

NCTCOG Rebate Risk Questionnaire

Organization Risk Questionnaire

Glossary of Terms

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.


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 organization 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. The Organization (Company) is applying for:

- North Texas Freight Terminal Electrification (NTFTE)
- North Texas Emissions Reduction Project (NTERP)

* 2. Organization (Company) Name:

3. Organization (Company) Address:

Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	-- select state -- 
ZIP/Postal Code	<input type="text"/>
County	<input type="text"/>

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4. Organization (Company) Phone Number

Phone Number

5. Organization (Company) Fax Number: (Please enter as (XXX) XXX-XXXX)

Fax Number:

6. Organization (Company) Contact Email Address:

Email Address

7. Organization (Company) URL (Website) Address:

URL:

8. Primary Location of Performance (if different from the address listed above):

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

County

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9. The organization 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://sam.gov>. The website will open in a new browser window and allow you to complete your registration and then return to this Questionnaire. Once at the website for SAM.gov, Click on the new user tab located in the lower left hand corner. You **will need** a **9 digit DUNS number** for this registration. (Upon request, instructions can be provided to assist you in the creation of your SAM registration. Please contact DJ Hale at dhale@nctcog.org to request these instructions.)

Please provide the date of your registration and the 9 digit DUNS number associated with your registration.

Date of Registration or last update:

9 digit DUNS Number:

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

Name:

Title:

Date:

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Statutory/Registered Agent - The state of Texas requires LLCs and corporations filed in Texas to have a Registered Agent. Texas Registered Agents are a person or company designated on public record to accept legal documents (service of process) and notifications from the Texas Secretary of State's office on behalf of the corporate entity.

11. Please list the name and address of your organization's Statutory/Registered Agent (if applicable):

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"/>

12. 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:

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

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14. How long (years) has the organization (company) been in business?

15. How many people are currently employed by the organization (company)?

16. Who will be the person to contact at the organization (company) about the rebate application?

Name:

Title:

Contact Number:

Contact Email:

17. Who will be the person to contact at the organization (company) about rebate funds? (Usually someone in Finance/Accounting)

Name:

Title:

Contact Number:

Contact Email:

18. Has the organization (company), or anyone employed by the organization (company) had any prior experience working with or on a project funded by NCTCOG?

- Yes
- No

If yes, please give the name of the NCTCOG staff.

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19. Does the organization (company) 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 at year end for two fiscal years utilizing the Organization Documentation browser area located on the last page of this Questionnaire. If no or unknown, please explain:

20. Does your agency's board of directors/governing entity review and approve the annual financial statements? If there is no board of directors/governing entity just answer N/A.

- Yes
- No
- N/A

If yes, what was the date of the most recent board/governing entity review and approval of a financial statements?

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

- Yes
- No

If yes, which system(s) changed:

22. Has your organization (company) had a change in senior management personnel within the past 12 months?

- Yes
- No

If yes, please explain:

23. Does the organization (company) use an accounting software package?

- Yes
- No

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

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24. What comprehensive basis of accounting does your organization (company) use for its financial statements? Examples may be accrual, modified accrual, modified cash, or cash basis.

25. Is the organization (company) currently under any type of legal litigation?

Yes

No

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

26. Has the organization (company) 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:

27. Does your organization (company) 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:

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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 organization (company) has 15 or more employees you are required to have an EEOC program in place that shows your organization's (company's) plan to not discriminate based on the factors listed above.

28. Does your organization (company) have an EEOC program in place?

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

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

- Yes
- No

What is the most recent month the accounts were reconciled:

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

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

If none of the above, please explain:

31. Does the organization (company) have formal written policies and procedures in place that address the organizational conduct in areas of hiring, financial and ethics?

Yes

No

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32. Does the organization (company) maintain an inventory of property?

Yes

No

*** 33. Is your organization (company) certified as a Disadvantaged Business Enterprise (DBE)?**

Yes

No

*** 34. Is your organization (company) certified as a Minority-Owned Business Enterprise (MBE)?**

Yes

No

*** 35. Is your organization (company) certified as a Woman Owned Business Enterprise (WBE)?**

Yes

No

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Please attach the following documents if applicable:

Two most current Single Audits or year end financials for the most recently completed two fiscal years (if Single Audit is not required):

A. If you are providing Annual (year end) Financials (Balance Sheet & Profit Loss statements with prior year comparisons) that were prepared by a CPA, please include the CPA cover sheet 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.

Organization Documentation Attachment Form

Please attach all documentation by using the browse fields below. (A red asterick indicates a required field.) 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

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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36. I certify that the information contained in this assessment is complete and accurate, and that we, as the organization (company), accept responsibility for maintaining and adhering to 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.

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