

**Certificate of Accounting, Billing and Property
System Adequacy Short Form**
(Small Business, Individuals under TINA)

Contractor: _____ Tax ID #: _____

Johns Hopkins University Applied Physics Laboratory is required by OMB 2 CFR 200 (Uniform Guidance) to determine if our contractors have met the audit requirements of the Circular and whether they are in compliance with Federal laws and regulations.

I hereby certify that for the fiscal year ended

1. Has the Contractor expended \$500,000 or more in federal funds during a fiscal year prior to 12/26/2014, or \$750,000 or more in federal funds during a fiscal year since 12/26/2014?

Yes No
2. Does the Contractor have annual financial statements that have been reviewed or audited by an independent audit firm in accordance with Government Auditing Standards (www.gao.gov/new.items/d07731g.pdf). The financial statements received an unqualified opinion from our independent certified public accountants. (Enclosed is a copy of our financial statements and/or our audit report for this fiscal period)

Yes No
3. Does Contractor have a financial management system that provides records that can identify the source and application of funds for award supported activities? (Reference FAR 52.216-7)

Yes No
4. Does Contractor's financial management system provide for the control and accountability of project funds, property, and other assets?

Yes No
5. Does Contractor's procurement system allow for free and open competition, and eliminate or reduce conflict of interest in the procurement process?

Yes No
6. Does the Contractor have an established and consistent practice for accounting for time worked in hourly increments and segregating these hours by contract? (ex: Quickbooks, Excel, etc)

Yes No

THE UNDERSIGNED ATTESTS TO THE ACCURACY OF THE FOREGOING AND AGREES TO PROMPTLY NOTIFY THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORATORY OF ANY CHANGES TO ITS ACCOUNTING, BILLING OR PROPERTY SYSTEM(S) AND/OR RELATED INTERNAL CONTROL STRUCTURE THAT WOULD AFFECT ITS ABILITY TO REPORT HOURS DELIVERED ACCURATELY AND COMPLETELY, BILL COSTS ACCORDING TO FAR PART 31, (CONTRACT COST PRINCIPLES AND PROCEDURES) OR PROPERLY ACCOUNT FOR GOVERNMENT OWNED PROPERTY UNDER ITS CONTROL.

CONSENT TO USE OF ELECTRONIC SIGNATURES

BY CHECKING HERE, I AGREE TO THE USE OF ELECTRONIC SIGNATURES AS VALID, LEGALLY BINDING SUBSTITUTES FOR ORIGINAL, HANDWRITTEN SIGNATURES ON THIS DOCUMENT.

Company _____

Name (signature) _____

Name (printed) _____

Title _____ Date of execution _____

THIS SECTION TO BE COMPLETED BY JHU/APL

Contract Representative Review and/or Approval:

Name: _____

Title: _____

Date: _____

Recommendation:

Internal Audit/Asset Management Review and Approval (required if evaluation is based on questionnaire responses above or audit)

Internal Audit Review

Name: _____

Title: _____

Date: _____

Asset Management Review

Name: _____

Title: _____

Date: _____

Recommendation:

| | | | |
|----------------------------------|-----|----|-----|
| Corrective Action Plan received? | Yes | No | N/A |
| Audit Conducted? | Yes | No | N/A |