

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.

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.

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 some of the questions. Once submitted, you may not return to the Questionnaire.

*** 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:

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:

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):

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:

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:

Risk Assessment Questionnaire

*** Does your organization have any Federal or State grant experience?**

☐ Yes

☐ No

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):

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):

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

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?

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.

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 \$1,000,000 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:

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:

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):

Risk Assessment Questionnaire

*** 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="text"/>
Discrimination	<input type="text"/>
Nepotism	<input type="text"/>
Conflict of Interest	<input type="text"/>
Travel	<input type="text"/>
Cash Management - Cash Receipts	<input type="text"/>
Allowability of Costs	<input type="text"/>
Record Retention	<input type="text"/>
Segregation of Duties	<input type="text"/>
Cash Disbursements	<input type="text"/>
Cash Management - Investments	<input type="text"/>
Payroll Process	<input type="text"/>
Bank Reconciliation	<input type="text"/>
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="text"/>
Time and Effort Reporting	<input type="text"/>
Equal Employment Opportunity	<input type="text"/>

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:



Transportation Supplemental - DBA & Contacts

Instructions: The questions below requesting contact information are specific to the NCTCOG's Transportation Department and not the organization as a whole. Please provide details for the primary contact responsible for managing the program and property management. This might be someone like a Program Manager, Project Coordinator, Public Works Manager, or Fleet Manager. If this person leaves or retires, please provide contact information for an alternate individual who will assume their responsibilities, such as a Deputy Program Manager, Assistant Program Coordinator, or another relevant role. This information will be shared with NCTCOG's Transportation Department program and fiscal staff for any inquiries related to ongoing or potential projects/programs.

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

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

Name 1:

Title 1:

Contact Number 1:

Contact Email 1:

Name 2:

Title 2:

Contact Number 2:

Contact Email 2:

*** Are there additional contacts for projects/programs with NCTCOG?**

☐ Yes

☐ No

Transportation Supplemental - DBA & Contacts

Instructions: The questions below requesting contact information are specific to the NCTCOG's Transportation Department and not the organization as a whole. Please provide details for the primary contact responsible for managing the program and property management. This might be someone like a Program Manager, Project Coordinator, Public Works Manager, or Fleet Manager. If this person leaves or retires, please provide contact information for an alternate individual who will assume their responsibilities, such as a Deputy Program Manager, Assistant Program Coordinator, or another relevant role. This information will be shared with NCTCOG's Transportation Department program and fiscal staff for any inquiries related to ongoing or potential projects/programs.

*** Who will be the person responsible for the program functions associated with the project? If you have more contacts than what is listed, then please contact nluong@nctcog.org or 817-704-5697 or scamarena@nctcog.org or 817-704-2502.**

Name 3:

Title 3:

Contact Number 3:

Contact Email 3:

Name 4:

Title 4:

Contact Number 4:

Contact Email 4:

Name 5:

Title 5:

Contact Number 5:

Contact Email 5:

Name 6:

Title 6:

Contact Number 6:

Contact Email 6:

Name 7:

Title 7:

Contact Number 7:

Contact Email 7:

Name 8:

Title 8:

Contact Number 8:

Contact Email 8:

Transportation Supplemental - DBA & Contacts

Instructions: The questions below requesting contact information are specific to the NCTCOG's Transportation Department and not the organization as a whole. Please provide details for the person responsible for accounting functions associated with the project. This might include roles such as an Accounting Manager, Financial Officer, Project Accountant, or Budget Analyst. If this individual leaves or retires, please provide the contact information for an alternate person who will take over their duties, such as a Senior Accountant, Financial Analyst, or another relevant role. This information will be shared with NCTCOG's Transportation Department program and fiscal staff should any questions arise regarding financial aspects of the project.

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

Name 1:

Title 1:

Contact Number 1:

Contact Email 1:

Name 2:

Title 2:

Contact Number 2:

Contact Email 2:

*** Are there additional contacts for projects/programs with NCTCOG?**

☐ Yes

☐ No

Transportation Supplemental - DBA & Contacts

Instructions: The questions below requesting contact information are specific to the NCTCOG's Transportation Department and not the organization as a whole. Please provide details for the person responsible for accounting functions associated with the project. This might include roles such as an Accounting Manager, Financial Officer, Project Accountant, or Budget Analyst. If this individual leaves or retires, please provide the contact information for an alternate person who will take over their duties, such as a Senior Accountant, Financial Analyst, or another relevant role. This information will be shared with NCTCOG's Transportation Department program and fiscal staff should any questions arise regarding financial aspects of the project.

*** Who will be the person responsible for the accounting functions associated with the project? If you have more contacts than what is listed, then please contact nluong@nctcog.org or 817-704-5697 or scamarena@nctcog.org or 817-704-2502.**

Name 3:

Title 3:

Contact Number 3:

Contact Email 3:

Name 4:

Title 4:

Contact Number 4:

Contact Email 4:

Name 5:

Title 5:

Contact Number 5:

Contact Email 5:

Name 6:

Title 6:

Contact Number 6:

Contact Email 6:

Name 7:

Title 7:

Contact Number 7:

Contact Email 7:

Name 8:

Title 8:

Contact Number 8:

Contact Email 8:

Transportation Supplemental - Invoices

Instructions: The questions below requesting contact information are specific to the NCTCOG's Transportation Department and not the organization as a whole. This information is shared with NCTCOG's Transportation Department program and fiscal staff should any questions arise about potential or ongoing projects/programs.

*** Who is/are the staff at your organization responsible for preparing invoices sent to NCTCOG? List the name of the organization's staff person in the blanks below separated by the NCTCOG projects for which they are responsible.**

NCTCOG

Project/Program Name

#1:

Staff Name #1:

Email #1:

Phone Number #1:

NCTCOG

Project/Program Name

#2:

Staff Name #2:

Email #2:

Phone Number #2:

NCTCOG

Project/Program Name

#3:

Staff Name #3:

Email #3:

Phone Number #3:

NCTCOG

Project/Program Name

#4:

Staff Name #4:

Email #4:

Phone Number #4:

NCTCOG

Project/Program Name

#5:

Staff Name #5:

Email #5:

Phone Number #5:

NCTCOG

Project/Program Name

#6:

Staff Name #6:

Email #6:

Phone Number #6:

NCTCOG

Project/Program Name

#7:

Staff Name #7:

Email #7:

Phone Number #7:

*** Are there additional staff responsible for preparing invoices for projects/programs with NCTCOG?**

☐ Yes

☐ No

Transportation Supplemental - Invoices

Instructions: The questions below requesting contact information are specific to the NCTCOG's Transportation Department and not the organization as a whole. This information is shared with NCTCOG's Transportation Department program and fiscal staff should any questions arise about potential or ongoing projects/programs.

*** Who is/are the staff at your organization responsible for preparing invoices sent to NCTCOG? List the name of the organization's staff person in the blanks below separated by the NCTCOG projects for which they are responsible.**

NCTCOG

Project/Program Name

#8:

Staff Name #8:

Email #8:

Phone Number #8:

NCTCOG

Project/Program Name

#9:

Staff Name #9:

Email #9:

Phone Number #9:

NCTCOG

Project/Program Name

#10:

Staff Name #10:

Email #10:

Phone Number #10:

NCTCOG

Project/Program Name

#11:

Staff Name #11:

Email #11:

Phone Number #11:

NCTCOG

Project/Program Name

#12:

Staff Name #12:

Email #12:

Phone Number #12:

NCTCOG

Project/Program Name

#13:

Staff Name #13:

Email #13:

Phone Number #13:

NCTCOG

Project/Program Name

#14:

Staff Name #14:

Email #14:

Phone Number #14:

NCTCOG

Project/Program Name

#15:

Staff Name #15:

Email #15:

Phone Number #15:

Transportation Supplemental - Certifying Officials

Instructions: The questions below requesting contact information are specific to the NCTCOG's Transportation Department and not the organization as a whole. This information is shared with NCTCOG's Transportation Department program and fiscal staff should any questions arise about potential or ongoing projects/programs.

*** When seeking reimbursement of expenses, the organization is required to provide signed invoices. The individual(s) noted below has/have the authority, on behalf of the organization, to certify and serve as the signatory on invoices related to the specific project as indicated. 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 organization and contractors have been fully paid. Since an organization may have many projects, with each project potentially Certifying Official, we have included space to indicate all your organization's Certifying Officials for NCTCOG projects. If there is more than one Certifying Official, or a back-up Certifying Official, for each project please also provide their information. If there is only one Certifying Official for all NCTCOG projects at your organization, please enter "All" in the blank provided for the project names.**

Project/Program Name

#1:

Name #1:

Title #1:

Project/Program Name

#2:

Name #2:

Title #2:

*** Are there additional Certifying Officials for projects/programs with NCTCOG?**

☐ Yes

☐ No

Transportation Supplemental - Certifying Officials

Instructions: The questions below requesting contact information are specific to the NCTCOG's Transportation Department and not the organization as a whole. This information is shared with NCTCOG's Transportation Department program and fiscal staff should any questions arise about potential or ongoing projects/programs.

*** When seeking reimbursement of expenses, the organization is required to provide signed invoices. The individual(s) noted below has/have the authority, on behalf of the organization, to certify and serve as the signatory on invoices related to the specific project as indicated. 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 organization and contractors have been fully paid. Since an organization may have many projects, with each project potentially Certifying Official, we have included space to indicate all your organization's Certifying Officials for NCTCOG projects. If there is more than one Certifying Official, or a back-up Certifying Official, for each project please also provide their information. If there is only one Certifying Official for all NCTCOG projects at your organization, please enter "All" in the blank provided for the project names.**

Project/Program Name

#3:

Name #3:

Title #3:

Project/Program Name

#4:

Name #4:

Title #4:

Project/Program Name

#5:

Name #5:

Title #5:

Project/Program Name

#6:

Name #6:

Title #6:

Project/Program Name

#7:

Name #7:

Title #7:

Project/Program Name

#8:

Name #8:

Title #8:

Transportation Supplemental - General

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

	Yes/No
Cost Allocation	<input type="text"/>
Pay Rates and Benefits	<input type="text"/>
Property and Equipment	<input type="text"/>
Purchasing/Procurement	<input type="text"/>
Americans with Disabilities Act	<input type="text"/>

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:

*** For the purposes of the next Equal Employment Opportunity (EEO) question, which organization type best fits your organization classification?**

- ☐ Public
- ☐ Non-public
- ☐ Other

Transportation Supplemental - EEO Public

Glossary of Terms

Equal Employment Opportunity (EEO) Program - Generally, all employers with 15 or more employees are required to comply with federal anti-discrimination laws. The use of the term "Equal Employment Opportunity (EEO) Program" below includes having an organized method of complying with all applicable anti-discrimination and equal employment laws – such as a policy manual with policies about discrimination, how to file complaints, meeting record-keeping requirements, employment posting and notice requirements, etc. Simplified and varied EEO requirements per organization type, excluding federal contractors, are included in the question below based on the organization classification submitted in the previous question.

*** Does your organization have an Equal Employment Opportunity (EEO) Program in place for employees and applicants that meets all applicable federal, state, and funding agency EEO requirements?**

Public organizations with 100 or more employees are required to have a program/plan for submitting demographic workforce data every 2 years.

Recipients of Federal Transit Administration financial assistance would be subject to EEO Circular C 4704.1A. and would have varying requirements based on the number of transit-related employees and amount of funds received in capital or operating assistance.

☐ Yes

☐ No

☐ N/A - Organization does not fit the criteria needed for maintaining an EEO Program.

Transportation Supplemental - EEO Non-public

Glossary of Terms

Equal Employment Opportunity (EEO) Program - Generally, all employers with 15 or more employees are required to comply with federal anti-discrimination laws. The use of the term "Equal Employment Opportunity (EEO) Program" below includes having an organized method of complying with all applicable anti-discrimination and equal employment laws – such as a policy manual with policies about discrimination, how to file complaints, meeting record-keeping requirements, employment posting and notice requirements, etc. Simplified and varied EEO requirements per organization type, excluding federal contractors, are included in the question below based on the organization classification submitted in the previous question.

*** Does your organization have an Equal Employment Opportunity (EEO) Program in place for employees and applicants that meets all applicable federal, state, and funding agency EEO requirements?**

Non-public organizations with 100 or more employees are required to have a program/plan that captures workforce demographic data by job category, sex, and race and report it to the Equal Employment Opportunity Commission (EEOC) every year.

Recipients of Federal Transit Administration financial assistance would be subject to EEO Circular C 4704.1A. and would have varying requirements based on the number of transit-related employees and amount of funds received in capital or operating assistance.

☐ Yes

☐ No

☐ N/A - Organization does not fit the criteria needed for maintaining an EEO Program.

Transportation Supplemental - EEO Other

Glossary of Terms

Equal Employment Opportunity (EEO) Program - Generally, all employers with 15 or more employees are required to comply with federal anti-discrimination laws. The use of the term "Equal Employment Opportunity (EEO) Program" below includes having an organized method of complying with all applicable anti-discrimination and equal employment laws – such as a policy manual with policies about discrimination, how to file complaints, meeting record-keeping requirements, employment posting and notice requirements, etc. Simplified and varied EEO requirements per organization type, excluding federal contractors, are included in the question below based on the organization classification submitted in the previous question.

*** Does your organization have an Equal Employment Opportunity (EEO) Program in place for employees and applicants that meets all applicable federal, state, and funding agency EEO requirements?**

Public organizations with 100 or more employees are required to have a program/plan for submitting demographic workforce data every 2 years.

Non-public organizations with 100 or more employees are required to have a program/plan that captures workforce demographic data by job category, sex, and race and report it to the Equal Employment Opportunity Commission (EEOC) every year.

Recipients of Federal Transit Administration financial assistance would be subject to EEO Circular C 4704.1A. and would have varying requirements based on the number of transit-related employees and amount of funds received in capital or operating assistance.

☐ Yes

☐ No

☐ N/A - Organization does not fit the criteria needed for maintaining an EEO Program.

Transportation Supplemental - EEO Review

Glossary of Terms

Equal Employment Opportunity (EEO) Program - Generally, all employers with 15 or more employees are required to comply with federal anti-discrimination laws. The use of the term "Equal Employment Opportunity (EEO) Program" below includes having an organized method of complying with all applicable anti-discrimination and equal employment laws – such as a policy manual with policies about discrimination, how to file complaints, meeting record-keeping requirements, employment posting and notice requirements, etc. Simplified and varied EEO requirements per organization type, excluding federal contractors, are included in the question below based on the organization classification submitted in the previous question.

*** How often is your EEO Program reviewed and who reviews it?**

- ☐ Annually
- ☐ As needed
- ☐ Is not reviewed

Please list the name of who reviews the EEO Program in the box below. Please explain in more detail if your answer choice is "As needed" or "Is not reviewed."

Transportation Supplemental - Procurement

Glossary of Terms

Property Inventory (from 2 CFR 200.313(d)) - 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.

Procurement - The procurement questions below covers current, pending, and anticipated agreements, so the answers should reflect all work with NCTCOG.

*** Does the organization maintain an inventory of property purchased with federal/state funds that is compliant with 2 CFR 200.313(d)?**

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

*** Do you anticipate future procurements of goods/services through NCTCOG?**

- ☐ Yes
- ☐ No

Transportation Supplemental - Procurement

*** Does the organization's written procurement policies and procedures include required local, State, and Federal provisions?**

☐ Yes

☐ No

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 Nancy Luong at 817-704-5697. Thank you!

Name of Organization: *

Financials/Audit Yr 1 – Attach a File

No file chosen

Financials/Audit Yr 2 – Attach a File

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Financials/Audit Yr 3 – Attach a File

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Current Negotiated Indirect Rate Agreement – Attach a File

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Other Attachment 1 – Attach a File

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Other Attachment 2 – Attach a File

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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
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