**[Agency Letter head]**

[[*Date*]]

Dear [NTD Help Desk/TrAMS Local Security Manager],

|  |  |  |
| --- | --- | --- |
| 1 | FTA Recipient Organization: | [[*Empire Transit Company*]] |
| 2 | Agency Acronym: | [[*ETC*]] |
| 3 | TrAMS Recipient ID: | [[*xxxx*]] |
| 4 | NTD ID: | [[*xxxx*]] |

Has identified the following individual(s) to serve as User Managers

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **User Manager 1** | **User Manager 2 *(If applicable)*** |
| 5 | Full Name: | [[*Mr. / Ms. First Name, Last Name*]] | [[*Mr. / Ms. First Name, Last Name*]] |
| 6 | Title: | [[*Position within Organization*]] | [[*Position within Organization*]] |
| 7 | Email Address: | [[*user@email.com*]] | [[*user@email.com*]] |
| 8 | Street Address (include city, state, zip): |  |  |
| 9 | Company Name: |  |  |
| 10 | Department: |  |  |
| 11 | Phone: | [[*xxx*-*xxx*-*xxxx*]] | [[*xxx*-*xxx*-*xxxx*]] |
| 12 | Fax: | [[xxx-xxx-xxxx]] | [[xxx-xxx-xxxx] |
| 13 | Applicable FTA System | TrAMS: | TrAMS: |
| 14 | Applicable FTA System | NTD: | NTD: |
| 15 | NTD Role: | [[*Choose an item.*]] | [[*Choose an item.*]] |

Authority is granted to create, modify, and deactivate accounts for employees of *(Name of FTA Grant Recipient Organization)* to the individual(s) listed above.

Sincerely,

[[*Insert Signature*]]

[[*CEO’s Full Name*]]

[[*Position within Organization*]]

**Instructions for completing the User Manager (UM) Form**

1. User Manager may be assigned to existing FTA recipients. New recipient organizations should submit paperwork, once the organization receives their Identification Number(s) for TrAMS and/or NTD.
2. The form may be used for either the Transit Award Management System (TrAMS) or the National Transit Database (NTD) system. TrAMS ID is not required for NTD UM assignment.
3. The form should be populated on your organization’s letter head
4. The form must be signed by the individual who has signature authority as specified in your authorizing resolution. This is generally the individual who executes awards on behalf of the organization.
5. Submit TrAMS User Manager form to: Awarding/Regional Office Local Security Manager (LSM). You can find your LSM on the FTA Website [add link].
6. Submit NDT User Manager form to: the NTD Help Desk at: [ntdhelp@dot.gov](mailto:ntdhelp@dot.gov).
7. To submit for both NTD and TrAMS UMs, send form to your LSM and NTD help desk concurrently.
8. When user roles have been assigned the FACES system (NTD/TRAMS) will send an auto notification that your user roles have been modified. Users should confirm roles under their user profile.
9. For more information about user management or the User Manager role, please refer to the [FACES USER GUIDE](https://www.transit.dot.gov/funding/grantee-resources/teamtrams/user-guide-federal-access-control-and-entry-system-faces) on the FTA public website.

**FORM INSTRUCTIONS**

|  |  |  |
| --- | --- | --- |
| **Line Number** | **Required/ Optional** | **Instructions** |
| 1 | Required | Recipient organization name as specified in SAM and TrAMS. |
| 2 | Optional | Provide if applicable, should be consistent with information in TrAMS. |
| 3 | Required - TrAMS | Required if assigning a TrAMS User Manager. This is your FTA four-digit Vendor Identification Number (VIN). |
| 4 | Required - NTD | Required if assigning an NTD User Manager. This is a five digit number. |
| 5 | Required | Specify either Mr. Ms. Dr. and your first and last name. |
| 6 | Optional | Your position title is requested however, it is optional. |
| 7 | Required | If you are an existing TrAMS/NTD User, please provide your email consistent with your user login. If you are a new system user, provide your primary business email. The email address is user name and login for either system. |
| 8 | Required | Provide all elements of your business address. |
| 9 | Optional | If you are a contractor working on behalf of the recipient organization, please include your company name. |
| 10 | Optional | If you work within a specific department within the recipient organization, please provide the department name. |
| 11 | Required | Phone Number |
| 12 | Optional | Fax |
| 13 | Required | Specify Yes or No for TrAMS |
| 14 | Required | Specify Yes or No for NTD |
| 15 | Required - NTD | For NTD UM, specify your system user role (must be in system to assign UM role) |