

NCTCOG Rebate Risk and Oversight Assessment

Organization Information

Glossary of Terms

2 CFR 200 - Known as the Uniform Guidance, 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.

Program Beneficiary - A business entity (your organization) that receives a rebate from a pass-through entity (NCTCOG) to carry out part of a federal program.

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

Rebates - Participant support costs used for subsidies, and similar one-time, lump-sum payments to program beneficiaries for the purchase of eligible emission control technologies and vehicle replacements. A rebate may be provided through any form of legal agreement, including an agreement that the pass-through entity (NCTCOG) considers a contract.

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.

Instructions - Please provide the information requested below and submit any additional requested documentation via the Organization 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.* If there is an asterisk (*) at the beginning of a question, all blanks in that question must be completed before moving to the next question. If there is no response to a question, please enter *N/A*. You may be contacted by NCTCOG if questions are skipped. You may open and close this Questionnaire as needed until completed and submitted. You may forward the email that included the link to this Questionnaire to other colleagues that may be better able to answer.

* Organization Address:

Name

Address

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

Fax Number:

Phone Number

Primary Location/Address of Performance:

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

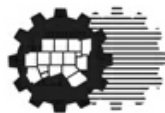
County

List any DBA ("Doing Business As") names for your organization:

What is your organization's fiscal year?

From:

To:



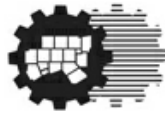
North Central Texas
Council of Governments

NCTCOG Rebate Risk and Oversight Assessment

Organization Information

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 Nancy Luong at 817-704-5697 or nluong@nctcog.org to verify.

- Yes
- No



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NCTCOG Rebate Risk and Oversight Assessment

System for Award Management (SAM)

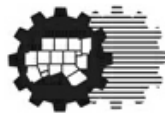
Glossary of Terms

Registration in System for Award Management (SAM) - System for Award Management (SAM) is the official website of the U.S. government to register to do business with the U.S. government, update or renew your organization's registration, check the status of an organization registration, and search for organization registration and exclusion records. *All organizations must have a current registration in SAM. This is a requirement for all federal funding (2 CFR 200.206(d)).* The website is located at <https://www.sam.gov/SAM/>.

* Please provide the following information for your organization's SAM registration:

Date of registration or last update:

Unique Entity Identifier:



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Risk Assessment Questionnaire

How long has your organization been in business?

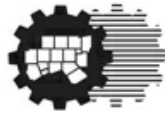
- 0 to 3 years
- 4 to 9 years
- 10 years or more

How many people are currently employed by your organization?

- 1 to 50 employees
- 51 or more employees

What is your organization's classification?

- Public - Governmental Organizations/Universities/Transit Agencies
- State Organization
- Transit Agency (not considered Public)
- For-Profit Organization
- Non-Profit Organization
- University - Private
- Other (please specify):



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Loss Contingencies

Glossary of Terms

Loss contingencies - Defined as an existing condition, situation, or set of circumstances involving uncertainty as to possible loss to an entity that will ultimately be resolved when one or more future events occur or fail to occur. (e.g. litigation)

Does your organization have any loss contingencies required to be disclosed on your audited financial statements as a result of:

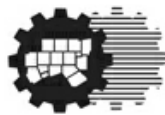
Yes/No

Internal Revenue Service:

Bankruptcy proceedings:

Civil litigation:

Explanation:



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Risk Assessment Questionnaire

Has your organization experienced any of the following in the past 18 months? Check all that apply.

- Merger
- Acquisition
- Divestiture
- None of the above

For any checked item, please describe:



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Risk Assessment Questionnaire

Does your organization have any Federal or State grant experience?

- Yes
- No



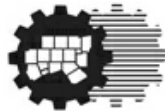
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Risk Assessment Questionnaire

Does your organization have any current Federal or State grants? Check all that apply.

- Federal
- State
- None of the above
- Other (please specify):



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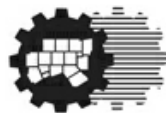
Risk Assessment Questionnaire

Please indicate the number of years of Federal and/or State grant experience for your organization. Check all that apply.

- Federal - fewer than 9 years
- Federal - 9 years or more
- State - fewer than 9 years
- State - 9 years or more
- Other (please specify):

Please indicate the funding sources of the Federal and State grants your organization has received. Check all that apply.

- US Department of Health and Human Services (HHS)
- US Department of Labor (DOL)
- US Department of Energy (DOE)
- Environmental Protection Agency (EPA)
- US Department of Housing and Urban Development (HUD)
- Federal Highway Administration (FHWA)
- Federal Transit Administration (FTA)
- Department of Homeland Security (DHS)
- Texas Health and Human Services (HHSC)
- Texas Workforce Commission (TWC)
- Texas Commission on Environmental Quality (TCEQ)
- Texas Department of Transportation (TxDOT)
- Other (please specify):



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Risk Assessment Questionnaire

Glossary of Terms

Compliance/Monitoring - Any reporting requirement (including special reporting) as set out in the agreement with the funding entity. Could include either/or both financial (2 CFR 200.328) and programmatic (2 CFR 200.329) reporting on a monthly, quarterly, annually or other reporting timeframe, annual financial reports which could include a Single Audit or CPA reviewed year end financials, site visits or desk reviews and annual completion of Certifications and Assurances as set forth by the federal funding agency.

Does your organization undergo any Federal or State compliance/monitoring-related activities by entities other than NCTCOG?

- Yes
- No



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Risk Assessment Questionnaire

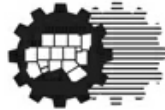
Since you indicated your organization does undergo Federal and/or State compliance/monitoring related activities, please indicate the frequency. Check all that apply.

- Monthly
- Quarterly
- Annually
- Triennially
- Other (please specify):

Has your organization or anyone employed by the organization and working on the grant(s) had any prior experience working with or on a project funded by NCTCOG?

- Yes
- No

If yes, with whom did you work at NCTCOG?



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Risk Assessment Questionnaire

Glossary of Terms

Negotiated Indirect Cost Rate 2 CFR 200.332(a)(4) - Reimbursement rate negotiated between the federal government and a subrecipient organization which reflects the indirect cost (e.g. facilities and administrative costs) and fringe benefits expenses incurred by the organization in the conduct of federal programs. 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 (agency that provided the majority of their grant/funding/money) agency to recover some of the costs of these grants.

Does your organization have/use: (Check all that apply)

- A negotiated Indirect Cost Rate from a cognizant Federal agency
- A negotiated Indirect Cost Rate from another pass-through entity
- The de minimis rate
- Cost allocation plan - reviewed internally
- Cost allocation plan - reviewed externally (by CPA or funding agency)
- Cost allocation plan - not reviewed
- Not applicable - do not have an indirect rate/cost allocation plan or do not intend to charge indirect costs
- Direct costs only - do not intend to charge indirect costs
- Not sure what is being asked

Other (please specify):

Please attach documents that support your answers using the Organization Documentation Attachment Form located at the end of the questionnaire.



NCTCOG Rebate Risk and Oversight Assessment

Risk Assessment Questionnaire

Glossary of Terms

Single Audit - Single Audit - formerly known as A-133 audit, is a rigorous, organization-wide audit or examination of an entity that expends \$750,000 or more of Federal funds, Federal grants, or Federal Awards received for its operations. The objective is to provide assurance to the US federal government as to the management and use of such funds by recipients such as states, cities, universities, and non-profit organizations.

Has your organization had a Single Audit, formerly OMB Circular A-133 audit (2 CFR 200.501 - Audit Requirements)?

- Yes - completed and filed timely
- No - still pending or in progress
- N/A - do not meet the requirements for a Single Audit

If the organization answered "No", please explain:

Please attach electronic copies of the most recent Single Audits, and/or your CPA (or non-CPA) reviewed or prepared financial statements to include a Balance Sheet, an Income Statement and a Cash Flow Statement for the most recently completed three fiscal years using the Organization Documentation Attachment Form located at the end of the questionnaire. Please attach your explanation if financial statements are unavailable.

Has there been a significant change to your organization's structure in the past 18 months? Check all that apply.

- Organizational name change
- Primary address change
- Change in organizational mission
- Other structural changes
- Other
- None of the above

Other (please specify):

Has your organization had a change in senior level management (CFO, COO, ED, or other personnel in similar positions) within the past 18 months?

- Yes
- No

If yes, identify the position(s) with a brief explanation for the change (i.e., retirement):

Has your organization substantially changed or implemented a new management or software system in areas of personnel, financial, information technology, etc., within the past 18 months?

- Yes
- No

If yes, explain which system(s) has changed:



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Risk Assessment Questionnaire

Glossary of Terms

Control and Accountability - The accounting system of record allows your organization to separate information by funding source and corresponding award details; and ensures that grant-funded activities adhere to federal regulations and are used for their authorized purposes.

Does your financial management system provide records that can identify the source and application of funds for award supported activities including Assistance Listings title and number; Federal Award Identification Number (FAIN) and year; name of original funding agency; and name of pass-through entity? 2 CFR 200.302(b)(1)

- 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:

Does your financial management system provide for the control and accountability of grant funds, property and other assets and allow for the comparison of expenditures with budget amounts for each award? 2 CFR 200.302(b)(4)-(5)

- 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:

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):

Does the organization use an accounting software package?

Please explain:



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Risk Assessment Questionnaire

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

- Yes
 No

If yes, what is the most recent month the accounts were reconciled?

How frequently are accounting entries posted to the General Ledger?

- Daily
 Weekly
 Monthly
 Other (please specify):



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Does your organization have sufficient operating capital (cash flow) that will allow you to continue to provide services under this award agreement without interruption should there be a significant delay in receiving reimbursement from NCTCOG?

(NCTCOG reimburses paid expenses once all documentation of the expenses are received. Therefore, your organization will be required to pay the monthly expenses and then seek reimbursement. This means the organization must have the operating capital to begin and sustain the program until a reimbursement is received from NCTCOG.)

Yes

No

If no, please explain:

Please indicate whether you have written policies and procedures for each topic listed below.

	Yes/No
Ethics/Professional Conduct	<input type="checkbox"/>
Discrimination	<input type="checkbox"/>
Nepotism	<input type="checkbox"/>
Conflict of Interest	<input type="checkbox"/>
Travel	<input type="checkbox"/>
Cash Management - Cash Receipts	<input type="checkbox"/>
Allowability of Costs	<input type="checkbox"/>
Record Retention	<input type="checkbox"/>
Segregation of Duties	<input type="checkbox"/>
Cash Disbursements	<input type="checkbox"/>
Cash Management - Investments	<input type="checkbox"/>
Payroll Process	<input type="checkbox"/>
Bank Reconciliation	<input type="checkbox"/>
Screening for Exclusion (checking the status of a consultant/subrecipient to ensure they are not debarred/excluded from receiving federal funds - SAM.gov)	<input type="checkbox"/>
Time and Effort Reporting	<input type="checkbox"/>
Equal Employment Opportunity	<input type="checkbox"/>

If your organization does not have a policy/procedure in all the areas listed above, please explain which 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:



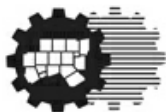
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NCTCOG Rebate Risk and Oversight Assessment

Transportation Supplemental - AQ

The Organization is applying for:

- North Texas Freight Terminal Electrification
- North Texas Clean Diesel Projects



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NCTCOG Rebate Risk and Oversight Assessment

Transportation Supplemental - AQ

Has your organization adopted the Clean Fleet Policy?

- Yes
- No

For more information on how to adopt or to verify if your organization is listed as an adoptee, please visit:
<https://www.nctcog.org/trans/quality/air/for-fleets/clean-fleet-policy>.



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Transportation Supplemental - AQ

If you answered "yes" to this question and do not see your organization in the list of policy adoptees, please use the browser below to attach your organization's Clean Fleet Policy.

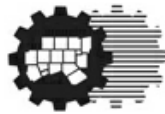
AQ Subrecipient Clean Fleet Policy

Please use the browser below to attach your 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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Transportation Supplemental - AQ

What are all your organization's past state-registered names, associated subsidiaries, and affiliations?



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Transportation Supplemental - General

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"/>
ZIP/Postal Code	<input type="text"/>
Phone Number	<input type="text"/>

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

- Yes
- No

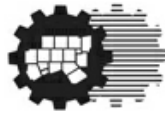
If no, please explain in more detail:

Who will be the person to contact at the organization about the rebate application? If you have more contacts than what is listed, then please contact nluong@nctcog.org or 817-704-5697.

Name:	<input type="text"/>
Title:	<input type="text"/>
Contact Number:	<input type="text"/>
Contact Email:	<input type="text"/>

Who will be the person to contact at the organization about rebate funds? (Usually someone in Finance/Accounting.) If you have more contacts than what is listed, then please contact nluong@nctcog.org or 817-704-5697.

Name:	<input type="text"/>
Title:	<input type="text"/>
Contact Number:	<input type="text"/>
Contact Email:	<input type="text"/>



NCTCOG Rebate Risk and Oversight Assessment

Transportation Supplemental - Invoices

Who at your organization is responsible for preparing invoices sent to NCTCOG?

Staff Name:

Email:

Phone Number:

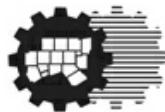
Does your organization's board of directors/city council/governing body review and approve the annual financial statements (CAFRs, Single Audit, year-end financial statements)?

- Yes
 No
 N/A

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

Does the organization maintain an inventory of property?

- Yes
 No
 N/A - No property is purchased with federal funds



NCTCOG Rebate Risk and Oversight Assessment

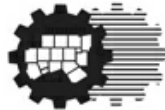
Transportation Supplemental - EEOC

[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.

Does your organization have an EEOC program in place?

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



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Attachments

Please attach the following documents:

1. Three most current Single Audits or Financial statements for the most recently completed fiscal years (if Single Audit is not required):

- **If you are providing Annual Financials (to include at a minimum a Balance Sheet, an Income Statement and a Cash Flow Statement). If these financial statements were prepared by a CPA, please include the CPA coversheet that lists the name of the CPA preparing the financials, or:**

2. Indirect Cost Rate and Certificate of Indirect Costs or URL, if applicable:

3. Other documents

All Financial documentation provided will remain confidential. If you have any questions, please call the contact person listed on the email that included this link.

Organization Documentation Attachment Form

Please attach all documentation by using the "Choose File" 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

Financials/Audit Yr 3 - Attach a File

Choose File No file selected

Current Negotiated Indirect Rate Agreement - Attach a File

Choose File No file selected

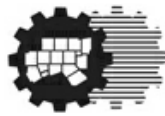
Other Attachment 1- Attach a File

Choose File No file selected

Other Attachment 2- Attach a File

Choose File No file selected

Submit



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Certification

I certify that this assessment is complete and accurate.

Name:

Title:

Date:

Phone Number:

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

For NCTCOG Use Only: 220406