

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

In the Matter of Appointing Delegates to Apply)
for and Accept Federal Grant Funds Under)
49 USC Section 5309)
)
[Bus and Bus-Related Capital Projects])
_____)

RESOLUTION NO. 18-2006

WHEREAS, the Board of County Commissioners has determined that it is in the public's best interest to apply for and, if awarded, accept a Capital Purchase Grant from the Federal Transit Administration ("FTA") under 49 USC Section 5309 ("FTA 5309"), for bus and bus-related capital projects that will benefit the County's transit systems; and

WHEREAS, the County finds that it is beneficial and in the public interest to enter into an agreement with the FTA to provide funds for capital purchases to enhance the County's ability to provide public transportation services to the elderly, disabled and general public within Columbia County, Oregon; and

WHEREAS, the FTA has established the Transportation Electronic Award and Management ("TEAM") system for entry of all data relative to FTA assistance, recipients and transactions of FTA program grants; and

WHEREAS, it is required that certain staff members be registered to apply for and receive FTA 5309 funds, and to fulfill the periodic grant reporting requirements through the web-based TEAM system;

NOW, THEREFORE, IT IS HEREBY ORDERED as follows:

1. Columbia County is hereby authorized to apply for and accept Fiscal Year 2006 FTA 5309 funds for the financing of bus and bus-related capital projects.
2. That Janet Wright, Transportation Director and Commission Assistant, be and hereby is authorized to apply for and accept, on behalf of Columbia County, FTA 5309 funds.
3. That Janet Wright is delegated to act on behalf of Columbia County as the FTA 5309 Grantee contact person, and to specifically complete and submit the required documents and perform the following entry functions in the FTA TEAM program:
 - » Recipient Organization profile information
 - » Union information (part of Recipient Organization profile)
 - » Annual Certifications and Assurances information
 - » Grant Application data

- » Quarterly Financial Status Reports
- » Quarterly Milestone and Narrative Status Reports
- » Budget Revisions requests
- » Grant Closeout data

4. Joe Corsiglia, Chair Board of County Commission, be and hereby is appointed as the Grantee Designated Official and is authorized to apply for and accept, on behalf of Columbia County, FTA 5309 funds.

5. Joe Corsiglia, as Grantee Designated Official, is further authorized and delegated to, on behalf of Columbia County, sign and/or obtain a Personal Identification Number ("PIN") for the purposes of electronically executing the following documents in the FTA TEAM program:

- » Title VI Assurances
- » Grant Applications to submit to FTA
- » Grant Contracts/Agreements
- » Annual Certifications and Assurances as Grantee Designated Official (GDO)

6. John K. Knight, County Counsel, is hereby appointed, on behalf of Columbia County, Grantee Legal Counsel ("GLC"), and is authorized to sign and/or obtain a PIN for electronic execution of Annual Certifications and Assurances as GLC.

DATED this 22 day of March, 2006.

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: Joe Corsiglia
Chair

By: Debra M. Richardson
Commissioner

By: _____
Commissioner

Approved as to form

By: John K. Knight
Office of County Counsel

H:\My Documents\Transit Grants\BOC RESO.wpd

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

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

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

USER INFORMATION

First Name* <u>Janet</u> M/I _____ Last Name* <u>WRIGHT</u>	Gender* <u>M</u> (Optional)	Office Phone* <u>503-397-1035</u>	SSN (Last 4 Digits)* <u>9565</u>
Title <u>Transportation Director</u>		FAX Number <u>503-397-7243</u>	
Organization Name* <u>Columbia County</u>	Authorizing Official/Supervisor* _____		
Email Address* <u>Wright.J@Co.Columbia.or.us</u>	Title _____		
Mailing Address (Street Number, City, State and ZIP Code)* <u>Columbia County</u> <u>230 Strand Street</u> <u>St. Helens, OR 97051</u>			

*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	Recipient ID(s) (Indicate Below)
<input type="checkbox"/> Inquiry Only <input checked="" type="checkbox"/> Modify/Update	<input checked="" type="checkbox"/> Submit Application <input checked="" type="checkbox"/> Execute Awards <input type="checkbox"/> Certify as Lawyer <input checked="" type="checkbox"/> Certify as Official <input type="checkbox"/> Certify as Both Lawyer and Official <input checked="" type="checkbox"/> Provide Supplemental Agreement	_____ _____ _____

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:

- 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 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 contain at least one (1) capital letter and one (1) number.
- I will report any security problems and anomalies in system performance to the Help Desk Customer Support Center.
- I will notify the Help Desk Support Center 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: Janet Wright Date: 03/15/06 Printed Name: Janet WRIGHT

RECIPIENT ORGANIZATION AUTHORIZATION

The individual named above is hereby authorized to perform the duties indicated in the TEAM System

Requesting Electronic Signature: YES NO (Must complete/submit Designation of Signature Authority on Organization/Agency Letterhead. See instructions).

Signature: Janet Wright Date: 03/15/06 Printed Name: Janet Wright

FTA AUTHORIZATION

FTA Functional Approval: Signature of Authorizing Official: <u>Joe Corsiglia</u> Printed Name: <u>Joe Corsiglia</u> Title / Office: <u>chair</u> Date: <u>3/15/06</u>	FTA Operational Approval: Signature of Authorizing Official: _____ Printed Name: _____ Title / Office: _____ Date: <u>1/1</u>
TEAM User ID: _____ Recipient ID(s): _____ Date Processed: <u>1/1</u>	