

FINANCIAL MANAGEMENT ASSESSMENT

This assessment should be completed, signed and certified by the Applicant's Financial Officer.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you previously done business with DOE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you previously done business with any other Federal Agency?
If so, please identify: | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can the Applicant's Financial Officer or Independent Auditor certify that the Applicant has a financial management system sufficient to meet the requirements of 10 CFR 600.220?
If yes, please skip to question #10 and sign/certify below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your accounting system have the ability to track costs on a reimbursable basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your system allow for accurate, current and complete financial reporting, and record keeping as well as the maintaining of adequate source documentation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your system allow for effective internal controls and accountability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your system allow for effective and efficient cash management procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your system prohibit sub award at any tier to any party which is debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The expenditure of \$500,000 or more of Federal funds in a fiscal year requires an organization to have an audit performed in accordance with OMB Circular A-133.
Has your organization had such an audit performed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If yes, please provide the most recent report or a copy of the SF-SAC forms filed with the Federal Audit Clearinghouse. If no, proceed to the next statement and certify by checking the YES block. | | |
| I understand the audit requirements and will comply with the provisions of OMB Circular A-133. | <input type="checkbox"/> | <input type="checkbox"/> |

PRINTED NAME, TITLE AND PHONE NUMBER OF INDIVIDUAL COMPLETING FORM _____ DATE _____

By signing this form, the above individual certifies that the responses provided to this survey are accurate as of the date.

If "NO" has been selected for any of the statements above, please provide further explanation on page 2.

