

Subrecipient Risk Questionnaire

Glossary of Terms

2 CFR 200 - Known as the Uniform Guidance, this is a listing of the regulations that are followed when federal grants are awarded to subrecipients. It may be used in connection with other regulations as outlined by the funding agency or the pass-through entity.

Subrecipient - A non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal program. (In this case, your organization is the subrecipient.)

Pass-through Entity - A non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program. (In this case, NCTCOG is the pass-through entity.)

Subaward - An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

Instructions - Please provide the information requested below and submit any additional requested documentation via the Subrecipient Documentation browser area listed on the last page of this Questionnaire. This information should be provided for the entity as a whole not by a branch or department. (For example: Information is given for the City of Fort Worth not just the Fort Worth Water Department...) All blanks must be **completed**. Should a question not be applicable, please enter **N/A**.

*** 1. Subcontracting (subrecipient) Name:**

2. Subcontracting (subrecipient) Address:

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

3. Subrecipient Phone Number

Phone Number

4. Subrecipient Fax Number: (Please enter as (XXX) XXX-XXXX)

Fax Number:

5. Subrecipient Contact Email Address:

Email Address

6. Subrecipient URL (Website) Address:

URL:

North Central Texas Council of Governments - Air Quality Questionnaire

Subrecipient Risk Questionnaire

7. Have you completed a Risk Assessment Questionnaire with the North Central Texas Council of Governments within the past calendar year? If you are unsure, you may contact DJ Hale at 817-608-2373 or dhale@nctcog.org to verify.

Yes

No

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Federal Funding Accountability and Transparency Act (FFATA) Requirements

Glossary of Terms

Federal Funding Accountability and Transparency Act (FFATA) - Federal transparency requirement (Public Law) that requires the Office of Management and Budget (OMB) to create a searchable, no-cost, publicly accessible website (<http://usaspending.gov/>) that includes the basic information about the recipient and the project being funded for each Federal Award of \$30,000 or more.

Instructions: All subrecipients with contracts with a value of \$30,000 or more per contract must complete the questions in this section. *If contract value is less than \$30,000, please skip to **Subrecipient Fiscal Risk Assessment Questionnaire** section.*

8. The entity is **required** to maintain an active registration (updated annually) in System for Award Management (SAM). It is very easy to apply for this registration and there is **NO COST to apply** for this registration. (There are websites that appear to be SAM.GOV that will require a fee to assist you with this registration but that is unnecessary and can be very expensive. Please click here on this live link to go to the official website to apply: (<https://www.sam.gov/portal/public/SAM/>). The website will open in a new browser window and allow you to complete your registration and then return to this Questionnaire. (Upon request, instructions can be provided to assist you in the creation of your SAM registration. Please contact DJ Hale, (817)608-2373 or at dhale@nctcog.org to request these instructions.)

Date of Registration or last update:

9 digit DUNS Number:

9. Primary Location of Performance (if different from the subrecipient's address listed above):

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

10. Congressional District for the Primary Location of Performance:

Congressional District:

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Federal Funding Accountability and Transparency Act (FFATA) Requirements

11. Did the subrecipient, in the preceding fiscal year, receive eighty percent or more of its annual gross revenues from federal contracts (and subcontracts), loans, grant (and subgrants), and cooperative agreements?

Yes

No

12. Did subrecipient, in the preceding fiscal year, receive \$25,000,000 or more in annual gross revenues from federal contracts (and subcontracts), loans, grants (and subgrants), and cooperative agreements?

Yes

No

North Central Texas Council of Governments - Air Quality Questionnaire

Federal Funding Accountability and Transparency Act (FFATA) Requirements

13. If the subrecipient answers "YES" to **BOTH of the previous questions**, then does the public have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

Yes

No

N/A - Did not answer "YES" to both previous questions so this answer is Not Applicable.

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Federal Funding Accountability and Transparency Act (FFATA) Requirements

14. If the answer to the previous question is NO, then please list the names and total compensation (during the preceding fiscal year) of each of the five most highly compensated executives below:

1. Executive

Name/Compensation:

2. Executive

Name/Compensation:

3. Executive

Name/Compensation:

4. Executive

Name/Compensation:

5. Executive

Name/Compensation:

For additional guidance in completing the FFATA sections visit:

https://www.fsr.gov/documents/OMB_Guidance_on_FFATA_Subaward_and_Executive_Compensation_Reporting_08272010.pdf

*** 15. Please provide name and title of the appropriate individual who is authorized to attest to the accuracy of the information provided above:**

Name:

Title:

Date:

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Subrecipient Fiscal Assessment Questionnaire

16. What is the subrecipient's business classification?

- For-Profit Organization
- Non-Profit Organization
- Non U.S. For-Profit Organization
- Non U.S. Non-Profit Organization
- U.S. College or University
- Non U.S. College or University
- Governmental Agency
- Other (please specify):

North Central Texas Council of Governments - Air Quality Questionnaire

Subrecipient Fiscal Assessment Questionnaire

17. For-Profit Organizations, please list the name and address of your organization's Statutory/Registered Agent:

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Phone Number	<input type="text"/>

18. Is your organization authorized to operate in the State of Texas by the Secretary of State?

- Yes
- No

If No, please explain in more detail:

19. Please list any DBA ("Doing Business As") names for your organization if applicable:

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Subrecipient Fiscal Assessment Questionnaire

Glossary of Terms

Fiscal Year - A year determination as reckoned for taxing or accounting purposes. May be October - September (federal fiscal year) or September - August (State of Texas fiscal year) or January - December (standard calendar year) or other as determined by your organization.

Funding Sources - Who provides the funding for the grant - this may be a federal or state agency or a Foundation.

20. What is the subrecipient's fiscal year?

Other (please specify):

21. How long (years) has the subrecipient been in business?

22. How many people are currently employed by the subrecipient?

23. Does the subrecipient have any grant experience?

Yes

No

24. Does the subrecipient have any current grants?

Yes

No

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Subrecipient Fiscal Assessment Questionnaire

25. From the list below, please indicate the type of grants the subrecipient has had experience working with either in the past or currently. (Check all that apply.)

Federal grants

State grants

Foundation grants

Local grants

Other (please specify):

26. Please list the name(s) of the funding source(s) of any grants received. (For example: Environmental Protection Agency; Federal Transit Administration; Texas Department of Transportation; Communities Foundation)

27. Who will be the person responsible for the program functions associated with the project?

Name:

Title:

Contact Number:

Contact Email:

28. Who will be the person responsible for the accounting functions associated with the project?

Name:

Title:

Contact Number:

Contact Email:

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Subrecipient Fiscal Assessment Questionnaire

Glossary of Terms

Direct Costs - Costs that can be identified specifically with a particular final cost objective, such as a federal award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy.

Indirect Costs - Usually classified within two board categories: Facilities and Administration.

1. Facilities is defined as depreciation on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment, and capital improvement and operations and maintenance expenses.
2. Administration is defined as general administration and general expenses such as the director's office, accounting, personnel, and all other types of expenditures not listed specifically under one of the subcategories of Facilities. These costs cannot be easily assigned to a particular cost objective. This category has been referred to as the cost of doing business.

In order to associate these costs to a particular grant, an agency/organization must complete an indirect rate calculation and have it approved by their cognizant (federal agency that provides the majority of their grant funding/money) agency in order to recover some of the costs of these expenses.

29. When seeking reimbursement of expenses, the subrecipient is required to provide signed invoices. The individual noted below has the authority, on behalf of the subrecipient, to certify and serve as the signatory on invoices related to this project. By signing the invoice, Certifying Officials are acknowledging review of invoices to ensure expenses included in the invoice are consistent with the agreement, all services and costs documented on the invoices are accurate and eligible, and all subrecipient and contractors have been fully paid.

Certifying Official

Name:

Title:

30. Has the subrecipient, or anyone employed by the subrecipient and working on this project, had any prior experience working with or on a project funded by NCTCOG?

Yes

No

If yes, please describe what type of experience:

31. Does the subrecipient have an Indirect Cost Rate (2CFR 200.414 - Indirect Costs - Facilities & Administration) negotiated through your cognizant federal agency?

Yes

No

N/A

If yes, please indicate the Indirect Cost Rate percentage and the cognizant federal agency that approved this rate. Please attach a copy of the current rate agreement (Certificate of Indirect Costs or URL) by utilizing the Subrecipient Documentation browser area located below. If not negotiated but Indirect Cost Rate is utilized, provide methodology for determining rate:

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Subrecipient Fiscal Assessment Questionnaire

Glossary of Terms

Cost Allocation Plan - A cost is allocable to a particular federal award or other cost objective if the goods or services involved are chargeable or assignable to that federal award or cost objective in accordance with the relative benefits received. If a cost benefits two or more projects or activities in proportions that can be determined without undue effort or cost, the cost must be allocated to the projects based on proportional benefits. The basis for determining the proportional benefits and therefore the proportional costs is a cost

allocation plan that must be approved by the subrecipient's cognizant federal agency (see Indirect Cost).

32. Does the subrecipient have a cost allocation plan (2CFR 200.405 - Allocable Cost)?

- Yes
- No

If yes, has the cost allocation plan been certified by a funding agency? If so, who is the agency? Please attach a copy of the signed Certification of Cost Allocation Plan by utilizing the Subrecipient Documentation browser below:

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Subrecipient Fiscal Assessment Questionnaire

[Glossary of Terms](#)

OMB Single Audit - Formerly known as the OMB A-133 audit, this audit has several requirements that must be met in order for a subrecipient to have to complete a Single Audit. The major qualifier is that a non-federal entity that expends \$750,000 or more during the non-federal entity's fiscal year in Federal awards must have a single audit conducted in accordance with 2 CFR 200.514 scope of audit except when it elects to have a program-specific audit conducted. (See 2 CFR 200.514 (C) for information on Program-specific audits).

33. Has the subrecipient had an OMB Single Audit within the last three years (2 CFR 200.501 - Audit Requirements)?

- Yes
- No

If yes, please attach the two most current Single Audits by utilizing the Subrecipient Documentation browser area located below. If no - please explain why:

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Subrecipient Fiscal Assessment Questionnaire

34. Please complete the following for the Single Audit Contact:

Single Audit Contact

Name:

Title:

Address:

City, State, Zip:

Email:

Phone number:

35. If the subrecipient was *not required* to complete an OMB Single Audit (your organization does not fit the criteria requirements), does the subrecipient have annual financial statements that have been prepared/reviewed by a Certified Public Accountant?

- Yes
- No
- Unknown

If yes, please attach a copy of the statements for the most recently completed two fiscal years utilizing the Subrecipient Documentation browser area located below. If no or unknown, please explain:

36. Does your agency's board of directors review and approve the annual financial audit?

- Yes
- No
- N/A

If yes, what was the date of the most recent board review and approval of a financial audit?

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Subrecipient Fiscal Assessment Questionnaire

Please attach the following documents if applicable:

1. Indirect Cost Rate and Certificate of Indirect Costs or URL, if applicable:
2. Cost Allocation Plan and Certificate of Cost Allocation Plan, if applicable:
3. Two most current Single Audits or Financial statements for the most recently completed two fiscal years (if Single Audit is not required):

A. If you are providing Annual Financials (Balance Sheet & Profit Loss statements with prior year comparisons) that were prepared by a

CPA, please include the CPA coversheet that lists the name of the CPA preparing the financials, or:

B. You could also provide the two most current tax returns for the entity. (Please include all Schedules filed so that we receive a complete tax return.)

All Financial documentation provided will remain confidential. If you have any questions, please call DJ Hale (817)608-2373.

Subrecipient Documentation Attachment Form

Please attach all documentation by using the browse fields below. Only one file may be attached per browser box. Once all files are attached in the browse area, please click on submit at the bottom. Your files will not be uploaded unless you click the "Submit" button. If you have any questions, please call DJ Hale (817-608-2373) Thank You!

Name of Organization *

Financials/Audit Yr 1 Attach a File

Choose File No file selected

Financials/Audit Yr 2 Attach a File

Choose File No file selected

Current Negotiated Rate Agreement Form - Attach a File

Choose File No file selected

Cost Allocation Rate Documentation -Attach a File

Choose File No file selected

Other Attachment 1- Attach a File

Choose File No file selected

Other Attachment 2- Attach a File

Choose File No file selected

Submit

North Central Texas Council of Governments - Air Quality Questionnaire

Subrecipient Fiscal Assessment Questionnaire

37. Has the organization substantially changed or implemented a new management system or software system (personnel, financial, information technology, etc.) within the past 12 months?

Yes

No

If yes, which system(s) changed:

38. Has your organization had a change in senior management personnel within the past 12 months?

Yes

No

If yes, please explain:

39. Does the subrecipient have a financial management system (for example, your accounting software) that provides records that can identify the source and application of funds for award supported activities (including Catalog of Federal Domestic Assistance (CFDA) title and number; federal award identification number (FAIN) and year; name of original funding agency; and name of pass-through entity)?

Yes

No

If no - please explain how this information is gathered. If it is not currently gathered, please indicate if you can put a system in place to gather this information:

40. Does subrecipient's financial management system provide for the control and accountability of grant funds, property and other assets?

Yes

No

41. Does your agency's board of directors review and approve your annual budget?

Yes

No

N/A

If yes, what was the date of the most recent budget approval?

42. Does the subrecipient use an accounting software package?

Yes

No

If yes, what accounting software is used? If no, please explain how accounting is maintained:

43. What comprehensive basis of accounting does your organization use for its financial statements?

- Accrual Basis
- Cash Basis
- Modified Cash Basis
- Modified Accrual

Other (please specify):

44. Is the subrecipient currently under any type of legal litigation associated with state and/or federal grants?

- Yes
- No

If yes, please list and give a brief explanation of the litigation:

45. Has the subrecipient ever filed for bankruptcy?

- Yes
- No

If yes, how many times, what Chapter (7, 11 or 13) and what were the dates of the filing:

46. Does your organization currently have, or had in the past, any unresolved matters with the Internal Revenue Service (IRS)?

- Yes
- No

If you answered yes, please describe these unresolved matters and what steps are being taken to resolve them:

Subrecipient Fiscal Assessment Questionnaire

Glossary of Terms

EEOC - The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. It is also illegal to discriminate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. If your agency has 15 or more employees you are required to have an EEOC program in place that shows your organization's plan to not discriminate based on the factors listed above.

47. Does your organization have an EEOC program in place?

- Yes
- No
- N/A - Entity does not fit the criteria needed for maintaining an EEOC program.

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Subrecipient Fiscal Assessment Questionnaire

48. How often is your EEOC program reviewed and who reviews it?

- Annually
- As needed
- Is not reviewed

Please list the name of your source who reviews the EEOC plan. Please explain in more detail if your answer choice is As needed or Is not reviewed.

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Subrecipient Fiscal Assessment Questionnaire

49. Does your organization reconcile its bank account(s) on a monthly basis as a part of the closing process?

- Yes
- No

What is the most recent month the accounts were reconciled:

50. How frequently are accounting entries posted to the General Ledger?

- Daily/Weekly
- Monthly
- Periodically
- None of the above

If periodically, please explain the time frame for posting entities. If none of the above, please explain:

**51. Does the subrecipient have formal written policies and procedures that address the following:
(Check all that apply.)**

- Ethics/Professional Conduct
- Pay Rates & Benefits
- Discrimination
- Nepotism
- Conflict of Interest
- Travel
- Purchasing/Procurement
- Property and Equipment
- Cash Management
- Allowability of Costs
- Record Retention
- Segregation of duties
- Cash Disbursements
- Program Income
- In-Kind Calculation
- Cost Allocation
- Payroll Process
- Bank Reconciliation
- Screening for Exclusion
- Time and Effort Reporting
- Equal Employment Opportunity

If your organization does not have a policy in all the areas listed above, please explain which policy you do not have and what type of controls (financial and otherwise) you have in place to mitigate the risk of not having that policy:

[Glossary of Terms](#)

Compliance/Monitoring - Any reporting requirement (including special reporting) as set out in the agreement with the funding entity. Could include monthly, quarterly, annually or other reporting, site visits or desk reviews and annual completion of Certifications and Assurances as set forth by the federal funding agency.

Property Inventory (from 2 CFR 200.313(d)(1)) - Property records (inventory) must be maintained that include a description of the property, a serial number or other identification number, the source of funding for the property (including the FAIN), who holds the title, the acquisition date, the cost of the property, percentage of federal participation in the project costs for the federal award under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of property.

52. Does the subrecipient undergo any compliance/monitoring related activities?

- Yes
- No

If yes, please indicate the frequency (monthly, quarterly, annually, or triennially) of these activities:

53. Does the subrecipient maintain an inventory of property purchased with federal funds that is compliant with 2 CFR 200.313(d)?

- Yes
- No
- No - no property is purchased with federal funds

* **54. Describe the method (manual timesheets, electronic timesheets, or other) that the subrecipient uses to support time and effort charges (if this grant will only cover Direct Costs such as the purchase of equipment, please reply - [Direct Costs only to purchase equipment, etc. - no reimbursement is being sought for staff time expense](#)):**

Procurement - Purchasing goods or services utilizing a documented process. (2 CFR 200.317)

55. Will this project require procurement of goods/services?

- Yes
- No

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Subrecipient Fiscal Assessment Questionnaire

56. Does the anticipated procurement exceed \$3,500?

- Yes
- No

57. Describe the type of procurement/purchase:

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Subrecipient Fiscal Assessment Questionnaire

58. Does your agency/organization have written procurement policies/procedures?

- Yes
- No

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Subrecipient Fiscal Assessment Questionnaire

Since you answered "yes" to this question, please use the browser below to attach the most recent, board-approved copy of your agency/organization's written procurement policies/procedures.

AQ Subrecipient Written Procurement Policies

Please use the browser below to attach your agency/organization's most recent, board-approved Procurement Policies/Procedures. Please remember to attach only one file per browser. You must click the submit button below the browser buttons to submit your documents. You will receive confirmation that your files have been submitted.

Name of Organization *

Attach File A:

No file selected

Attach File B:

No file selected

Attach File C:

No file selected

North Central Texas Council of Governments - Air Quality Questionnaire

Subrecipient Fiscal Assessment Questionnaire

* 59. Did your organization adopt the Clean Fleet Policy?

Yes

No

If yes, please provide the date your organization adopted the Clean Fleet Policy. For more information on how to adopt a clean fleet policy please visit: <http://www.nctcog.org/trans/air/programs/fleet/policy/index.asp>.

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Subrecipient Fiscal Assessment Questionnaire

Since you answered "yes" to this question, please use the browser below to attach your agency/organization's Clean Fleet Policy.

AQ Subrecipient Clean Fleet Policy

Please use the browser below to attach your agency/organization's Clean Fleet Policy. You must click the submit button below the browser button to submit your document. You will receive confirmation that your file has been submitted.

Name of Organization *

Attach Clean Fleet Policy:

No file selected

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Subrecipient Fiscal Assessment Questionnaire

* 60. Does your organization have a fleet replacement policy or fleet turnover schedule?

Yes

No

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Subrecipient Fiscal Assessment Questionnaire

Since you answered "yes" to this question, please use the browser below to attach your agency/organization's fleet turnover policy/schedule, or provide a link if the document is available online.

AQ Subrecipient Fleet Turnover Policy/Schedule

Please use the browser below to attach your agency/organization's Fleet Turnover Policy/Schedule. Please remember to attach only one file per browser. You must click the submit button below the browser buttons to submit your documents or URL link. You will receive confirmation that your files have been submitted.

Name of Organization *

Attach Fleet Turnover Policy:

No file selected

Attach Fleet Turnover Schedule:

No file selected

URL Link:

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Subrecipient Fiscal Assessment Questionnaire

* 61. Is your entity certified as a Disadvantaged Business Enterprise (DBE)?

Yes

No

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Subrecipient Fiscal Assessment Questionnaire

Since you answered "yes" to this question, please use the browser below to attach your agency/organization's Disadvantaged Business Enterprise certification.

AQ Subrecipient DBE Certification

Please use the browser below to attach your agency/organization's Disadvantaged Business Enterprise certification. You must click the submit button below the browser button to submit your document. You will receive confirmation that your file has been submitted.

Name of Organization *

Attach Disadvantaged Business Enterprise Certification:

No file selected

North Central Texas Council of Governments - Air Quality Questionnaire

Subrecipient Fiscal Assessment Questionnaire

* 62. Is your entity certified as a Minority-Owned Business Enterprise (MBE)?

Yes

No

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Subrecipient Fiscal Assessment Questionnaire

Since you answered "yes" to this question, please use the browser below to attach your agency/organization's Minority-Owned Business Enterprise certification.

AQ Subrecipient MBE Certification

Please use the browser below to attach your agency/organization's Minority-Owned Business Enterprise certification. You must click the submit button below the browser button to submit your document. You will receive confirmation that your file has been submitted.

Name of Organization *

Attach Minority-Owned Business Enterprise Certification:

No file selected

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Subrecipient Fiscal Assessment Questionnaire

* 63. Is your entity certified as a Woman Owned Business Enterprise (WBE)?

Yes

No

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Subrecipient Fiscal Assessment Questionnaire

Since you answered "yes" to this question, please use the browser below to attach your agency/organization's Woman Owned Business Enterprise certification.

AQ Subrecipient WBE Certification

Please use the browser below to attach your agency/organization's Woman Owned Business Enterprise certification. You must click the submit button below the browser button to submit your document. You will receive confirmation that your file has been submitted.

Name of Organization *

Attach Woman Owned Business Enterprise Certification:

Choose File

No file selected

Submit

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Subrecipient Fiscal Assessment Questionnaire

64. I certify that the information contained in this assessment is complete and accurate, and that we, as the subrecipient, accept responsibility for maintaining a financial management system to comply with the provisions of the applicable federal act(s) and other related requirements for federal funds, as well as any requirements set by NCTCOG. (Typing your name in the box below will serve as your electronic signature to this certification. Please also include your title with your name.)

Name:

Title:

Date:

Please do not press the "DONE" button until you are ready to submit your Questionnaire.