

Instructions for User Set-up Forms

A. ECHO Authorization and Certification Letter for User Access

The Authorization and Certification Letter designates the Authorizing Official and Contact Persons for your organization. It must contain the following information.

- a. Signature of Authorizing Official (s)
- b. Signature of the Head of your Organization or Designee
- c. Contact person (s) who are designated to have User-IDs

This letter should be composed on a grantee's letterhead, with authorizing signature, and then returned to the FTA office with User Access Request and Rules of Behavior forms.

The Authorizing Official approves all payment request, monitors fund availability and are responsible for approving all changes concerning financial institution account information. If the Authorizing Official is to receive a user account, they are restricted to Inquiry (view only) access. *Authorizing Official cannot have Update Access.*

The contact persons are the recipients of the ECHO User-IDs; responsible for querying the system for payment information or ensuring that payment requests are submitted properly and are the primary liaisons between the recipient organization and FTA.

B. ECHO-Web User Access Request

Make copies of the form for the number of users requiring access. Include information for mandatory fields in the USER INFORMATION section. User's E-mail address and ECN must be associated with the organization. Only one user can be designated for INQUIRY access and up to two users can be designated for UPDATE access.

C. ECHO-Web System Rules of Conduct

Make copies of the form for the number of users requiring access.
Each user requesting access must sign and date the form.
Designated ECN must match the ECN entered on User Access Request form.
Return signed originals with the authorization letter to FTA

NOTE: Failure to return all required forms may result in denial of your access to the ECHO-Web system. Forms may be faxed to the attention of ECHO-Web Registration Change Request at 202-493-2935 or emailed to echo_web@fta.dot.gov.

All DOT internal users need only to submit an ECHO-Web User Access Request form and an ECHO – Web Rules of Conduct form.

**ECHO-Web
AUTHORIZATION and CERTIFICATION**

(Signature of Authorizing Official)

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

(Type Name)

(Title)

(Name of Recipient Organization)

(ECHO Control Number)

Who is duly authorized to approve payment requests submitted to the Federal Transit Administration on the behalf of _____ *(name of organization)*.

In addition, _____ (Name of Contact Person) is authorized to receive an ECHO User-ID for **View only access** *(performs inquiries only)*.

In addition, _____ (Name of Contact Person) is authorized to receive an ECHO User-ID for **Update access** *(performs draw-downs)*.

In addition, _____ (Name of Contact Person) is authorized to receive an ECHO User-ID for **Update access** *(backs up primary draw-down person)*.

(Signature of Recipient Organization Official)

(Typed Name and Title)

(Date)

ECHO User Access

ECN # _____

I. USER INFORMATION

*First Name _____ M/I _____ *Last Name _____ *Office Phone No. _____ FAX Phone No. _____
Gender _____ M / F (Optional)

*Title _____ *Email Address _____

*Organization Name _____

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

All fields marked with an * must be completed to establish the user account in ECHO Web. The form will be return if any * field is left blank.

II. ACCESS TYPE - CHECK ONLY ONE (1) BOX BELOW

- UPDATE** - User can initiate a request for funds--i.e. "draw-down" against availability funding.
- INQUIRY** - User can view and perform inquiries, but is not allowed to perform updates.
- MAINTENANCE** - User provides maintenance and support services to the ECHO Web application and/or servers supporting the application, such as creating/modifying user accounts , upgrading application features, server support activities, testing, database changes and modification, etc.

III. AUTHORIZING OFFICIAL MUST COMPLETE THIS SECTION

*(Authorizing Official Printed Name) _____ *(Title) _____

*(Authorizing Official Signature) _____ *(Date Signed) _____

*Email Address _____ *Office Phone Number _____

JUSTIFICATION FOR USER ACCESS: (Provide brief explanation of why this individual needs access to ECHO Web).

Information collected used to recertify ECHO Web users.

IV. TO BE COMPLETED BY THE OFFICE OF FINANCIAL SYSTEMS (TBP-40)

ECHO Web System Administrator (signature) _____ Date: _____

FTA Security Administrator (signature) _____ Date: _____

ECN Number: _____ Comments: _____

User Name: _____

Suspend User: _____

ECHO-WEB System Rules of Conduct

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.

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 the 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 secure network on 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.

I understand that attempts to defeat or circumvent the ECHO-Web system or its secure network, use either 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.

I understand that I am required to protect all initial passwords issued to me, and those, later created by 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 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.

I understand that I am required to immediately report all security incidents, including any breach of appropriate system use by another ECHO-Web user, discovery of computer viruses or errors in ECHO-Web system to the Federal Transit Administration promptly.

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 the loss of system privileges and/or criminal penalties under law.

Signature

____/____/____
Date

Printed Name

ECHO Control No.

Instructions for ECHO-Web Registration Change/Modify Forms

This form should be used to change or modify users who currently have access to the system, add new users to the system and delete existing users from the system. It should also be used for modification of the Authorizing Official. Please note that if a contact person is being added, the limit of three users (one with view only access and two with update access) still applies.

If **adding** a contact person, then a User Access Request form and Rules of Conduct form must be provided with this form.

If **adding** an Authorizing Official, then a new Authorization and Certification letter is required with this form.

If **deleting** an Authorizing Official, then the Recipient Organization Official must sign this form.

ECHO Web User Change / Modify Form

Organization Name: _____		ECN: _____
Authorizing Official signature: _____		
User Names to Remove	User Names to Add	User Access Types
<i>Name of User to Remove:</i> _____	<i>Name of User to Add:</i> _____	<i>Type of Access:</i> Inquiry: <input type="checkbox"/> Update: <input type="checkbox"/>
<i>Name of User to Remove:</i> _____	<i>Name of User to Add:</i> _____	<i>Type of Access:</i> Inquiry: <input type="checkbox"/> Update: <input type="checkbox"/>
<i>Name of User to Remove:</i> _____	<i>Name of User to Add:</i> _____	<i>Type of Access:</i> Inquiry: <input type="checkbox"/> Update: <input type="checkbox"/>
Authorizing Names to Remove	Authorizing Names to Add	Authorizing Access Types
<i>Authorizing Official Name to Remove:</i> _____	<i>Authorizing Official Name to Add:</i> _____	<i>Type of Access:</i> Inquiry: <input type="checkbox"/> No Access: <input type="checkbox"/>

Note: To complete the above form, either type or handwrite the information. If typing the information, the check boxes can be shaded instead of checked.

Instructions for ECHO-Web Registration Change/Modify Forms

This form should be used to change or modify users who currently have access to the system, add new users to the system and delete existing users from the system. It should also be used for modification of the Authorizing Official. Please note that if a contact person is being added, the limit of three users (one with view only access and two with update access) still applies.

If **adding** a contact person or Authorizing Official with “Inquiry Access”, then a User Access Request form and a Rules of Conduct form must be provided with this form.

If **adding** an Authorizing Official with “No Access”, then a new Authorization and Certification letter is required with this form.

If **deleting** an Authorizing Official, then the new Authorizing Official must sign this form.

NOTE: Forms may be faxed to the attention of ECHO-Web Registration Change Request at 202-493-2935 or emailed to echo_web@fta.dot.gov and the originals sent through the mail to:

Federal Transit Administration (TBP-40)
ATTN: ECHO Web Registration
1200 New Jersey Ave, SE
5th Floor – E54 East Building
Washington, DC 20590

*ECHO User Change/Modify Rev 2.0
(08APR 2008)*

(FTA)

FOR ECHO PAYMENTS ONLY

FTA PAYMENT INFORMATION FORM - ACH PAYMENT SYSTEM

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

Initial Setup Info Change Grantee Information Change

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

Note: See back for instructions on completing this form.

GRANTEE/COMPANY INFORMATION

NAME:	
ADDRESS:	
	TIN:
CITY/STATE/ZIP:	TELEPHONE NUMBER:
CONTACT PERSON NAME:	()
SIGNATURE OF AUTHORIZED OFFICIAL IN FTA	FAX NUMBER:
	()
DATE: / /	

AGENCY INFORMATION

NAME: <i>Federal Transit Administration</i>	
ADDRESS: <i>1200 New Jersey Ave. SE, 5th Floor- East Building, E54-123 (TBP-50), Washington, D.C. 20590</i>	
CONTACT PERSON NAME: <i>Edith McLamore-Shelton</i>	<i>(202) 366-9748</i>

FINANCIAL INSTITUTION INFORMATION (Note: Have Your Bank Complete This Section)

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
CONTACT PERSON NAME:	TELEPHONE NUMBER:
NINE DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITORS ACCOUNT NUMBER:	
TYPE OF ACCOUNT: CHECKING __ SAVING __	
SIGNATURE AND TITLE OF REPRESENTATIVE:	DATE:
	FAX NUMBER:
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