

Request to Create or Modify a TEAM Recipient/Vendor Record

Status: New Vendor Application Modify Existing Vendor Record

*See form instruction tab or mouse over for assistance

Send To: TEAM VIN Set-up Group

FTA Approval MUST be provided below

REQUESTOR INFORMATION

FTA AUTHORIZATION (to be completed by FTA Official only)

Robert Buckley
Requestor Name (First, Last) _____ Date _____
Community Planner, FTA Region IV
Title / Office _____
404-865-5618
Office Phone _____

Jennifer Hibbert
Official Name (First, Last) _____ Date _____
Director, FTA Region IV
Title / Office _____
404-865-5632
Office Phone _____

VENDOR INFORMATION

Organization Name _____
Mailing Address: _____
Street _____
City, State, Zip Code _____
78400
Cost Center _____

Organization Acronym _____ Office Phone _____
Website Address _____ Fax Number _____
Tax Identification Number _____
DUNS Number _____

Last Updated (Month, Date, Year) _____
Disadvantaged Business Enterprise Yes No
State Dept. of Transportation Yes No
Type: Private Public
 Contractor Not Contractor Unspecified
 Not Specified

NTD Identification (if any) _____
Fiscal Year (Starting Month/Year) _____
Assistance Yes No
Designated Recipient ID: _____
MPO Yes No

OST Type
 (A) Educational Institution (F) County Agency (K) Port Authority (P) Small Business
 (B) School District (G) Multi County Agency (L) Airport Authority (Q) Indian Tribe (V) Profit Org.
 (C) Federal Agency (H) Borough (M) City (R) Community Action Agency (W) Individual
 (D) State Agency (I) Planning Commission (N) Other Nonprofit Org. (S) Sponsored Organization (Y) Educational Inst (private)
 (E) Multi State Group (J) Council of Government (O) Large Business (T) Transit Authority (U) Other Gov. Agency

MPO ID (From TEAM): _____

CONTACT PERSONS (ONE IS REQUIRED)

Contact Persons Name _____
Mailing Address: _____
Street _____
City, State, Zip Code _____
County _____

Officers Title _____
Email Address _____
Office Phone _____
Fax Number _____
Website Address _____

Contact For (Check all that apply):
 CEO Grants Equal Employment Opportunity (EEO) General FTA Issues
 Disadvantaged Business Enterprise (DBE) Electronic Clearing House Operation (ECHO) System
 504 Title VI Metropolitan Planning Organization (MPO)

CODES (This section completed by Reports and Analysis/Accounting office only)

Urbanized Areas [Click for Reference](#)

UZA ID _____ State _____

Standard Metropolitan Statistical Area Codes [Click for Reference](#)

SMSA Codes _____

Congressional Districts [Click for Reference](#)

State ID _____ District Codes _____ Geographical Location _____

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

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

Gender M / F (Optional)

M/I Last Name* Office Phone* Leave Blank

FAX Number

Recipient ID Email Address*

Street Number, City, State and ZIP Code*

User's Authorizing Signature (see instructions)

Printed Name of above

What is the action being done for this user?

New User's contact info. Please ensure it is legible!

This is to be signed by official of grantee agency not the new user.

*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).

Recipient Access Type	Recipient PIN Functions	Designated Recipient ID(s) (Indicate Below)
<input type="checkbox"/> Inquiry Only	<input type="checkbox"/> Submit Application	_____
<input type="checkbox"/> Modify/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	_____
	<input type="checkbox"/> Provide Supplemental Agreement	_____
	<i>(PIN functions require Designation of Signature Authority on Organization/Agency Letterhead. See instructions).</i>	

Database

Production

Quality Assurance

Both Production and QA

Metropolitan Planning Organization (MPO) ID

Will the user be able to modify data or view only? Database will typically be both.

If the user requires any of these PIN functions a Designation of Signature Authority letter must also be provided. (See website for example)

The new user signs here.

ACKNOWLEDGMENT OF RULES OF CONDUCT FOR SYSTEM USE

As a TEAM user, I understand that I am personally responsible for the use of my TEAM login ID and password. I understand that by requesting TEAM access and accepting/using such access that I agree to the following terms and conditions:

I will not permit anyone to use my TEAM login ID and password for any purpose other than that intended by the TEAM system. I will not use my TEAM login ID and password to access any information that is not intended for my use. I will not use my TEAM login ID and password to access any information that is not intended for my use. I will not use my TEAM login ID and password to access any information that is not intended for my use.

Signature _____ Date ____/____/____ Printed Name _____

FTA AUTHORIZATION

FTA Functional Approval	FTA Operational Approval
Signature of Authorizing FTA Official _____	Signature of Authorizing FTA Official _____
Date ____/____/____	Date ____/____/____
Printed Name _____	Printed Name _____
Title / Office _____	Title / Office _____
Date ____/____/____	Date ____/____/____
Processed _____	UserID _____
	PIN _____

These areas are for FTA action only.

Transportation Electronic Award Management System (TEAM)

Grantee / Recipient User Access Request

Check Applicable Box:	New User With Pin	Modify User	Username
	New User Without Pin	Delete User	Name Change Request

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

USER INFORMATION

			Gender (Optional) M F
First Name*	M/I	Last Name*	Office Phone*
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 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).

Database	Recipient PIN Functions	Designated Recipient ID(s) (Indicate Below)
Production	Submit Application	_____
Quality Assurance	Execute Awards	_____
Both Production and QA	Certify as Lawyer	_____
Recipient Access Type	Certify as Official	_____
Inquiry Only	Certify as Both Lawyer and Official	_____
Modify/Update (PIN Functions)	Provide Supplemental Agreement	_____
Civil Rights (No PIN Needed)		_____
DBE Reporting		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 sixty (60) days. My passwords will be at least twelve (12) alphanumeric characters and contain at least three of the following: one (1) capital letter, one (1) lower case letter, one (1) number and one (1) special character.
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
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FTA AUTHORIZATION

FTA Functional Approval	FTA Operational Approval
Signature of Authorizing FTA Official	Signature of Authorizing FTA Official
Printed Name	Printed Name
Title / Office	Title / Office
	Date Processed
	UserID

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 *(Full Name and Title of Grantee Employee)* and the *(Full Name and 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)