

TEAM Training for Local Security Managers

The User Management Process

May 2006

Why ?

- A 2005 audit identified that we did not follow a secure overall process for user management in TEAM. We need:
 - Standard practices / form
 - A method to ensure that TEAM users are who they say they are
 - Internal controls for Staff access and authorization

Local Security Manager Responsibilities

- First line of defense against fraud or other systems misuse
- Ensure the accurate completion, processing, and filing of all TEAM user access forms
 - And OASIS employee separation notices
- Notify Administrative Officer (AO) of all Staff TEAM Users (for OASIS TEAM User Group)
- Reset passwords for users assigned by your office

This is a BIG JOB!

Active User Counts, 4/21/2006

Office	FTA Staff	Recipient	Other Federal, Contractors, Auditors	Grand Total
Unspecified	7	76	3	86
Region 1	18	246	1	265
LMRO	9	14		23
Region 2	36	280	23	339
Region 3	26	412		438
Region 4	31	1,438	1	1,470
Region 5	30	786	1	817
Region 6	22	443	1	466
Region 7	13	162		175
Region 8	13	121		134
Region 9	31	870	3	904
Region 10	23	569		592
TAD	72	4	5	81
TBP	47	17	6	70
TCC	11			11
TCR	13			13
TPACA	5			5
TPE	33			33
TPM	138	77	29	244
TRI	84	139	7	230
Grand Total	662	5,654	80	6,396

The TEAM User Access Forms

- Package posted:
 - TEAM Home Page, FTANet, and FTA Public Website
- Includes 2 Forms:
 - Staff/Contractor/Auditor
 - Grantee
- Includes Complete instructions:
 - Which form to use
 - Where completed forms go for processing
 - What additional documents may be needed
 - What Authorizations may be necessary

Local Security Managers

Office	Fax	Primary	Alternate
Office of Administration	(202) 366-3605	Edwin.Delong@dot.gov	
Office of Budget and Policy	(202) 366-7163	Nancy.Grubb@dot.gov	cynthia.cox-grollman@dot.gov
Office of Congressional Affairs	(202) 366-3472	Stephen.Fong@dot.gov	
Office of Chief Counsel	(202) 366-3809	Richard.Wong@dot.gov	
Office of Civil Rights	(202) 366-3475	Sandra.McCrea@dot.gov	Cylinda.Queen@dot.gov
Office of the Administrator	(202) 366-9854	Jacqueline.Bennett@dot.gov	
Office of Planning and Environment	(202) 493-2478	Susan.Rollman@dot.gov	Tonya.holland@dot.gov
Office of Research and Innovation	(202) 366-3765	Linda.Wolfe@dot.gov	
Office of Program Management	(202) 366-7951	Jim.Muir@dot.gov	Elizabeth.Solomon@dot.gov
Region 1	617-494-2865	Laurie.Ansaldi@dot.gov	Donna.Laidley@dot.gov
Region 2	212-668-2136	Maureen.Moritz@dot.gov	Faye.Ellison@dot.gov Veronica.hawkins@dot.gov
Region 3	215-656-7260	Patricia.Kampf@dot.gov	Catharine.Githens@dot.gov
Region 4	404-562-3505	Jeffrey.Anoka@dot.gov	Marie.Lopez@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	Cathy.Monroe@dot.gov
Region 8	720-963-3333	Debi.Duggan@dot.gov	Sandi.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

Staff Forms

- All staff access to TEAM should be signed by their supervisor
- Special access to job-specific functions should be signed by an HQ representative for that function (*Authorizations for Special Functions, page 18*)
 - Accounting Functions
 - Legal Signoff
 - Civil Rights Functions
 - PIN Number for Obligation Activities, etc
- Notify Administrative Officer to add new staff to OASIS TEAM User Group

Contractor Forms

- Contractors acting as FTA staff who require access to TEAM MUST be Authorized by their Contracting Program Manager.
 - Example – Triennial Review Contractor must be Authorized by Triennial Review Program Manager

Auditor Forms

- Auditors who require access to TEAM MUST be Authorized by the FTA Audit Liason in TBP.
- This access should be promptly removed when audit activities are complete.

Grantee Access

- Ensure that Grantee Users are authorized to have the functions they are requesting
- Have the grant manager sign off to ensure they ‘are who they say they are’
- Make sure ‘Designation of Signatures’ are on file for users “PINning” on behalf of others in their office

Good Practices

- Add notes to the user record to note user record activities, password resets, access changes, etc.
- Use TEAM to notify user of username and password.
- DO NOT put a username, PIN and password in the same email.
- DO NOT change email address without verifying user identity
- Attach scanned user access forms to the user record, if possible

More Good Practices

- Do NOT add/modify users without proper documentation
- Do not reset email addresses or passwords without verifying user information.
- If you aren't sure about a user – ask questions!
- Always err on the safe side – collect another signoff or ask another question

Example: Password Reset

- A user calls and asks to reset their password. You should:
 - Pull their user file
 - Ask them for the last 4 digits of their SSN (or other memorable number as recorded on their User form)
 - Verify their office phone and address
 - Verify email
 - Send new password to the email address on file using TEAM

What does this do?

- It ensures the person who is calling is the person who should be using the account
- It ensures that the information remains accurate in TEAM

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

Check Applicable Box:	<input type="checkbox"/> New User With Pin	<input type="checkbox"/> New User Without Pin	<input type="checkbox"/> Modify User	<input type="checkbox"/> Delete User	<input type="text" value="Username"/>
-----------------------	--	---	--------------------------------------	--------------------------------------	---------------------------------------

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

USER INFORMATION					
				Gender	M / F (Optional)
First Name*	MI	Last Name*	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 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 <input type="checkbox"/> Award <input type="checkbox"/> Deobligate <input type="checkbox"/> Approve Budget Revision <input type="checkbox"/> Maintain Projects <input type="checkbox"/> Civil Rights <input type="checkbox"/> Financial Purpose Transfers <input type="checkbox"/> Legal Concurrence	Accounting Functions <input type="checkbox"/> Maintain Funds Control <input type="checkbox"/> Approve Advice <input type="checkbox"/> Approve Operating Budget Other Functions <input type="checkbox"/> Help Desk <input type="checkbox"/> Local Security Officer <input type="checkbox"/> Approve Advice <input type="checkbox"/> Auditor Access (Inquiry Only) <input type="checkbox"/> Other Rights (Please Describe) _____ <small>(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See Instructions).</small>	Cost Center (s) (Indicate Below) _____ _____ _____

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 _____ Date ____/____/____ Printed Name _____ Title / Office _____ Date Processed _____ UserID _____ PIN _____

Staff/Contractor/Auditor Form

- Collect the form
- Verify the information & Authorizations
- Multiple Authorizations may be required for special access!
- LSM signs as FTA Operational Approval
- Process the form in TEAM (Verify & Certify!)
- File the form (attach in TEAM, keep on 'paper' file until user account is terminated)
- Local Security Managers must notify your office Administrative Officer to add new users to OASIS TEAM User Group (Staff only)

FTA Authorizations

- Identifies the appropriate individuals that must provide signature to authorize access to special functions
- One or more FTA authorizations may be required
 - Attach/file additional authorizing documents as necessary

Supervisor Authorization

- A Supervisor must sign to authorize for all staff access
- Administrative Officers must be notified to add new staff users to the OASIS TEAM User Group

This ensures that the Office maintains an awareness of systems access!

Authorization for Special Functions

- Help Desk Functions/Local Security Manager Functions
 - TEAM Project Manager or Director of Information Technology (TAD)
 - Jacquelynn Lopez, Dave Hostetter
- Accounting and Budget Functions
 - Director of Accounting or Director of Budget (TBP)
 - Gwen Daniels, Kristen Clarke
- Civil Rights Functions
 - Civil Rights Officer, HQ (TCR)
 - Sandra McCrea, Janice Barnes
- Legal Signoff
 - Chief Counsel or Deputy Chief Counsel (TCC)
 - Dave Horner
- FTA Obligation Authority
 - As indicated in the Federal Transit Administration Delegations of Authority (posted to FTANet, Library, Directives)
- Auditor Access
 - FTA Audit Liason (TBP)
 - Felicia Jones

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

Grantee Form

•Collect the form

•Verify the information & Authorizations



Additional documents may be required for special access!

•LSM signs as FTA Operational Approval

•Process the form in TEAM (Verify & Certify!)

•File the form (attach in TEAM, keep on 'paper' file until user account is terminated)

Check Applicable Box:		New User With Pin	<input type="checkbox"/>	Modify User	<input type="checkbox"/>	Username
		New User Without Pin	<input type="checkbox"/>	Delete User	<input type="checkbox"/>	
Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.						
USER INFORMATION						
First Name*				M/I	Last Name*	
Title				Gender M / F (Optional)		
Organization Name*				Recipient ID		Office Phone*
Mailing Address(Street Number, City, State and ZIP Code)*				SSN (Last 4 Digits)*		
				FAX Number		
				Email Address*		
				User's Authorizing Signature (see instructions)		
				Printed Name of above		Date
<small>*This 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.</small>						
APPLICATION ACCESS (Check all that apply).						
Recipient Access Type		Recipient PIN Functions			Designated Recipient ID(s) (Indicate Below)	
<input type="checkbox"/> Inquiry Only		<input type="checkbox"/>			<input type="text"/>	
<input type="checkbox"/> Modify/Update		<input type="checkbox"/> Submit Application			<input type="text"/>	
		<input type="checkbox"/> Execute Awards			<input type="text"/>	
		<input type="checkbox"/> Certify as Lawyer			<input type="text"/>	
		<input type="checkbox"/> Certify as Official			<input type="text"/>	
		<input type="checkbox"/> Certify as Both Lawyer and Official			<input type="text"/>	
		<input type="checkbox"/> Provide Supplemental Agreement			<input type="text"/>	
					Metropolitan Planning Organization (MPO) ID	
					<input type="text"/>	
<i>(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See instructions).</i>						
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:						
<ol style="list-style-type: none"> When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications. I will <u>not</u> 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. 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. I will report any security problems and anomalies in system performance to the appropriate FTA Office. 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. 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	
<input type="text"/>				<input type="text"/>	<input type="text"/>	
FTA AUTHORIZATION						
FTA Functional Approval				FTA Operational Approval		
Signature of Authorizing FTA Official				Date	Signature of Authorizing FTA Official	
<input type="text"/>				<input type="text"/>	<input type="text"/>	
Printed Name				Printed Name		
<input type="text"/>				<input type="text"/>		
Title / Office				Title / Office		
<input type="text"/>				<input type="text"/>		
				Date Processed	UserID	PIN
				<input type="text"/>	<input type="text"/>	<input type="text"/>

Designation of Signature

- Template available in User Form Instructions
- Used to delegate signature or “PIN” authority to someone other than the Official Named on the Resolution Authority

Designation of Signature Authority

FTA need not obtain a separate legal opinion for authority of the Applicant's CEO to enter his or her on behalf of the Applicant, PROVIDED THAT:

1. The individual seeking TEAM access is the Applicant's CEO, and
2. IF:
 - A. The Applicant's CEO has selected certs and assurances on behalf of the Applicant for the current fiscal year,
 - B. The Applicant's CEO has entered his or her PIN in the TEAM Affirmation of the Applicant, and
 - C. Either:
 - a) The Applicant's attorney has entered his or her PIN in the TEAM Attorney's Affirmation signifying that the Applicant's actions are authorized by law, or
 - b) The Applicant has on file an Affirmation of the Attorney dated during the current fiscal year, and the CEO has entered his or her PIN in the place for the Applicant's Attorney's PIN.

Notification of Attorney's Affirmation

1. FTA prefers that the Applicant's Attorney enter his or her own PIN in the Affirmation of Attorney.
2. On the other hand, FTA permits the individual authorized to act on behalf of the Applicant to enter his or her PIN on behalf of the Applicant's Attorney, provided the Applicant has on file a current Affirmation of Attorney pertaining to the Applicant's authority to enter into agreements with FTA, comply with Federal requirements, and acknowledging that statements made by person signing the certs and assurances on behalf of the applicant are correct.

(Among other things, this statement implies that only the proper individuals have been authorized to commit an Applicant to comply with FTA's terms and conditions for assistance.)

Authorizing Resolution

- In general, a public body must have an authorizing resolution from its board of directors or be otherwise properly authorized under state and local law before it can take any action.
- Consequently, FTA expects the Applicant/Recipient to retain that resolution in its files, but it is desirable for the Applicant/Recipient to scan it and attach it in TEAM.

TEAM User Security Screens

See the TEAM User Guide located at <http://ftateamweb.fta.dot.gov/static/userguide.html> chapter 10. for detailed walkthroughs of the screens

User Iden:	MEHTABS	Last Login:	4/11/2006
Username:	SINGHM		
Created:	7/6/2001	Modified:	7/6/2001
Password:	*****	Changed:	3/23/2006
PIN:	****	Activated:	9/14/2005
Suspended:		Deleted:	
Certified Date:		Certified By	
Remark:			

- Set Password
- Set PIN
- Activate PIN
- Delete PIN
- Delete Account
- Suspend User
- Reactivate User
- Certify User

Click "Certify User" to record that an Authorized User Access form is on file

User Screens, continued

Office or cost centers the user has access to view and/or edit

The screenshot shows a web browser window titled "https://ftateamweb.fta.dot.gov - Add New User - Microsoft Internet Explorer". The page is titled "Modify User" and has four tabs: "General Info", "Security Info", "FTA/Recipient Info", and "Roles/Privileges". The "FTA/Recipient Info" tab is active. It contains two main sections: "Cost Centers:" and "Recipient IDs:". Each section has a "Primary" and an "Auxiliary" column, each with a search icon. The "Cost Centers" section has a search icon next to the "Primary" header. The "Recipient IDs" section has a search icon next to the "Auxiliary" header. The "Primary" column under "Cost Centers" contains a search box and a list of rows, with "00000" in the first row. The "Auxiliary" column under "Cost Centers" contains a search box and a list of rows, with "00000" in the first row. The "Primary" column under "Recipient IDs" contains a search box and a list of rows, with "0000" in the first row. The "Auxiliary" column under "Recipient IDs" contains a search box and a list of rows, with "0000" in the first row. The browser's status bar at the bottom shows "javascript:selectTab(3)" and "Internet".

Recipient IDs the user has access to view and/or edit

Security Roles/Privileges

- It is important that you understand these boxes and how to accurately reflect the user's job function in both the form and the TEAM user account.
- Security Roles Reference Document located at : <http://ftateamweb.fta.dot.gov /static/Guidance-HQ/>
- Contact the User, the FTA Authorizer, or the TEAM help desk if you are still uncertain of the type of access they need, or how to assign it in TEAM!

Modify User

Database: Production

User's Role: Recipient FTA Other

Recipient Functions

- Submit
- Execute
- Certify as Lawyer
- Certify as Official
- Certify as Both
- Supplemental Agreement

FTA Functions

- Award
- Deobligate
- Approve Budget Revision
- Maintain All Projects
- FPC Transfer
- Legal Concurrence

Help Desk

- Local Security Manager
- Civil Rights
- Department of Labor
- Auditor

Accounting

- Maintain Funds Control
- Approve Advice
- Approve Operating Budget

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

Check Applicable Box:	New User* With PIN New User* Without PIN	<input checked="" type="checkbox"/>	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*	JAMES	MI	Last Name*	R TRAPPERTON
Title	Grant Specialist		Gender	M F (Optional) 8174
Organization Name*	Kalamazoo Transit		Office Phone*	(616) 378-1200
Recipient ID	1211	FAX Number	(616) 378-1240	
Mailing Address (Street Number, City, State and ZIP Code)*	530 North Rose St Kalamazoo, MI 49007		Email Address*	James.Trapper@kalamazoo.com
		Edward Jones	Use's Authorizing Signature (See Instructions)	Edward Jones
			Printed Name of above	4/4/06 Date
<small>*This information is required to establish or modify your TEAM user access. By completing this form you are certifying above that information provided is true and correct 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.</small>				
APPLICATION ACCESS (Check all that apply)				
Recipient Access Type	Recipient PIN Functions	Designated Recipient ID(s) (Indicate Below)		
<input checked="" type="checkbox"/> Modify/Update	<input type="checkbox"/> Default Application <input type="checkbox"/> Execute Awards <input type="checkbox"/> Certify as Lawyer <input type="checkbox"/> Certify as Official <input type="checkbox"/> Certify as Both Lawyer and Official <input type="checkbox"/> Provide Supplemental Agreement	Metropolitan Planning Organization (MPO) ID KATS 1298		
<small>(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See Instructions).</small>				
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/validating such access that I must comply with the following:				
<ol style="list-style-type: none"> When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications. 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 myself (i.e. laptop, notebook, pager, etc.). If stored, the password will not be in text format. 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. I will report any security problems and anomalies in system performance to the appropriate FTA Office. 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. I understand that I am not using FTA-supplied equipment and FTA offers 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	James R Trapperton	Date	4/4/06	Printed Name
				James R Trapperton
FTA AUTHORIZATION				
FTA Functional Approval	FTA Operational Approval			
Mary Campbell	Oscar Walker			
Signature of Authorizing FTA Official	Signature of Authorizing FTA Official			
Mary Campbell	Oscar Walker			
Printed Name	Printed Name			
Grant Manager, TR0.5	TEAM LSM, TR0.5			
Title / Office	Title / Office			
	4/11/06	TRAPPERTONJR		
	Date Processed	User ID	PIN	

TEAM User Access Request Form
Revision 03/2006

Sample Form 1: A user on the transit agency's office staff. Enters information for projects and quarterlies. Doesn't need to sign anything, just enter it.

https://ftateamweb.fta.dot.gov - View/Modify User (James R Trapperton) - Microsoft Internet E...

Modify User

General Info Security Info FTA/Recipient Info Roles/Privileges

Salutation:	None	Organization:	Kalamazoo Transit
First Name/MI:	James R	Building/Room:	
Last Name:	Trapperton	Address:	530 North Rose Street
Phone/Ext:	616-378-1200	City:	Kalamazoo
Alt Phone/Ext:		State/Zip:	MI 49007 - 0
Fax:	616-378-1240	Routing:	
E-mail:	james.trapper@kalamazoo.com	Acronym:	
Title:	Grant Specialist		

https://ftateamweb.fta.dot.gov - View/Modify User (James R Trapperton) - Microsoft Internet E...

Modify User

General Info Security Info FTA/Recipient Info Roles/Privileges

Cost Centers:

Primary	Auxiliary	Primary	Auxiliary
78500	00000	1211	0000
00000		0000	

https://ftateamweb.fta.dot.gov - View/Modify User (James R Trapperton) - Microsoft Internet E...

Modify User

General Info Security Info FTA/Recipient Info Roles/Privileges

Security Info

User Id:	LZ2UZ9H	Last Login:	
Username:	TRAPPERTONJ00R		
Created:	4/28/2006	Modified:	
Password:	*****	Changed:	4/28/2006
PIN:		Activated:	
Suspended:		Deleted:	
Certified Date:	5/15/2006	Certified By:	LOPEZJ
Remark:			
User Note:	5/15/2006 IopezJ: Add useful notes here		

https://ftateamweb.fta.dot.gov - View/Modify User (James R Trapperton) - Microsoft Internet E...

Modify User

General Info Security Info FTA/Recipient Info Roles/Privileges

Database: Production

User's Role: Recipient FTA Other

<input checked="" type="checkbox"/> Recipient Functions <input type="checkbox"/> Submit <input type="checkbox"/> Execute <input type="checkbox"/> Certify as Lawyer <input type="checkbox"/> Certify as Official <input type="checkbox"/> Certify as Both <input type="checkbox"/> Supplemental Agreement <input type="checkbox"/> Help Desk <input type="checkbox"/> Local Security Manager <input type="checkbox"/> Civil Rights <input type="checkbox"/> Department of Labor <input type="checkbox"/> Auditor	<input type="checkbox"/> FTA Functions <input type="checkbox"/> Award <input type="checkbox"/> Deobligate <input type="checkbox"/> Approve Budget Revision <input type="checkbox"/> Maintain All Projects <input type="checkbox"/> FPC Transfer <input type="checkbox"/> Legal Concurrence <input type="checkbox"/> Accounting <input type="checkbox"/> Maintain Funds Control <input type="checkbox"/> Approve Advice <input type="checkbox"/> Approve Operating Budget
--	--

Sample Form 1: A user on the transit agency's office staff. Enters information for projects and quarterlies. Doesn't need to sign anything, just enter it.

Sample Form 2: User on the transit agency's CEO office staff. needs a PIN to electronically 'sign' on behalf of the CEO/Legal, enters information for projects and quarterlies.

Adobe Reader - [sample 2.pdf]
Adobe Reader 7.0

File Edit View Document Tools Window Help

Save a Copy Search Select 74% Help

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

Check Applicable Box:		New User With Pin		New User Without Pin		Modify User		Details User		Username	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			

Warning: The information contained in this form is protected under Public Law 93-578, Privacy Act.

USER INFORMATION

First Name*	<i>Lisa</i>	Middle Initial	<i>K</i>	Last Name*	<i>Thompson</i>	Gender	<i>M</i>	MAE (Optional)	<i>1112</i>
Office Phone*		<i>(860) 974-2800</i>		SSN (Last 4 Digits)*					
Title		<i>Grant Specialist</i>		FAX Number					
Organization Name*		<i>CT DOT</i>		Recipient ID		<i>Lisa.K.Thompson@pe.state.ct.us</i>		Email Address*	
Mailing Address (Street Number, City, State and ZIP Code)*		<i>8800 Berlin Pike Box 314546 Newington CT</i>		User's Authorizing Signature (see instructions)		<i>James Boice</i>		Date	
				Printed Name of above		<i>James Boice</i>		<i>4/5/06</i>	

This information is received in violation of every user's TEAM user agreement. By completing this form, you accept a final that information on record that is not complete to the best of your knowledge. Invalid information will be grounds for refusal to establish a new user account or the denial of creation of an existing TEAM account.

APPLICATION ACCESS (Check all that apply):

Recipient Access Type	Recipient PIN Functions	Designated Recipient ID(s) (Indicate Below)
<input type="checkbox"/> Hourly Only	<input type="checkbox"/> Submit Application	
<input checked="" type="checkbox"/> Monthly/Update	<input type="checkbox"/> Execute Awards	
	<input type="checkbox"/> Certify as Lawyer	
	<input type="checkbox"/> Certify as Official	
	<input type="checkbox"/> Certify as Both Lawyer and Official	Metropolitan Planning Organization (MPO) ID
	<input type="checkbox"/> Provide Supplemental Agreement	<i>1584 Central CT</i>

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

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 such access that I must comply with the following:

- When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications.
- I will not permit anyone to use my TEAM access information (user ID, password or other applications). My password (or other identification) will be kept private, not stored in a place accessible by anyone other than myself (i.e. family members, friends, etc.). If access to the password will not be in text format.
- 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.
- I will report any security problems and anomalies to the appropriate FTA Office.
- 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.
- I understand that if I am not using FTA-supplied equipment and FTA suffers 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	<i>Lisa K Thompson</i>	Date	<i>4/5/06</i>	Printed Name	<i>Lisa K Thompson</i>
-----------	------------------------	------	---------------	--------------	------------------------

FTA AUTHORIZATION

FTA Functional Approval		FTA Operational Approval	
Signature of Authorizing FTA Official	<i>John Susino</i>	Signature of Authorizing FTA Official	<i>Maureen Moritz</i>
Printed Name	<i>John Susino</i>	Printed Name	<i>Maureen Moritz</i>
Title / Office	<i>GRANT MGR., TRO 2</i>	Title / Office	<i>TEAM LSM TRO 2</i>
Date Processed	<i>4.8.06</i>	User ID	<i>THOMPSONLK</i>
		PIN	<i>876</i>

TEAM USER ACCESS REQUEST Form
Form ID: CT030006

**CONNECTICUT
DOT
LETTERHEAD**

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

SAMPLE

The Connecticut Department of Transportation hereby authorizes the Grant Specialist Lisa K. Thompson 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 of James Boice
James Boice
Chief Executive Officer

Signature of James Boice
James Boice
Legal Counsel

The person signing here must be named as the official in the Authorizing Resolution. This is normally on file with the Annual Certs & Assurances.

The person signing here must be named as the legal counsel in the Authorizing Resolution, or have a designation of Legal Counsel Signature Authority on file.

1 of 2

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

Salutation:	None	Organization:	CT DOT
First Name/MI:	Lisa K	Building/Room:	
Last Name:	Thompson	Address:	2800 Berlin Turnpike Box 317546
Phone/Ext:	803-494-2815	City:	Newington
Alt Phone/Ext:		State/Zip:	CT 0 - 0
Fax:	803-494-2880	Routing:	
E-mail:	lisakthompson@po.state.ct.us	Acronym:	
Title:	Grant Specialist		

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

FTA/Recipient Info

Cost Centers:

Primary	Auxiliary	Primary	Auxiliary
78100	00000	1334	1329
00000		0000	0000

Recipient IDs:

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

User ID:	JEP7SJR	Last Login:	
Username:	THOMPSONLOOR		
Created:	4/28/2006	Modified:	
Password:	*****	Changed:	4/28/2006
PIN:	****	Activated:	4/28/2006
Suspended:		Deleted:	
Remark:			
Certified Date:	5/15/2006	Certified By:	LOPEZJ
Remark:			
User Note:	5/15/2006 LopezJ: Add useful notes here		

- Set Password
- Set PIN
- Activate PIN
- Delete PIN
- Delete Account
- Suspend User
- Reactivate User
- Certify User

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

Database: Production

User's Role: Recipient FTA Other

<input checked="" type="checkbox"/> Recipient Functions <input checked="" type="checkbox"/> Submit <input checked="" type="checkbox"/> Execute <input type="checkbox"/> Certify as Lawyer <input type="checkbox"/> Certify as Official <input checked="" type="checkbox"/> Certify as Both <input checked="" type="checkbox"/> Supplemental Agreement <input type="checkbox"/> Help Desk <input type="checkbox"/> Local Security Manager <input type="checkbox"/> Civil Rights <input type="checkbox"/> Department of Labor <input type="checkbox"/> Auditor	<input type="checkbox"/> FTA Functions <input type="checkbox"/> Award <input type="checkbox"/> Deobligate <input type="checkbox"/> Approve Budget Revision <input type="checkbox"/> Maintain All Projects <input type="checkbox"/> FPC Transfer <input type="checkbox"/> Legal Concurrence <input type="checkbox"/> Accounting <input type="checkbox"/> Maintain Funds Control <input type="checkbox"/> Approve Advice <input type="checkbox"/> Approve Operating Budget
---	--

Sample Form 2: User on the transit agency's CEO office staff. needs a PIN to electronically 'sign' on behalf of the CEO/Legal, enters information for projects and quarterlies.

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

Check Applicable Box:		New User With Pin <input type="checkbox"/>	New User Without Pin <input type="checkbox"/>	Modify User <input type="checkbox"/>	Delete User <input type="checkbox"/>	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)	ORCA Phone*	SSN (Last 4 Digits)*	
EDWARD	A	BONTI	(M)	(404) 562 1134	1111	
Title			Email Address*			
Grant manager			edward.bonti@dot.gov			
Organization Name*						
FTA TRD 4						
Mailing Address (Street Number, City, State and ZIP Code)*						
Atlanta Federal Center						
177650 Forsyth St						
Atlanta GA 30303						
FTA Functional Approval MUST be provided below (see instructions)						
<small>This information is required to establish or modify your TEAM user account. By completing this form, you expressly agree that information provided is true and complete to the best of your knowledge. Incomplete information will be grounds for refusal to establish a new user account or the basis for deactivation of an existing TEAM account.</small>						
APPLICATION ACCESS (Check all that apply).						
Budget Functions		Accounting Functions		Cost Center(s) (Indicate Below)		
<input type="checkbox"/> Amend	<input type="checkbox"/> Investigate	<input type="checkbox"/> Approve Budget Revision	<input type="checkbox"/> Maintain Funds Control	<input type="checkbox"/> Approve Advice	78406	
<input checked="" type="checkbox"/> Maintain Projects	<input type="checkbox"/> Other Rights	<input type="checkbox"/> Financial Purpose Transfers	<input type="checkbox"/> Approve Operating Budget			
<input type="checkbox"/> Legal Occurrence	Other Functions		<input type="checkbox"/> Help Desk			
			<input type="checkbox"/> Local Security Officer			
			<input type="checkbox"/> Approve Advice			
			<input type="checkbox"/> Auditor Access (Inquiry Only)			
			<input type="checkbox"/> Other Rights (Please Describe)			
<small>(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See Instructions).</small>						
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:						
<ol style="list-style-type: none"> When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications. 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 user (i.e. family members, friends, etc.). If stored, the password will not be in text format. I will follow standard password procedures and change my password every (nine, 30, 60) days. My password will be at least eight (8) alphanumeric characters and contain at least one (1) capital letter and one (1) number. I will report any security problems and anomalies in system performance to the appropriate FTA Office. I will notify the appropriate FTA Office to eliminate my TEAM access if I request job transfer information, or if TEAM access is no longer required. I understand that if I am not using FTA's public equipment, and FTA suffers a security breach or compromise, I may be required to allow access to my equipment by authorized representatives of the Federal Government to determine the cause and to take corrective actions. 						
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		
Ed Bonti		4/6/06		Ed Bonti		
FTA AUTHORIZATION						
FTA Functional Approval				FTA Operational Approval		
Signature of Authorizing FTA Official				Signature of Authorizing FTA Official		
Tom Thompson				Mans Lopez		
Printed Name				Printed Name		
Tom Thompson				TEAM LSM TRD 4		
Title / Office				Title / Office		
Deputy PA TRD 4				4/6/06		
				BONTI E		
				Date Processed		
				User ID		
				PIN		

TEAM User Access Request Form
Revised 03/16/2006

Sample Form 3: FTA employee in a regional office. Enters and verifies information for projects and quarterlies in region 4

Sample Form 3

https://fteamweb.fta.dot.gov - View/Modify User [Edward Bonti] - Microsoft Internet Explorer

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

Salutation: None

First Name/MI: Edward

Last Name: Bonti

Phone/Ext: 404-562-1134

Alt Phone/Ext:

Fax: 404-562-3505

E-mail: edward.bonti@dot.gov

Title: Grant Manager

Organization: FTA

Building/Room: Atlanta Federal Cer Ste 17T50

Address: 61 Forsyth Street, SW

City: Atlanta

State/Zip: GA 30303 - 0

Routing: TRD-04

Acronym: FTA Region IV Office

https://fteamweb.fta.dot.gov - View/Modify User [Edward Bonti] - Microsoft Internet Explorer

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

Cost Centers:

Primary: 78400, 00000

Auxiliary: 00000

Primary: 0000

Auxiliary: 0000

FTA/Recipient Info: R FTA/Recipient Info

https://fteamweb.fta.dot.gov - View/Modify User [Edward Bonti] - Microsoft Internet Explorer

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

User Id: TB0X6SA

Username: BONTIE

Created: 4/28/2006

Modified:

Password: *****

Changed: 4/28/2006

PIN:

Activated:

Suspended:

Deleted:

Remark:

Certified Date: 5/15/2006

Certified By: IOPEZJ

Remark:

User Note: 5/15/2006 LopezJ: Add useful notes here

Buttons: Set Password, Set PIN, Activate PIN, Delete PIN, Suspend User, Reactivate User, Certify User

https://fteamweb.fta.dot.gov - View/Modify User [Edward Bonti] - Microsoft Internet Explorer

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

Production

Database: Quality Assurance

User's Role: Recipient, FTA, Other

Recipient Functions:

- Submit
- Execute
- Certify as Lawyer
- Certify as Official
- Certify as Both
- Supplemental Agreement

FTA Functions:

- Award
- Deobligate
- Approve Budget Revision
- Maintain All Projects
- FPC Transfer
- Legal Concurrence

Other Functions:

- Help Desk
- Local Security Manager
- Civil Rights
- Department of Labor
- Auditor
- Accounting
- Maintain Funds Control
- Approve Advice
- Approve Operating Budget

Sample Form 3: FTA employee in a regional office. Enters and verifies information for projects and quarterlies in region 4

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

Check Applicable Box:		New User With Pin	<input type="checkbox"/>	Modify User	<input type="checkbox"/>	Username	
		New User Without Pin	<input checked="" type="checkbox"/>	Delete User	<input type="checkbox"/>		
Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.							
USER INFORMATION							
First Name*	<u>Jane</u>	Gender*	<u>M</u> (Optional)	Office Phone*	<u>202 366 5900</u>	SSN (Last 4 Digits)*	<u>1112</u>
Title	<u>JARC Program Manager</u>	Use Name*	<u>P Doe</u>	FAX Number*	<u>202 366 7951</u>	Email Address*	
Organization Name*	<u>TPM</u>	<u>Jane.Doe@fta.dot.gov</u>					
Mailing Address (Street Number, City, State and ZIP Code)*				FTA Functional Approval MUST be provided below			
<u>450 7th St Ste 9315</u>				(see instructions)			
<u>Washington DC 20059</u>							
<small>When 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 rejected for review. To establish a new user account or the name for deletion of an existing user account.</small>							
APPLICATION ACCESS (Check all that apply)							
Budget Functions		Accounting Functions		Cost Center (s) (indicate below)			
<input type="checkbox"/> Award	<input type="checkbox"/> Maintain Funds Control	<u>ALL</u>					
<input type="checkbox"/> Declassify	<input type="checkbox"/> Approve Advice						
<input type="checkbox"/> Approve Budget Revision	<input type="checkbox"/> Approve Operating Budget						
<input checked="" type="checkbox"/> Maintain Projects	Other Functions						
<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Help Desk						
<input type="checkbox"/> Financial Purpose Transfers	<input type="checkbox"/> Local Security Officer						
<input type="checkbox"/> Legal Concurrence	<input type="checkbox"/> Approve Advice						
	<input type="checkbox"/> Auditor Access (Inquiry Only)						
	<input type="checkbox"/> Other Rights (Please Specify)						
<small>(PIN Functions require Designation of Signature Authority - see Organization Agency Letterhead. See instructions.)</small>							
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 such access that I must comply with the following:							
<ol style="list-style-type: none"> When administering sensitive information, I will ensure that the information has the same level of protection as FTA applications. 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. 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. I will report any security problems and anomalies in system performance to the appropriate FTA Office. 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. 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	<u>Jane P Doe</u>	Date	<u>4/6/06</u>	Printed Name	<u>Jane P Doe</u>		
FTA AUTHORIZATION							
FTA Functional Approval				FTA Operational Approval			
Signature of Authorizing FTA Official				Signature of Authorizing FTA Official			
<u>Mary Martha Churchman</u>				<u>Lorna Wilson</u>			
Printed Name				Printed Name			
<u>Mary Martha Churchman</u>				<u>Lorna Wilson</u>			
Title / Office				Title / Office			
<u>Director, Transit Programs, TPM</u>				<u>TPM Local Security MGR TEAM</u>			
Date Processed				User ID			
<u>4/6/06</u>				<u>DOESP</u>			
PIN							

TEAM User Access Request Form
Revised 10/19/05

Sample Form 4: FTA employee in a HQ office. Needs to review projects in all programs, for all regions, collaborate on them, run reports.

SAMPLE

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

Salutation: None

Organization: FTA

First Name/MI: Jane P

Last Name: Doe

Phone/Ext: 202-366-5000

Alt Phone/Ext:

Fax: 202-366-7951

E-mail: jane.doe@fta.dot.gov

Title: JARC Program Manager

Building/Room:

Address: 700 7th Street, Ste 9315

City: Washington

State/Zip: DC 20059 - 0

Routing:

Acronym: TPM

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

Cost Centers:

Primary	Auxiliary
65000	00000
61100	
62000	
63000	
64000	
65100	
65200	
65300	
65900	
66000	
67000	

Recipient IDs:

Primary	Auxiliary
0000	0000

Modify User

General Info | Security Info | FTA/Recipient Info | Roles/Privileges

User Id: JE045DY

Username: DOEJ

Created: 4/28/2006

Password: *****

PIN:

Suspended:

Remark:

Certified Date: 5/15/2006

Certified By: LOPEZJ

Remark:

User Note: 5/15/2006 LopezJ: Add useful notes here

Security Info: [pin:]

Set Password

Set PIN

Activate PIN

Delete PIN

Delete Account

Suspend User

Reactivate User

Certify User

Modify User

General Info | Security | Production | Roles/Privileges

Database: Quality Assurance

User's Role: Recipient FTA Other

Recipient Functions:

- Submit
- Execute
- Certify as Lawyer
- Certify as Official
- Certify as Both
- Supplemental Agreement
- Help Desk
- Local Security Manager
- Civil Rights
- Department of Labor
- Auditor

FTA Functions:

- Award
- Deobligate
- Approve Budget Revision
- Maintain All Projects
- FPC Transfer
- Legal Concurrence
- Accounting
- Maintain Funds Control
- Approve Advice
- Approve Operating Budget

Sample Form 4: FTA employee in a HQ office. Needs to review projects in all programs, for all regions, collaborate on them, run reports.

What's next?

- On or about 5/15/2006, TAD20 will suspend NON-FTA TEAM users who have not been “Certified”. (Local Security Managers will be warned)
- On or about 5/30/2006, TAD20 will suspend FTA TEAM users who have not been “Certified”. (Local Security Managers will be warned)
- All TEAM users will continue to use this form and user management process for any new users, modifications to existing users, or deletions of user accounts.

Questions?

Contact the TEAM Help Desk for assistance!

Hours of Operation

M-F 8:00a.m. to 5:00p.m. (EST)

Telephone Number

888 - 443 - 5305

Email Address

Team.HelpDesk@dot.gov