

Instructions for User Set-up Forms

A. ECHO Authorization and Certification Letter for User Access

The Authorization and Certification Letter designates the Authorizing Official and Contact Persons for your organization. It must contain the following information.

- a. Signature of Authorizing Official (s)
- b. Signature of the Head of your Organization or Designee
- c. Contact person (s) who are designated to have User-IDs

This letter should be composed on a grantee's letterhead, with authorizing signature, and then returned to the FTA office with User Access Request and Rules of Behavior forms.

The Authorizing Official(s) approves all payment request, monitors fund availability and are responsible for approving all changes concerning financial institution account information.

The contact persons are the recipients of the ECHO User-IDs; responsible for querying the system for payment information or ensuring that payment requests are submitted properly and are the primary liaisons between the recipient organization and FTA.

B. ECHO-Web User Access Request

Make copies of the form for the number of users requiring access. Include information for mandatory fields in the USER INFORMATION section. User's E-mail address and ECN must be associated with the organization. Only one user can be designated for INQUIRY access and up to two users can be designated for UPDATE access. Return the originals with the authorization letter to FTA.

C. ECHO-Web System Rules of Conduct

Make copies of the form for the number of users requiring access. Each user requesting access must sign and date the form. Designated ECN must match the ECN entered on User Access Request form. Return signed originals with the authorization letter to FTA

D. ECHO Authorization and Certification Letter

The Authorization and Certification Letter designates the Authorizing Official and Contact Persons for your organization. It must contain the following information.

- a. Signature of Authorizing Official (s)
- b. Signature of the Head of your Organization or Designee
- c. Contact person (s) who are designated to have User-IDs

The contact persons are the recipients of the ECHO User-IDs; responsible for querying the system for payment information or ensuring that payment requests are submitted properly and are the primary liaisons between the recipient organization and FTA.

E. ECHO-Web User Access Request

Include information for mandatory fields in the USER INFORMATION section. Only one user can be designated for INQUIRY access and up to two users can be designated for UPDATE access.

F. ECHO-Web System Rules of Conduct

Each user requesting access must sign and date the form.
Designated ECN must match the ECN entered on User Access Request form.

NOTE: Failure to return all required forms may result in denial of your access to the ECHO-Web system. Forms may be faxed to the attention of ECHO-Web Registration Change Request at 202-493-2935 and the originals sent through the mail.

**ECHO-Web USER ACCESS
AUTHORIZATION and CERTIFICATION**

(Signature of Authorizing Official)

This is to certify that the above is the signature of:

(Type Name)

(Title)

(Name of Recipient Organization)

(Tax Identification Number)

Who is duly authorized to approve payment requests submitted to the Federal Transit Administration on the behalf of _____ (*name of organization*). There (*has/has not*) been a change in the signatory authorizing official for this ECHO Control Number _____ (*enter ECN*).

In addition, _____ (Name of Contact Person) is authorized to receive an ECHO User-ID for **View only access** (*performs inquiries only*).

In addition, _____ (Name of Contact Person) is authorized to receive an ECHO User-ID for **Update access** (*performs draw-downs*).

In addition, _____ (Name of Contact Person) is authorized to receive an ECHO User-ID for **Update access** (*backs up primary draw-down person*).

(Signature of Recipient Organization Official)

(Typed Name and Title)

(Date)

USER ACCESS REQUEST

USER INFORMATION

		Gender* M / F (Optional)		
First Name*	M/I	Last Name*	Office Phone No.*	SSN (last 6 digits)*
Title*	Supervisor Name		FAX No.	
Organization/Location*			ECHO Job (<i>See Access Type below</i>)	
Email Address			ECHO Control No. *	
* This information is being collected to set up grantees in ECHO-Web.				
Mailing Address (<i>Street Number, City, State and ZIP Code</i>)*				

ECHO APPLICATION ACCESS TYPE: *Please Read Explanation*

EXPLANATION OF ECHO JOBS (ACCESS TYPE):

If you will perform draw-down functions, your ECHO Job is "Grantee Update" (*Add/Modify*).

If you will perform inquiries, your ECHO Job is "Grantee Inquiry" (*View*).

DO NOT COMPLETE BOTTOM -- TO COMPLETED BY FTA SYSTEMS OFFICE STAFF

ECHO-Web System Administrator	Date: _____
FTA Security Administrator	Date: _____
Requestor Notified by _____	Date: _____
User ID _____	Initial Password _____

ECHO-WEB System Rules of Conduct

I understand that the ECHO-Web system is an official U.S. Federal Government web-based application, and that my signature below expressly gives assurance that I will comply with all U.S. Federal Government and Department of Transportation (DOT) regulations, policies, and procedures governing the protection, handling, processing, transmission, distribution, and destruction of sensitive unclassified information utilized by the ECHO-Web system.

I understand that the Department of Transportation monitors the ECHO-Web site to ensure that all users comply with U.S. Federal Government information system security guidelines for the protection of the Federal computer resources. I also understand that by using the ECHO-Web, I expressly consent to such monitoring activities.

I understand that I must not knowingly introduce malicious code into the ECHO-Web system or the secure network on which it resides. I understand that doing so may subject me to criminal prosecution under the Computer Fraud and Abuse Act of 1984, as amended codified at section 1030 of Title 18 of the United States Code, or other applicable criminal laws.

I understand that attempts to defeat or circumvent the ECHO-Web system or its secure network, use either for other than the intended purposes for which I have been granted access rights, deny service to authorized users, obtain, alter, damage, or destroy information, or otherwise interfere with the ECHO-Web system or its operation is prohibited. I also understand that evidence of such acts will be disclosed to law enforcement authorities and may result in criminal prosecution under the Computer Fraud and Abuse Act of 1984, as amended codified at section 1030 of Title 18 of the United States Code, or other applicable criminal laws.

I understand that I am required to protect all initial passwords issued to me, and those, later created by me for the purpose of accessing the ECHO-Web system. I understand that the sharing and disclosure of passwords, or the use of another user's ID is prohibited. I also understand that I am required to change my password whenever prompted by the system, and whenever I suspect that my password may have been compromised. In addition, I understand that I am prohibited from embedding my password in log-on scripts. That is, I must respond "no" when asked by the system whether I wish to save my password in the login screen.

I understand that I am required to immediately report all security incidents, including any breach of appropriate system use by another ECHO-Web user, discovery of computer viruses or errors in ECHO-Web system to the Federal Transit Administration promptly.

I understand that I am required to immediately notify the Federal Transit Administration when I no longer require access to the ECHO-Web system.

I understand that failure to comply with any of the above security requirements could result in the loss of system privileges and/or criminal penalties under law.

Signature

____/____/____
Date

Printed Name

ECHO Control No.

**ECHO
Web/Database/Network
User Access Request**

Circle One:	New User	Modify User	Delete User
USER INFORMATION			
		Gender M / F <i>(Optional)</i>	
First Name*	M/I	Last Name*	SSN (last 4 digits)*
Title	Officer Telephone Number*		Fax Number*
Supervisor Name <i>(print legibly)*</i>	Supervisor's Title		Supervisor Signature
Mailing Address <i>(Street Number, City, State and ZIP Code)*</i>			

<i>*Required fields (information must be entered in these fields)</i>			
ECHO ACCESS TYPE AND RESPONSIBILITIES			
<i>(Check all that apply)</i>			
<input type="checkbox"/> ECHO Web Application			
<input type="checkbox"/> Inquiry			
<input type="checkbox"/> System Administration**			
<input type="checkbox"/> ECHO Database			
<input type="checkbox"/> ACH Update			
<input type="checkbox"/> Vendor Table Update			
<input type="checkbox"/> ECN Processing			
<input type="checkbox"/> Inquiry			
<input type="checkbox"/> System Administration**			
<input type="checkbox"/> UNIX Network			
<input type="checkbox"/> Logon Access Only			
<input type="checkbox"/> Network Administration**			
To Be Completed by Office of Financial Systems Staff			
_____			____/____/____
ECHO System Administrator			Date
<i>** (if this request is for System or Network Administration, the Director, Office of Financial Systems signs)</i>			
_____			____/____/____
FTA Security Administrator			Date
User ID: _____	Initial Password: _____		

Revised 09/14/04

Instructions for ECHO-Web Registration Change/Modify Forms

This form should be used to change or modify users who currently have access to the system, add new users to the system and delete existing users from the system. It should also be used for modification of the Authorizing Official. Please note that if a contact person is being added, the limit of three users (one with view only access and two with update access) still applies.

If **adding** a contact person, then a User Access Request form and Rules of Conduct form must be provided with this form.

If **adding** an Authorizing Official, then a new Authorization and Certification letter is required with this form.

If **deleting** an Authorizing Official, then the Recipient Organization Official must sign this form.

ECHO-Web REGISTRATION CHANGE / MODIFY FORM

(Name of Recipient Organization)

(ECHO Control Number)

(Name of Contact Person) _____

Add

Delete

Change access to

Inquiry

Update

(Name of Contact Person) _____

Add

Delete

Change access to

Inquiry

Update

(Name of Contact Person) _____

Add

Delete

Change access to

Inquiry

Update

(Name of Authorizing Official) _____

Add

Delete

Set-up access to Inquiry

(Signature of Authorizing/Recipient Organization Official)

On file with FTA

(Typed/Print Name and Title)

(Date)

(FTA)

FOR ECHO PAYMENTS ONLY

FTA PAYMENT INFORMATION FORM - ACH PAYMENT SYSTEM

ECHO Control Number (ECN) _____ (For initial ECHO setup agency will assign ECN Number)

Initial Setup Info Change Grantee Information Change

Information from this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. Treasury uses this to transmit payment data by electronic means to a company's or a grantee's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Treasury ACH Payment System.

Note: See back for instructions on completing this form.

GRANTEE/COMPANY INFORMATION	
NAME:	
ADDRESS:	
	TIN:
CITY/STATE/ZIP:	TELEPHONE NUMBER: ()
CONTACT PERSON NAME:	
SIGNATURE OF AUTHORIZED OFFICIAL IN FTA	FAX NUMBER: ()
DATE: / /	

AGENCY INFORMATION	
NAME: Department of Transportation, Federal Transit Administration	
ADDRESS: 1200 New Jersey Ave, SE, East Building 5 th Fl, E54, TBP 50, Washington, DC 20590	
CONTACT PERSON NAME: Edith McLamore-Shelton	(202) 366-9748
FINANCIAL INSTITUTION INFORMATION (Note: Have Your Bank Complete This Section)	
NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
CONTACT PERSON NAME:	TELEPHONE NUMBER:
NINE DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITORS ACCOUNT NUMBER:	
TYPE OF ACCOUNT: CHECKING __ SAVING	
SIGNATURE AND TITLE OF REPRESENTATIVE:	DATE: / /
	FAX NUMBER: ()

(FAA)
FOR ECHO PAYMENTS ONLY

FAA PAYMENT INFORMATION FORM - ACH PAYMENT SYSTEM
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ECHO Control Number (ECN) _____ (For initial ECHO setup agency will assign ECN Number)

Initial Setup Info Change Grantee Information Change

Information from this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. Treasury uses this to transmit payment data by electronic means to a company's or a grantee's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Treasury ACH Payment System.

Note: See back for instructions on completing this form.

GRANTEE/COMPANY INFORMATION	
NAME:	
ADDRESS:	
	TIN:
CITY/STATE/ZIP:	TELEPHONE NUMBER:
CONTACT PERSON NAME:	()
SIGNATURE OF AUTHORIZED OFFICIAL IN FTA	FAX NUMBER:
DATE: / /	()

AGENCY INFORMATION	
NAME: (Your regional FAA office)	
ADDRESS:	
CONTACT PERSON NAME:	
FINANCIAL INSTITUTION INFORMATION (Note: Have Your Bank Complete This Section)	
NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
CONTACT PERSON NAME:	TELEPHONE NUMBER:
NINE DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITORS ACCOUNT NUMBER:	
TYPE OF ACCOUNT: CHECKING __ SAVING	
SIGNATURE AND TITLE OF REPRESENTATIVE:	DATE: / /
	FAX NUMBER: ()

FEDERAL CASH TRANSACTIONS REPORT INSTRUCTIONS

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0003), Washington, DC 20503.

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

Please type or print legibly. Items 1, 2, 8, 9, 10, 11d, 11e, 11h, and 15 are self explanatory, specific instructions for other items are as follows:

<i>Item</i>	Entry	<i>Item</i>	<i>Entry</i>
3	Enter employer identification number assigned by the U.S. Internal Revenue Service or the FICE (institution) code. If this report covers more than one grant or other agreement, leave items 4 and 5 blank and provide the information on Standard Form 272-A, Report of Federal Cash Transactions—Continued; otherwise;		employee's share of benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.
4	Enter Federal grant number, agreement number, or other identifying numbers if requested by sponsoring agency.	11g	Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.
5	This Space reserved for an account number or other identifying number that may be assigned by the recipient.	11i	Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.
6	Enter the letter of credit number that applies to this report. If all advances were made by Treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.	11j	Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line l).
7	Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.	12	Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements are on hand, provide an explanation under "Remarks" as to why the drawdown was made prematurely, or other reasons for the excess cash. The requirement for the explanation does not apply to prescheduled or automatic advances.
11a	Enter the total amount of Federal cash on hand at the beginning of the reporting period including all of the Federal funds on deposit, impress funds, and undeposited Treasury checks.	13a	Enter the amount of interest earned on advances of Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal sponsoring agency for over 60 days, explain under "Remarks". Do not report interest earned on advances to States.
11b	Enter total amount of Federal funds received through payment vouchers (Form TUS 5401) that were credited to your account during the reporting period.	13b	Enter amount of advance to secondary recipients including in item 11h.
11c	Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.	14	In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space is required.
11f	Enter the total Federal cash disbursements, made during the reporting period, including cash received as program income. Disbursements as used here also include the amount of advances and payments less refunds to sub-grantees or contractors, the gross amount of direct salaries and wages, including the		

FEDERAL CASH TRANSACTIONS REPORT

FEDERAL CASH TRANSACTIONS REPORT		OMB APPROVAL NO. 0318-0003	
<i>(See instructions on back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)</i>		1. Federal sponsor's grant or assistance agreement number to which this report is related	
2. RECIPIENT ORGANIZATION <i>Name</i> <i>Number and Street</i> <i>City, State and ZIP Code</i>		4. Federal grant or other identifiable number	5. Recipient's account number or banking number
		6. Letter of credit number	7. Letter payment order number
		<i>Give total number for this period</i>	
3. FEDERAL BUREAU OF IDENTIFICATION NO.		8. Payments to be credited to your account	9. Treasury checks mailed (whether or not deposited)
		10. PERIOD COVERED BY THIS REPORT	
		FROM (month, day, year)	TO (month, day, year)
11. STATUS OF FEDERAL CASH <i>(See specific instructions on the back)</i>	a. Cash on hand beginning of reporting period	\$	
	b. Letter of credit withdrawals		
	c. Treasury check payments		
	d. Total receipts (Sum of lines b and c)		
	e. Total cash available (Sum of lines a and d)		
	f. Gross disbursements		
	g. Federal share of program income		
	h. Net disbursements (Line f minus line g)		
	i. Adjustments of prior periods		
	j. Cash on hand end of period	\$	
12. THE AMOUNT SHOWN ON LINE 11j ABOVE REPRESENTS CASH REQUIREMENTS FOR THE ensuing <i>Days</i>	13. OTHER INFORMATION		
	a. Interest income	\$	
	b. Advances to subgrantees or subcontractors	\$	

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15. CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED
	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code, Number, Extension)

THIS SPACE FOR AGENCY USE

Commercial vendors may also use this form to make payments to FTA. The Form is being modified to include the title names Grantee or Vendor.

U.S. DEPARTMENT OF TRANSPORTATION

FEDERAL TRANSIT ADMINISTRATION

Grantee Refunds and Overpayment Form

GRANTEE INFORMATION

Date

Grantee Name

Grantee Address Line 1

Grantee Address Line 2

City State

Contact Name

Contact Phone Number

GRANT INFORMATION (complete all items that apply)

Grant/Project Number (include 2 digit Financial Purpose)

ECHO Control Number (ECN)

TEAM Recipient ID Number

Draw Down Message Number

Invoice Number

REASON FOR REFUND

Amount of Refund to Grant/Project \$

Interest / Penalty \$

Total Reimbursement \$

It may take several minutes to process the form. Please be patient.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted a