (bank) that will receive the ACH payment
 - b. “Address”: the address of the financial institution that will receive the ACH payment.
 - c. The ACH Coordinator Name: the person at the financial institution that will be notified if there is a problem with the ACH transfer.
 - d. Telephone number the ACH Coordinator described in the previous step.
 - e. The Nine Digit Routing Transit Number: should be filled in by the grantee’s accounting department. This is the routing number for the financial institution.
 - f. Depositor Account Title: the name of the account where the money is to be transferred to. (The grantee’s accounting department should have the name of this account).
 - g. Depositor Account Number: the account number where the money is to be transferred to. (The grantee’s accounting department should have this number).
 - h. Type of Account: the account the money is to be transferred to a checking account, a savings account or a lock box account. (The grantee’s accounting department should have this information).
 - i. Signature and Title of Authorized Official is the signature and title of the person who signs the checks for the account the money is being transferred to. (The accounting department should have this information).
 - j. Telephone Number: the telephone number of the person described in the previous step.

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS:		
CONTACT PERSON NAME:		TELEPHONE NUMBER: ()
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME:	TELEPHONE NUMBER: ()

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
NINE-DIGIT ROUTING TRANSIT NUMBER: _ _ _ _ _	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: ()

Instructions for Completing SF 3881 Form

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

APPENDIX C

Point of Contact Information

HQ mailing address

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue
6th Floor- West Wing
Washington, DC 20590

Chief Financial Officer

Office of Administration
D. Marlene Thomas, Associate Administrator, 202-366-8773

Budget Office

Raymond Saunders, Budget Officer, 202-366-9020
Gary Shoemaker, Budget Analyst, 202-366-0669
Wilfredo Rivera, Budget Analyst, 202-366-5412

Finance and Accounting Office

Sheila Brooks, Chief 202-366-9240; email: sheila.brooks@dot.gov
Therese Phillips, Accountant 202-493-0181; email: therese.phillips@dot.gov

Acquisitions Office (**Markview**)

Ruby Mixon, Contracting Officer, 202-385-2303; email: ruby.mixon@dot.gov

Grant Program Office

Office of Enforcement and Program Delivery (MC-E)
William Quade, Associate Administrator (Acting), 202-366-2525

- Motor Carrier Safety Assistance Program Grants (Deborah Snider)
- New Entrant Grants (Margaret Jones)
- Border Enforcement Grants (Milt Schmidt)
- Commercial Drivers License Improvement Grants (Lloyd Goldsmith)
- Commercial Motor Vehicle Operators Grants
- PRISM Grants (Tom Lawler)

Office of Information Management and Technology (MC-R)

Terry Shelton, Associate Administrator, 202-366-2525

- CVISN Grants (Jeff Secrist)
- Safety Data Improvement Grants (Betsy Benkowski)

FAA Enterprise Service Center (ESC)- Oklahoma City

Enterprise Service Center
MMAC
6500 S. MacArthur Blvd
Oklahoma City, OK 73169

Accounts Payable, AMZ-150

- Zera Menard, Accounting Clerk (CTR)-Grants, 405-954-6279
- Email: 9-AMC-AMZ-FMCSA-Grants@faa.gov

Accounts Receivable, AMZ-300

- Sherry Hoffman, Accounting Lead Technician, 405-954-2439
- Email: Sherry.Hoffman@faa.gov

General Ledger and Financial Reporting, AMZ-700

- Tammy Lemmings, 405-954-9707
- Email: tammy.lemmings@faa.gov

Delphi Help Desk (for password assistance, access issues, etc)

- 9-AMC-Delphi-Helpdesk@faa.gov
- 405-954-3000

Grants.gov

- Website- www.grants.gov