

**FINANCIAL MANGEMENT 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you previously done business with any other Federal Agency?<br>If so, please identify:   | <input checked="" 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?<br>If yes, please skip to question #10 and sign/certify below. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your accounting system have the ability to track costs on a reimbursable basis?  | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your system allow for effective internal controls and accountability?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your system allow for effective and efficient cash management procedures?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your system prohibit subaward at any tier to any party which is debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs?   | <input checked="" 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.<br>Has your organization had such an audit performed?                         | <input checked="" 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. *ATTACHED CLEARINGHOUSE CONFIRM OF RECEIPT.*

I understand the audit requirements and will comply with the provisions of OMB Circular A-133.



WINSTON L ROBINSON SA FIN OFFICER 3025262402 5/26/09  
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.