

ECHO-Web Authorization & Certification

Version 2015.1

SECTION I: CERTIFICATION OF AUTHORIZING OFFICIAL

November 16, 2021

Signature of Authorizing Official

Date

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

Cian Harrison

Printed Authorizing Official Name

Clerk/Treasurer

Authorizing Official Title

ECHO Control Number (ECN)

The Authorizing Official is duly authorized to approve payment requests and authorize user access to the ECHO-Web system on the behalf of:

Baldwin County Commission

Name of Recipient Organization

SECTION II: AUTHORIZATION OF USER ACCESS

The Authorizing Official listed above authorizes the following individuals to access ECHO-Web on behalf of the recipient organization:

Christie Davis is authorized for **Inquiry/View Only Access**.

Ann Simpson is authorized for **Request Payment Access**.

Loren Lucas is authorized for **Request Payment Access**.

Note: Please print this form on company letterhead for submission to your Regional Office.

James E. Ball, Chairman
Baldwin County Commission

Date

Attest:

Wayne Dyess, Administrator
Baldwin County Commission

Date

I. USER INFORMATION (GRANTEE/INTERNAL USER COMPLETE)	II. ACCESS TYPE (GRANTEE/INTERNAL USER COMPLETE)
<div style="display: flex; justify-content: space-between;"> <div>Christie</div> <div>Davis</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>First Name</div> <div>MI</div> <div>Last Name</div> </div> <div>Baldwin County Commission</div> <div style="font-size: small;">Organization Name</div> <div>cdavis@baldwincountyal.gov</div> <div style="font-size: small;">Email Address</div> <div style="display: flex; justify-content: space-between;"> <div>251-580-1838</div> <div>251-239-4309</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Office Phone Number</div> <div>Fax Number</div> </div> <div>Baldwin County Commission</div> <div style="font-size: small;">Address</div> <div>312 Courthouse Square</div> <div style="font-size: small;">Address (2)</div> <div style="display: flex; justify-content: space-between;"> <div>Bay Minette</div> <div>AL</div> <div>36507</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>City</div> <div>State</div> <div>Zip Code</div> </div>	<div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Inquiry/View Only – User can query payment information and generate reports, but cannot make payment requests. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Request Payment – User is authorized to make payment requests, query information and generate reports. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Help Desk Administrator – (Internal Use Only) User can create/modify accounts, query information and generate reports. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> TBP User – (Internal Use Only) User can query payment requests and help desk information. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> LSM User – User can query payment requests and help desk information. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> System Administrator – Please enter role and/or justification: _____ </div>
III. AUTHORIZING OFFICIAL COMPLETE	IV. FTA PROJECT MANAGER AND OFFICE OF FINANCIAL SYSTEMS (TBP-40) COMPLETE
<div>Cian Harrison</div> <div style="font-size: small;">Authorizing Official Name</div> <div>Clerk/Treasurer</div> <div style="font-size: small;">Title</div> <div>251-937-0303</div> <div style="font-size: small;">Office Phone Number</div> <div>cian.harrison@baldwincountyal.gov</div> <div style="font-size: small;">Email Address</div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>11/16/2021</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Authorizing Official (signature)</div> <div>Date Signed</div> </div>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>_____</div> <div>Date Signed</div> </div> <div style="font-size: small;">FTA Regional Officer (signature)</div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>_____</div> <div>Date Signed</div> </div> <div style="font-size: small;">ECHO-Web System Administrator (signature)</div> <div style="margin-bottom: 10px;">ECN Number: _____</div> <div style="margin-bottom: 10px;">User Name: _____</div> <div style="margin-bottom: 10px;">Suspend Use: _____</div> <div style="margin-bottom: 10px;">Comments: _____</div>
V. SYSTEM RULES OF CONDUCT (GRANTEE/INTERNAL USER COMPLETE)	
<p>I understand that the ECHO-Web system is an official U.S. Federal Government web-based application, and that my signature below expressly gives assurance that I will comply with all U.S. Federal Government and Department of Transportation (DOT) regulations, policies, and procedures governing the protection, handling, processing, transmission, distribution, and destruction of sensitive, unclassified information utilized by the ECHO-Web system.</p> <p>I understand that the Department of Transportation monitors the ECHO-Web site to ensure that all users comply with U.S. Federal Government information system security guidelines for the protection of the Federal computer resources. I also understand that by using ECHO-Web, I expressly consent to such monitoring activities. I understand that I must not knowingly introduce malicious code into the ECHO-Web system or the network in which it resides. I understand that doing so may subject me to criminal prosecution under the Computer Fraud and Abuse Act of 1984, as amended codified at section 1030 of Title 18 of the United States Code, or other applicable criminal laws.</p> <p>I understand that attempts to defeat or circumvent the ECHO-Web system or the network in which it resides; use for other than the intended purposes for which I have been granted access rights; deny service to authorized users; obtain, alter, damage, or destroy information; or otherwise interfere with the ECHO-Web system or its operation is prohibited. I also understand that evidence of such acts will be disclosed to law enforcement authorities and may result in criminal prosecution under the Computer Fraud and Abuse Act of 1984, as amended codified at section 1030 of Title 18 of the United States Code, or other applicable criminal laws.</p> <p>I understand that I am required to protect all initial passwords issued to me, and those later created for me for the purpose of accessing the ECHO-Web system. I understand that the sharing and disclosure of passwords or the use of another user's identification code (ID) is prohibited. I also understand that I am required to change my password whenever prompted by the system, and whenever I suspect that my password may have been compromised. In addition, I understand that I am prohibited from embedding my password in log-on scripts. That is, I must respond "no" when asked by the system whether I wish to save my password in the login screen.</p> <p>I understand that I am required to immediately report all security incidents to the Federal Transit Administration, including any breach of appropriate system use by another ECHO-Web user or discovery of computer viruses or errors in the ECHO-Web system.</p> <p>I understand that I am required to immediately notify the Federal Transit Administration when I no longer require access to the ECHO-Web system. I understand that failure to comply with any of the above security requirements could result in loss of system privileges and/or criminal penalties under law.</p>	
<div>_____</div> <div style="font-size: small;">Signature</div>	<div style="display: flex; justify-content: space-between;"> <div>Christie Davis</div> <div>11/16/2021</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Print Name</div> <div>Date</div> </div>

ECHO-WEB USER ACCESS FORM

Version 2015.6

I. USER INFORMATION (GRANTEE/INTERNAL USER COMPLETE)	II. ACCESS TYPE (GRANTEE/INTERNAL USER COMPLETE)
<p>Ann Simpson <small>First Name MI Last Name</small></p> <p>Baldwin County Commission <small>Organization Name</small></p> <p>ann.simpson@baldwincountyal.gov <small>Email Address</small></p> <p>251-972-6817 251-972-6841 <small>Office Phone Number Fax Number</small></p> <p>Baldwin Regional Area Transit System (BRATS) <small>Address</small></p> <p>P. O. Box 907 <small>Address (2)</small></p> <p>Robertsdale AL 36567 <small>City State Zip Code</small></p>	<p><input type="checkbox"/> Inquiry/View Only – User can query payment information and generate reports, but cannot make payment requests.</p> <p><input checked="" type="checkbox"/> Request Payment – User is authorized to make payment requests, query information and generate reports.</p> <p><input type="checkbox"/> Help Desk Administrator – (Internal Use Only) User can create/modify accounts, query information and generate reports.</p> <p><input type="checkbox"/> TBP User – (Internal Use Only) User can query payment requests and help desk information.</p> <p><input type="checkbox"/> LSM User – User can query payment requests and help desk information.</p> <p><input type="checkbox"/> System Administrator – Please enter role and/or justification: _____</p>
III. AUTHORIZING OFFICIAL COMPLETE	IV. FTA PROJECT MANAGER AND OFFICE OF FINANCIAL SYSTEMS (TBP-40) COMPLETE
<p>Cian Harrison <small>Authorizing Official Name</small></p> <p>Clerk/Treasurer 251-937-0303 <small>Title Office Phone Number</small></p> <p>cian.harrison@baldwincountyal.gov <small>Email Address</small></p> <p>_____ <small>Authorizing Official (signature)</small></p> <p>11/16/2021 <small>Date Signed</small></p>	<p>_____ <small>FTA Regional Officer (signature)</small></p> <p>_____ <small>Date Signed</small></p> <p>_____ <small>ECHO-Web System Administrator (signature)</small></p> <p>_____ <small>Date Signed</small></p> <p>ECN Number: _____</p> <p>User Name: _____</p> <p>Suspend Use: _____</p> <p>Comments: _____</p>
V. SYSTEM RULES OF CONDUCT (GRANTEE/INTERNAL USER COMPLETE)	
<p>I understand that the ECHO-Web system is an official U.S. Federal Government web-based application, and that my signature below expressly gives assurance that I will comply with all U.S. Federal Government and Department of Transportation (DOT) regulations, policies, and procedures governing the protection, handling, processing, transmission, distribution, and destruction of sensitive, unclassified information utilized by the ECHO-Web system.</p> <p>I understand that the Department of Transportation monitors the ECHO-Web site to ensure that all users comply with U.S. Federal Government information system security guidelines for the protection of the Federal computer resources. I also understand that by using ECHO-Web, I expressly consent to such monitoring activities. I understand that I must not knowingly introduce malicious code into the ECHO-Web system or the network in which it resides. I understand that doing so may subject me to criminal prosecution under the Computer Fraud and Abuse Act of 1984, as amended codified at section 1030 of Title 18 of the United States Code, or other applicable criminal laws.</p> <p>I understand that attempts to defeat or circumvent the ECHO-Web system or the network in which it resides; use for other than the intended purposes for which I have been granted access rights; deny service to authorized users; obtain, alter, damage, or destroy information; or otherwise interfere with the ECHO-Web system or its operation is prohibited. I also understand that evidence of such acts will be disclosed to law enforcement authorities and may result in criminal prosecution under the Computer Fraud and Abuse Act of 1984, as amended codified at section 1030 of Title 18 of the United States Code, or other applicable criminal laws.</p> <p>I understand that I am required to protect all initial passwords issued to me, and those later created for me for the purpose of accessing the ECHO-Web system. I understand that the sharing and disclosure of passwords or the use of another user's identification code (ID) is prohibited. I also understand that I am required to change my password whenever prompted by the system, and whenever I suspect that my password may have been compromised. In addition, I understand that I am prohibited from embedding my password in log-on scripts. That is, I must respond "no" when asked by the system whether I wish to save my password in the login screen.</p> <p>I understand that I am required to immediately report all security incidents to the Federal Transit Administration, including any breach of appropriate system use by another ECHO-Web user or discovery of computer viruses or errors in the ECHO-Web system.</p> <p>I understand that I am required to immediately notify the Federal Transit Administration when I no longer require access to the ECHO-Web system. I understand that failure to comply with any of the above security requirements could result in loss of system privileges and/or criminal penalties under law.</p>	
<p>_____ <small>Signature</small></p>	<p>Ann Simpson 11/16/2021 <small>Print Name Date</small></p>

ECHO-Web Version 2.0. All other versions of this form are obsolete.

ECHO-Web User Access Form

Version 2015.6

I. USER INFORMATION (GRANTEE/INTERNAL USER COMPLETE)		II. ACCESS TYPE (GRANTEE/INTERNAL USER COMPLETE)	
<div><div>Loren</div><div>First Name</div></div> <div><div>Lucas</div><div>M I Last Name</div></div> <div><div>Baldwin County Commission</div><div>Organization Name</div></div> <div><div>loren.lucas@baldwincountyal.gov</div><div>Email Address</div></div> <div><div>251-972-6817</div><div>Office Phone Number</div></div> <div><div>251-972-6841</div><div>Fax Number</div></div> <div><div>Baldwin Regional Area Transit System (BRATS)</div><div>Address</div></div> <div><div>P. O. Box 907</div><div>Address (2)</div></div> <div><div>Robertsdale</div><div>City</div></div> <div><div>AL</div><div>State</div></div> <div><div>36567</div><div>Zip Code</div></div>		<div><div><input type="checkbox"/> Inquiry/View Only – User can query payment information and generate reports, but cannot make payment requests.</div><div><input checked="" type="checkbox"/> Request Payment - User is authorized to make payment requests, query information and generate reports.</div><div><input type="checkbox"/> Help Desk Administrator – (Internal Use Only) User can create/modify accounts, query information and generate reports.</div><div><input type="checkbox"/> TBP User – (Internal Use Only) User can query payment requests and help desk information.</div><div><input type="checkbox"/> LSM User – User can query payment requests and help desk information.</div><div><input type="checkbox"/> System Administrator - Please enter role and/or justification: _____</div></div>	
III. AUTHORIZING OFFICIAL COMPLETE		IV. FTA PROJECT MANAGER AND OFFICE OF FINANCIAL SYSTEMS (TBP-40) COMPLETE	
<div><div>Cian Harrison</div><div>Authorizing Official Name</div></div> <div><div>Clerk/Treasurer</div><div>Title</div></div> <div><div>cian.harrison@baldwincountyal.gov</div><div>Email Address</div></div> <div><div>251-937-0303</div><div>Office Phone Number</div></div> <div><div>11/16/2021</div><div>Date Signed</div></div> <div><div>_____</div><div>Authorizing Official (signature)</div></div>		<div><div>_____</div><div>FTA Regional Officer (signature)</div></div> <div><div>_____</div><div>Date Signed</div></div> <div><div>_____</div><div>ECHO-Web System Administrator (signature)</div></div> <div><div>_____</div><div>Date Signed</div></div> <div><div>_____</div><div>ECN Number:</div></div> <div><div>_____</div><div>User Name:</div></div> <div><div>_____</div><div>Suspend Use:</div></div> <div><div>_____</div><div>Comments:</div></div>	
V. SYSTEM RULES OF CONDUCT (GRANTEE/INTERNAL USER COMPLETE)			
<p>I understand that the ECHO-Web system is an official U.S. Federal Government web-based application, and that my signature below expressly gives assurance that I will comply with all U.S. Federal Government and Department of Transportation (DOT) regulations, policies, and procedures governing the protection, handling, processing, transmission, distribution, and destruction of sensitive, unclassified information utilized by the ECHO-Web system.</p> <p>I understand that the Department of Transportation monitors the ECHO-Web site to ensure that all users comply with U.S. Federal Government information system security guidelines for the protection of the Federal computer resources. I also understand that by using ECHO-Web, I expressly consent to such monitoring activities. I understand that I must not knowingly introduce malicious code into the ECHO-Web system or the network in which it resides. I understand that doing so may subject me to criminal prosecution under the Computer Fraud and Abuse Act of 1984, as amended codified at section 1030 of Title 18 of the United States Code, or other applicable criminal laws.</p> <p>I understand that attempts to defeat or circumvent the ECHO-Web system or the network in which it resides; use for other than the intended purposes for which I have been granted access rights; deny service to authorized users; obtain, alter, damage, or destroy information; or otherwise interfere with the ECHO-Web system or its operation is prohibited. I also understand that evidence of such acts will be disclosed to law enforcement authorities and may result in criminal prosecution under the Computer Fraud and Abuse Act of 1984, as amended codified at section 1030 of Title 18 of the United States Code, or other applicable criminal laws.</p> <p>I understand that I am required to protect all initial passwords issued to me, and those later created for me for the purpose of accessing the ECHO-Web system. I understand that the sharing and disclosure of passwords or the use of another user's identification code (ID) is prohibited. I also understand that I am required to change my password whenever prompted by the system, and whenever I suspect that my password may have been compromised. In addition, I understand that I am prohibited from embedding my password in log-on scripts. That is, I must respond "no" when asked by the system whether I wish to save my password in the login screen.</p> <p>I understand that I am required to immediately report all security incidents to the Federal Transit Administration, including any breach of appropriate system use by another ECHO-Web user or discovery of computer viruses or errors in the ECHO-Web system.</p> <p>I understand that I am required to immediately notify the Federal Transit Administration when I no longer require access to the ECHO-Web system. I understand that failure to comply with any of the above security requirements could result in loss of system privileges and/or criminal penalties under law.</p>			
<div><div>_____</div><div>Signature</div></div>		<div><div>Loren Lucas</div><div>Print Name</div></div> <div><div>11/16/2021</div><div>Date</div></div>	

ECHO-Web Version 2.0. All other versions of this form are obsolete.

FTA PAYMENT INFORMATION FORM – ACH PAYMENT SYSTEM

Version 2015.1

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



Initial Setup



Information Change



Grantee Information Change

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

GRANTEE/COMPANY INFORMATION	
Name: Baldwin County Commission	
Address: 312 Courthouse Square Suite 12	
City/State/Zip: Bay Minette, AL 36507	TIN:
Contact Person Name: Cian Harrison	Telephone Number: (251) 937-0303
Signature of Authorized Official in FTA:	Fax Number: (251) 239-4309
	Date: 11 / 16 / 2021

AGENCY INFORMATION	
Name: Federal Transit Administration	
Address: DOT/FTA, Office of Financial Management, 1200 New Jersey Ave. SE, East Bldg. 5th FL (TBP-52)	
Contact: Accounts Payable Division	Telephone Number: (202) 366-9748

FINANCIAL INSTITUTION INFORMATION	
<i>Note: Have your bank complete this section</i>	
Name:	
Address:	
City/State/Zip:	Telephone Number: ()
Contact Person Name:	
Nine Digit Routing Transit Number:	
Depositor Account Title:	
Depositor's Account Number:	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	
Signature and Title of Representative:	Fax Number: ()
	Date: / /

ECHO-Web Registration Package Checklist

Version 2015.1

This checklist will guide you through the forms you need to complete to access the ECHO-Web System.



ECHO-Web User Access Form & System Rules of Conduct. This form is used to set up your ECHO-Web User account. **Each individual user within your organization needs to complete this form.** Please provide all required information. Forms will be returned if any requested information is omitted.

Grantees complete only Sections I, II, and V of this form.

Section I: User Information	Grantee and Internal Users: Enter all required personal and organization information.
Section II: Access Type	Grantee and Internal Users: Please check only one (1) box for the type of access you require. Note the following: <ul style="list-style-type: none">• If more than one box is checked, your access will be denied and your form returned.• You are limited to 2 Request Payment Access users and one Inquiry/View Only Access user for an account.• Authorizing Officials are restricted to Inquiry/View Only Access and cannot perform payment requests.
Section III: Authorizing Official Information	<i>Section completed by Authorizing Official.</i>
Section IV: FTA Project Manager/TBP Signatures	<i>Section completed by Regional Officers and internal FTA office.</i>
Section V: System Rules of Conduct	Grantee and Internal Users: These are rules of behavior that govern authorized ECHO-Web users. Read, sign, and date. Failure to complete this section will result in your request for system access being denied.



ECHO-Web Authorization and Certification Forms. This form establishes authority to an Authorizing Official for your organization and certifies access privileges for all your organization's users. The Authorizing Official is authorized to approve payment requests on your behalf. **Print the completed form on your organization's letterhead.**



ACH Payment Form. The Automated Clearing House (ACH) Payment form authorizes the Treasury to access your organization's bank account in order to electronically deposit funds. **Fill out the Grantee/Company Information section, and have your bank fill out the Financial Institution Information section.** Make arrangements with your bank to be notified when you receive funds deposited to your account.

NOTE: You are required to submit a new ACH Payment form should any information change (grantee information or financial institution information, including new routing number, etc.) Failure to make these updates will result in delayed payments from the Treasury.

The following forms are also included in your registration package but do not need to be submitted as part of your new user registration.



ECHO-Web Change/Modify Form. Use this form to add, modify, or remove users on your ECN account after your account is established. You do not have to complete this form now—save it in the event you need to make user changes in the future.

After you complete the Registration Package:

1. Mail the original copies of the forms in your ECHO-Web Registration Package to your Regional Office for review.

Your Regional Office will mail your originals to the Office of Financial Management (OFM) ECHO-Control Group, who will review the package for compliance. The ECHO-Control Group then forwards your forms to the Office of Budget and Policy, Financial Systems Office, ECHO-Web Help Desk. The ECHO-Web Help Desk establishes your ECHO Control Number (ECN).

2. Wait for notification from your Regional Office that your ECHO Control Number (ECN) has been created for your organization. Each user should wait for an email from the ECHO-Web Help Desk, which will contain your User ID and temporary password.
3. Use your User ID and temporary password to log into ECHO-Web at <https://ftaecho.fta.dot.gov/echologin.asp>. Note that you have 24 hours to log in with your temporary password.

For detailed instructions on how to use the ECHO-Web site, see the ECHO-Web User Manual. Your Regional Office provided this manual as part of your registration package, and you can also download it from the ECHO-Web home page.