Transportation Electronic Award Management System (TEAM)
Grantee / Recipient User Access Request

Check Applicable Box: New User With Pin ☐ | New User Without Pin ☐ | Modify User ☐ | Delete User ☐ | **Username** _____

Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.

USER INFORMATION

First Name* _____ M/I _____ Last Name* _____

Gender M / F (Optional)

Office Phone* _____ SSN (Last 4 Digits)* _____

Title _____

FAX Number _____

Organization Name* _____ Recipient ID _____

Email Address* _____

Mailing Address(Street Number, City, State and ZIP Code)* _____

User's Authorizing Signature (see instructions) _____

Printed Name of above _____ Date _____

**This is information is required to establish or modify your TEAM user account. By completing this form, you expressly attest that information provided is true and complete to the best of your knowledge. Invalid information will be grounds for refusal to establish a new user account or the basis for deletion of an existing TEAM account.*

APPLICATION ACCESS *(Check all that apply).*

Recipient Access Type

- ☐ Inquiry Only
- ☐ Modify/Update

Recipient PIN Functions

- ☐ Submit Application
- ☐ Execute Awards
- ☐ Certify as Lawyer
- ☐ Certify as Official
- ☐ Certify as Both Lawyer and Official
- ☐ Provide Supplemental Agreement

Designated Recipient ID(s) (Indicate Below)

_____

Metropolitan Planning Organization (MPO) ID

_____

(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See instructions).

ACKNOWLEDGMENT OF RULES OF CONDUCT FOR SYSTEM USE

As a TEAM user, I understand that I am personally responsible for the use and misuse of my TEAM login ID and password. I understand that by requesting TEAM access and accepting/using such access that I must comply with the following:

1. When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications.
2. I will *not* permit anyone to use my TEAM access information (i.e. user ID, password or other authentication). My password (or other authentication) will be kept private, not stored in a place that is accessible by anyone other than the myself (i.e. family members, friends, etc.). If stored, the password will not be in text format.
3. I will follow standard password procedures and change my password every ninety (90) days. My passwords will be at least eight (8) alphanumeric characters and contain at least one (1) capital letter and one (1) number.
4. I will report any security problems and anomalies in system performance to the appropriate FTA Office.
5. I will notify the appropriate FTA Office to eliminate my TEAM access in the event of job transfer, termination, or if TEAM access is no longer required.
6. I understand that if I am not using FTA-supplied equipment and FTA suffers a security breach or compromise that is my fault, I may be required to allow access to my equipment by authorized representatives of the Federal Government to determine the causes and to take corrective action(s).

I agree to and will comply with all of these conditions and understand that failure to do so will result in permanent removal of my TEAM access, and may result in other disciplinary or legal action. By signing my name in the space below, I hereby acknowledge this agreement, and certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

Signature _____ ___/___/___ Date _____ Printed Name _____

FTA AUTHORIZATION

FTA Functional Approval

Signature of Authorizing FTA Official _____ ___/___/___ Date

Printed Name _____

Title / Office _____

FTA Operational Approval

Signature of Authorizing FTA Official _____

Printed Name _____

Title / Office _____

___/___/___ Date Processed _____ UserID PIN

Transportation Electronic Award Management System (TEAM)
Staff/Contractor/Auditor User Access Request

Check Applicable Box:	New User With Pin	☐	Modify User	☐	Username
	New User Without Pin	☐	Delete User	☐	

Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.

USER INFORMATION

First Name* _____ M/I _____ Last Name* _____

Gender M / F (Optional)

Office Phone* _____ SSN (Last 4 Digits)* _____

Title _____

FAX Number _____

Organization Name* _____

Email Address* _____

Mailing Address(Street Number, City, State and ZIP Code)* _____

FTA Functional Approval MUST be provided below

(see instructions)

**This is information is required to establish or modify your TEAM user account. By completing this form, you expressly attest that information provided is true and complete to the best of your knowledge. Invalid information will be grounds for refusal to establish a new user account or the basis for deletion of an existing TEAM account.*

APPLICATION ACCESS *(Check all that apply).*

Budget Functions

- ☐ Award
- ☐ Deobligate
- ☐ Approve Budget Revision
- ☐ Maintain Projects
- ☐ Civil Rights
- ☐ Financial Purpose Transfers
- ☐ Legal Concurrence

Accounting Functions

- ☐ Maintain Funds Control
- ☐ Approve Advice
- ☐ Approve Operating Budget

Other Functions

- ☐ Help Desk
- ☐ Local Security Officer
- ☐ Approve Advice
- ☐ Auditor Access *(Inquiry Only)*
- ☐ Other Rights *(Please Describe)* _____

Cost Center (s) *(Indicate Below)*

_____
_____
_____
_____

(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See instructions).

ACKNOWLEDGMENT OF RULES OF CONDUCT FOR SYSTEM USE

As a TEAM user, I understand that I am personally responsible for the use and misuse of my TEAM login ID and password. I understand that by requesting TEAM access and accepting/using such access that I must comply with the following:

1. When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications.
2. I will *not* permit anyone to use my TEAM access information (i.e. user ID, password or other authentication). My password (or other authentication) will be kept private, not stored in a place that is accessible by anyone other than the myself (i.e. family members, friends, etc.). If stored, the password will not be in text format.
3. I will follow standard password procedures and change my password every ninety (90) days. My passwords will be at least eight (8) alphanumeric characters and contain at least one (1) capital letter and one (1) number.
4. I will report any security problems and anomalies in system performance to the appropriate FTA Office.
5. I will notify the appropriate FTA Office to eliminate my TEAM access in the event of job transfer, termination, or if TEAM access is no longer required.
6. I understand that if I am not using FTA-supplied equipment and FTA suffers a security breach or compromise that is my fault, I may be required to allow access to my equipment by authorized representatives of the Federal Government to determine the causes and to take corrective action(s).

I agree to and will comply with all of these conditions and understand that failure to do so will result in permanent removal of my TEAM access, and may result in other disciplinary or legal action. By signing my name in the space below, I hereby acknowledge this agreement, and certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

Signature _____ Date ___/___/___ Printed Name _____

FTA AUTHORIZATION

FTA Functional Approval

Signature of Authorizing FTA Official _____ Date ___/___/___

Printed Name _____

Title / Office _____

FTA Operational Approval

Signature of Authorizing FTA Official _____

Printed Name _____

Title / Office _____

___/___/___ Date Processed _____ UserID PIN

Instructions for Completing the TEAM User Access Forms

Instructions for Completing the TEAM User Access Forms 1
Where to Submit the Completed Form 2
Recipient / Grantee Forms 2
Staff / Contractor / Auditor Forms 3
Recipient / Grantee Access Form 4
Who Should Use this Form 4
User Information 4
Recipient Access Type 5
Acknowledgment of Rules Of Conduct For System Use 6
FTA Authorization (These fields are for use by FTA Only) 6
Staff/Contractor/Auditor Access Form 8
Who Should Use this Form 8
User Information 8
Functions 9
Acknowledgment of Rules Of Conduct For System Use 10
FTA Authorization (These fields are for use by FTA Only) 10
Appendix 1. Sample Format for DESIGNATION OF SIGNATURE AUTHORITY 12
Appendix 2. Sample Format For Authorizing Resolution 13

Where to Submit the Completed Form

The form and supporting documentation must contain signatures, so it must be scanned and emailed (preferred), faxed, or mailed to the appropriate office in order to be processed and filed. Contact information is provided below:

Recipient / Grantee Forms

Please select your coordinating office, and submit your form and any required supporting documents to the contact below:

Managing Office	Areas Served	Mailing Address	Main Office Phone	Main Office Fax	Email
Region 1	Transit Grants for Projects in Connecticut, Maine, Massachusetts, New Hampshire, Vermont,	Transportation Systems Center Kendall Square 55 Broadway, Suite 920 Cambridge, MA 02142-1093	617-494-2055	617-494-2865	Laurie.Ansaldi@dot.gov Donna.Laidley@dot.gov
Region 2	Transit Grants for Projects in New Jersey, New York, Virgin Islands	One Bowling Green Room 429 New York, NY 10004-1415	212-668-2174	212-668-2172	Maureen.Moritz@dot.gov Faye.Ellison@dot.gov
Region 3	Transit Grants for Projects in Virginia, West Virginia, Maryland, Delaware, Pennsylvania	1760 Market Street Suite 500 Philadelphia, PA 19103-4124	215-656-7100	215-656-7260	Pat.Kampf@dot.gov Catharine.Githens@dot.gov
Region 4	Transit Grants for Projects in Alabama, Georgia, Florida, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Puerto Rico	Atlanta Federal Center Suite 17T50 61 Forsyth Street, S.W. Atlanta, GA 30303	404-562-3500	404-562-3505	Marie.Lopez@dot.gov Leonard.tennessee@dot.gov
Region 5	Transit Grants for Projects in Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	200 West Adams Street Suite 2410 Chicago, IL 60606	312-353-2789	312-886-0351	Oscar.Waller@dot.gov Victor.Austin@dot.gov
Region 6	Transit Grants for Projects in Arkansas, Oklahoma, New Mexico, Louisiana, Texas	819 Taylor Street Room 8A36 Fort Worth, TX 76102	817-978-0550	817-978-0575	Linda.kemp@dot.gov Ruth.Johnston@dot.gov
Region 7	Transit Grants for Projects in Iowa, Kansas, Nebraska, Missouri	901 Locust Street Suite 404 Kansas City, MO 64106	816-329-3920	816-523-3921	Shannon.Graves@dot.gov Kathy.Monroe@dot.gov
Region 8	Transit Grants for Projects in Colorado, Montana, North Dakota, South Dakota, Utah, , Wyoming	12300 West Dakota AveSuite 650 Lakewood, CO 80228-2583	720-963-3300	720-963-3333	Debi.Duggan@dot.gov Sandra.streff@dot.gov
Region 9	Transit Grants for Projects in Arizona, Nevada, California, Hawaii, American Samoa, Guam, Northern Mariana Islands	201 Mission Street Suite 1650	415-744-3133	415-744-2726	Patricia.valentine@dot.gov Philis.Yue@dot.gov
Region 10	Transit Grants for Projects in Oregon, Washington, Idaho, Alaska	Jackson Federal Building 915 Second Avenue, Suite 3142 Seattle, WA 98174-1002	206-220-7954	206-220-7959	Elizabeth.Sier@dot.gov Linda.Gehrke@dot.gov
Office of Research and Innovation	Grants for Projects in Research Programs	400 7th Street, NW suite 9401 Washington DC 20595	202-366-3765	202-366-4995	linda.wolfe@dot.gov

Staff / Contractor / Auditor Forms

The form and supporting documentation must contain signatures, so it must be scanned and emailed (preferred), faxed, or mailed to the appropriate office in order to be processed and filed.

You **must** first obtain FTA Functional Approval on your form (your supervisor, Program or Contract Manager, or Audit Liason) before submitting to your managing office:

Office	Fax	Primary	Alternate
Office of Administration	(202) 366-3605	Edwin.Delong@dot.gov	
Office of Budget and Policy	(202) 366-7163	Rhonda.Lee@dot.gov	Mary.Kilpatrick@dot.gov
Office of Congressional Affairs	(202) 366-3472	Stephen.Fong@dot.gov	
Office of Chief Counsel	(202) 366-3809	Linda.Sorkin@dot.gov	
Office of Civil Rights	(202) 366-3475	Sandy.McCrea@dot.gov	Cylinda.Queen@dot.gov
Office of the Administrator	(202) 366-9854	Jacqueline.Bennet@dot.gov	
Office of Planning and Environment	(202) 493-2478	Susan.Rollman@dot.gov	
Office of Research and Innovation	(202) 366-3765	Linda.Wolfe@dot.gov	
Office of Program Management	(202) 366-7951	John.Sellman@dot.gov	Lorna.Wilson@dot.gov
Region 1	617-494-2865	Laurie.Ansaldi@dot.gov	Donna.Laidley@dot.gov
Region 2	212-668-2172	Maureen.Moritz@dot.gov	Faye.Ellison@dot.gov
Region 3	215-656-7260	Pat.Kampf@dot.gov	Catharine.Githens@dot.gov
Region 4	404-562-3505	Marie.Lopez@dot.gov	Leonard.tennessee@dot.gov
Region 5	312-886-0351	Oscar.Waller@dot.gov	Victor.Austin@dot.gov
Region 6	817-978-0575	Linda.kemp@dot.gov	Ruth.Johnston@dot.gov
Region 7	816-523-3921	Shannon.Graves@dot.gov	Kathy.Monroe@dot.gov
Region 8	720-963-3333	Debi.Duggan@dot.gov	Sandra.streff@dot.gov
Region 9	415-744-2726	Patricia.valentine@dot.gov	Philis.Yue@dot.gov
Region 10	206-220-7959	Elizabeth.Sier@dot.gov	Linda.Gehrke@dot.gov

Recipient / Grantee Access Form

Who Should Use this Form

Use this form if you require access to TEAM and are a recipient of FTA grant or other program funds, and intend to apply for and manage your grant or other projects electronically through TEAM.

If you are FTA Staff, an FTA Contractor, or Government Auditor, please use the Staff / Contractor / Auditor TEAM User Access Form.

* Fields are required

Form Field	Description
User Information	
New User With Pin	Select if the user requesting access is a New User, and they are requesting a PIN. If the user is requesting a PIN, in order to electronically sign from within the system. If the YES is checked, the user must also provide a "Designation of Signature Authority". A template can be found in Appendix A.
New User Without Pin	Select if the user requesting access is a New User, and does not require a PIN
Modify User	Select if the user requesting access is an Existing User, and modifications are being requested for their account. If the user is requesting a PIN, the user must also provide a "Designation of Signature Authority". A template can be found in Appendix A.
Delete User	Select if the user account is to be deleted.
Username	If this form requires action on an active user, enter the TEAM Username here.
Gender M / F (Optional)	Gender of user requesting access
First Name*	First name of user requesting access
M/I	Middle initial of user requesting access
Last Name*	Last name of user requesting access
Office Phone*	Office Telephone number of user requesting access
SSN (Last 4 Digits)*	Last 4 Digits of Social Security Number (or other memorable 4 digit number) of user requesting access. This number is used along with the other user information to uniquely identify an individual requesting password resets or other changes to their account.
Title	Title of user requesting access
FAX Number	Fax Number of user requesting access
Email Address*	Email Address of user requesting access

Form Field	Description
Organization Name*	Name of the Organization of user requesting access
Recipient ID	The Recipient ID of the User's Organization
Mailing Address(Street Number, City, State and ZIP Code)*	Snail Mail Address of user requesting access
Email Address*	Email Address of user requesting access
User's Authorizing Signature (Supervisor, Main FTA Point of Contact)	A Representing Official at the Grantee / Recipient Organization must sign to authorize the access being requested for the user in this form. This should be the User's Supervisor or Main FTA Point of Contact at the Organization, if possible.
Printed Name of above, Date	Print the name of the Authorizing Supervisor or Main FTA Point of Contact)
Recipient Access Type	
Inquiry Only	Check this if you are authorized to request the ability to review project data, but make no changes.
Modify/Update	Check this if you are authorized to request the ability to make changes to projects that do not require a PIN. Examples are: modifications to application information, budget revision entry and submission, quarterly report input and submission, other grantee information input, etc.
Submit Application	Check this if you are authorized to request the ability to Submit a Project Application (PIN is Required). If this responsibility is to be delegated, provide a Designation of Signature Authority (see Appendix 1) and an Authorizing Resolution (see Appendix 2) must be provided or on FTA file with the phrase, "...his or her designee..."
Execute Awards	Check this if you are authorized to request the ability to Execute a Project Award (PIN is Required). If this responsibility is to be delegated, provide a Designation of Signature Authority (see Appendix 1) and an Authorizing Resolution (see Appendix 2) must be provided or on FTA file with the phrase, "...his or her designee..."
Certify as Lawyer	Check this if you are authorized to request the ability to Certify as Legal Official (PIN is Required). Designation of Signature Authority should be provided (see Appendix 1)
Certify as Official	Check this if you are authorized to request the ability to Certify as a representing Official (PIN is Required). If this responsibility is to be delegated, provide a Designation of Signature Authority (see Appendix 1) and an Authorizing Resolution (see Appendix 2) must be provided or on FTA file with the phrase, "...his or her designee..."
Certify as Both Lawyer and Official	Check this if you are authorized to request the ability to

Form Field	Description
	Certify as both a Legal and representing Offical (PIN is Required). Written delegation from attorney must be included or on FTA file. If this responsibility is to be delegated, provide a Designation of Signature Authority (see Appendix 1) or an Authorizing Resolution (see Appendix 2) must be provided or on FTA file with the phrase, "...his or her designee..."
Provide Supplemental Agreement	Check this if you are authorized to request the ability to provide a supplemental agreement (PIN is Required)
Designated Recipient ID(s) (Indicate Below)	List all, or one or more 4 digit Recipient IDs (Vendor Codes) to which you are authorized data access as the Designated Recipient.
Metropolitan Planning Organization (MPO) ID	Indicate the Recipient ID of the Metropolitan Planning Organization.
Acknowledgment of Rules Of Conduct For System Use	
Signature	Signature of the user requesting access. Leave blank if this request is to delete a user.
Date	Date of the signature above.
Printed Name	Printed name of the person signing above.
FTA Authorization (These fields are for use by FTA Only)	
FTA Functional Approval	
Signature of Authorizing FTA Official	Signature of FTA person who is authorized to permit access for this individual to the rights as indicated in the form. This is normally the FTA Grant Manager, or other FTA agent working directly or indirectly with the user requesting access. It is the person at FTA who ensures that this person is authorized to access the FTA system.
Date	Date of the signature above
Printed Name	Printed Name of the person signing above.
Title / Office	Title and Office of the person signing above.
FTA Operational Approval	
Signature of Authorizing FTA Official	Signature of FTA person who is authorized to provide access (enter the user into the system) for this individual to the rights as indicated in the form, and as authorized by the FTA Functional Authorization above). This is normally the FTA Local Security Manager / TEAM Coordinator for an office. It is the person at FTA who ensures that this person is trained to access the FTA system. It may be the same person providing Functional Approval, above. Local Security Managers may attach the completed form to the user record in TEAM and provide a dated note in the USER Access record in lieu of a signature.

Form Field	Description
Date	Date of the signature above
Printed Name	Printed Name of the person signing above.
Title / Office	Title and Office of the person signing above.
TEAM User ID	The User ID of the TEAM user referenced in this form. Formats for users are as follows (using example Jane Doe) DOEJ (use additional letters in the first name as necessary to provide a unique ID)
Date Processed:	Date user was added to the system
UserID	Indicate the Username of the user created or modified in this request
PIN	Indicate if PIN was assigned

Staff/Contractor/Auditor Access Form

Who Should Use this Form

Use this form if you require access to TEAM and are an FTA Staff, working as a contractor to support FTA Staff activities, or require access to perform audits on the data in the system.

If you are a recipient of FTA program funds through a grant or cooperative agreement, please use the Recipient Auditor TEAM User Access Form.

* Fields are required

Form Field	Description
User Information	
New User With Pin	Select if the user requesting access is a New User, and they are requesting a PIN. If the user is requesting a PIN, in order to electronically sign from within the system. If the YES is checked, the user must also provide a "Designation of Signature Authority". A template can be found in Appendix A.
New User Without Pin	Select if the user requesting access is a New User, and does not require a PIN
Modify User	Select if the user requesting access is an Existing User, and modifications are being requested for their account. If the user is requesting a PIN, the user must also provide a "Designation of Signature Authority". A template can be found in Appendix A.
Delete User	Select if the user account is to be deleted.
Username	If this form requires action on an active user, enter the TEAM Username here.
Gender M / F (Optional)	Gender of user requesting access
First Name*	First name of user requesting access
M/I	Middle initial of user requesting access
Last Name*	Last name of user requesting access
Office Phone*	Office Telephone number of user requesting access
SSN (Last 4 Digits)*	Last 4 Digits of Social Security Number (or other memorable 4 digit number) of user requesting access. This number is used along with the other user information to uniquely identify an individual requesting password resets or other changes to their account.
Title	Title of user requesting access
FAX Number	Fax Number of user requesting access
Email Address*	Email Address of user requesting access
Organization Name*	Name of the Organization of user requesting access

Form Field	Description
Mailing Address(Street Number, City, State and ZIP Code)*	Snail Mail Address of user requesting access
Email Address*	Email Address of user requesting access
Functions	
Award	Check this if you are authorized to request the ability to award funds.
Deobligate	Check this if you are authorized to request the ability to deobligate funds.
Approve Budget Revision	Check this if you are authorized to request the ability to Approve Budget Revisions.
Maintain Projects	Check this if you are authorized to request the ability to Maintain projects.
Civil Rights	Check this if you are authorized to request the ability to enter Civil Rights data for a recipient
Financial Purpose Transfers	Check this if you are authorized to request the ability to transfer funds between Financial Purpose Codes, UZAs, or manage earmarks.
Legal Concurrence	Check this if you are authorized to request the ability to provide Legal Concurrence.
Accounting Functions	Check this if you are authorized to request the ability to support Accounting Functions to set up budgets and transfer funds between funding accounts
Maintain Funds Control	Check this if you are authorized to request the ability to support Accounting Functions to set up budgets and transfer funds between funding accounts
Approve Advice	Check this if you are authorized to request the ability to Approve Advice
Approve Operating Budget	Check this if you are authorized to request the ability to Approve an Operating Budget
Other Functions	Check this if you are authorized to request an ability that is not described above. Attach an explanation.
Help Desk	Check this if you are authorized to request the ability to support System Administration functions.
Local Security Officer	Check this if you are authorized to request the ability to perform Local Security Officer functions for an office (user access)
Auditor Access (Inquiry Only)	Check this if you are authorized to request read-only access to perform review of system data.
Other Rights (Please Describe)	Check this if you are authorized to request an ability that is not described above. Attach an explanation.
Cost Center (s) (Indicate Below)	List all, or one or more cost center (office) codes to which

Form Field	Description
	you are authorized to request data access.
Requesting Electronic Signature: YES/NO	If the user is requesting a PIN, in order to electronically sign from within the system. If the YES is checked, the user must also provide a "Designation of Signature Authority". A template can be found in Appendix A.
Acknowledgment of Rules Of Conduct For System Use	
Signature	Signature of the user requesting access. Leave blank if this request is to delete a user.
Date	Date of the signature above.
Printed Name	Printed name of the person signing above.
FTA Authorization (These fields are for use by FTA Only)	
FTA Functional Approval	
Signature of Authorizing FTA Official	Signature of FTA person who is authorized to permit access for this individual to the rights as indicated in the form. This is normally: STAFF- User's Supervisor or Office Administrator CONTRACTOR – User's FTA Program Manager, Contract Manager, or Contract Technical Representative AUDITOR – The FTA Audit Liason
Date	Date of the signature above
Printed Name	Printed Name of the person signing above.
Title / Office	Title and Office of the person signing above.
FTA Operational Approval	
Signature of Authorizing FTA Official	Signature of FTA person who is authorized to provide access (enter the user into the system) for this individual to the rights as indicated in the form, and as authorized by the FTA Functional Authorization above). This is normally the FTA Local Security Manager / TEAM Coordinator for an office. Local Security Managers may attach the completed form to the user record in TEAM and provide a dated note in the USER Access record in lieu of a signature.
Date	Date of the signature above.
Printed Name	Printed Name of the person signing above.
Title / Office	Title and Office of the person signing above.
TEAM User ID:	The User ID of the TEAM user referenced in this form. Formats for users are as follows (using example Jane Doe) Staff – DOEJ Contractor – DOEJ00C

Form Field	Description
	Auditor – DOEJ00A Recipient – DOEJ00R (use additional letters in the first name as necessary to provide a unique ID)
Date Processed:	Date user was added to the system
UserID	Indicate the Username of the user created or modified in this request
PIN	Indicate if PIN was assigned

Appendix 1. Sample Format for DESIGNATION OF SIGNATURE AUTHORITY

(ON ORGANIZATION/COMPANY/AGENCY LETTERHEAD)

DESIGNATION OF SIGNATURE AUTHORITY
For The
TRANSPORTATION ELECTRONIC AWARD & MANAGEMENT PROCESS
(TEAM)

The _____*(Name of Grantee)*_____ hereby authorizes the *(Title of Grantee Employee)* and the *(Title of Grantee Employee, if more than one designated)* to be assigned and use of a Personal Identification Numbers (PIN), for the execution of annual Certification and Assurances issued by the Federal Transit Administration (FTA), submission of all FTA grant applications, and the execution of all FTA grant awards, on behalf of the officials below, for the FTA's Transportation Electronic Award and Management System (TEAM).

(_____Signature_____)
(Grantee's Chief Executive Officer's Name)
(Title of Grantee's Chief Executive Officer)

(_____Signature_____)
(Grantee's Legal Counsel's Name)
(Title of Grantee's Legal Counsel

Appendix 2. Sample Format For Authorizing Resolution

Resolution No. _____

Resolution authorizing the filing of applications with the Federal Transit Administration, an operating administration of the United States Department of Transportation, for Federal transportation assistance authorized by 49 U.S.C chapter 53, title 23 United States Code and other Federal statutes administered by the Federal Transit Administration.

WHEREAS, the Federal Transportation Administrator has been delegated authority to award Federal financial assistance for a transportation project;

WHEREAS, the grant or cooperative agreement for Federal Financial assistance will impose certain obligations upon the Applicant, and may require the Applicant to provide the local share of the project cost;

WHEREAS, the Applicant has or will provide all annual certifications and assurances to the Federal Transit Administration required for the project.;

NOW, THEREFORE, BE IT RESOLVED BY (Governing Body of Applicant)

1. The (Title of Designated Official) or his/her designee is authorized to execute and file application for Federal assistance on behalf of (Legal Name of Applicant) with the Federal Transit Administration for Federal Assistance authorized by 49.U.S.C. chapter 53, Title 23, United States Code, or other Federal statutes authorizing a project administered by the Federal Transit Administration, (If the Applicant is requesting Urbanized Area Formula Program assistance authorized by 49 U.S.C. §5307, either alone or in addition other Federal assistance administered by the Federal Transit Administration) the resolution should state whether the Applicant is the Designated Recipient as defined by 49 U.S.C. §5307 (A.)(2) OR WHETHER THE applicant has received authority from the Designated Recipient to apply for Urbanized Area Formula Program assistance.

2. The (Title of Designated Official) or his/her designee is authorized to execute and file with its application the annual certification and assurances and other document the Federal Transportation Administration requires before awarding a Federal assistance grant or cooperative agreement.

3. The (Title of Designated Official) or his/her designee is authorized to execute grant and cooperative agreements with the Federal Transit Administration on behalf of (Legal Name of Applicant).

CERTIFICATION

The undersigned duly qualified (Title of Designated Official), acting on behalf of the (Legal Name of Applicant), certifies that the foregoing is a true and correct copy of a resolution adopted at a legally convened meeting of the (Governing Body of the Applicant) held on (Month, Day, Year).

(If the Applicant has an official seal, impress here.)

_____
(Signature of Recording Officer)

_____
(Title of Recording Officer)

_____
(Date)