

Advanced Technology International (ATI)

BUSINESS SYSTEM INFORMATION QUESTIONNAIRE

ATI must ensure that all Subcontractors have adequate systems and financial standing to participate in government funded contracts. Offerers must complete this addendum as this information is not contained in the Representations and Certifications or on the System for Award Management ("SAM").

***Please note ATI reserves the right to request additional information related to the answers provided on this document. ***

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

| | |
|---|---|
| Contractual POC: Name: _____ Address _____ (only if different than above) Email: _____ Telephone: _____ | Technical POC: Name: _____ Address _____ (only if different than above) Email: _____ Telephone: _____ |
| Financial POC: Name: _____ Address _____ (only if different than above) Email: _____ Telephone: _____ | ACO & DCAA Information: ACO Name: _____ Address _____ DCAA Office: _____ Address: _____ |

Business System Information

- 1. Has your Accounting System been reviewed by and authorized representative of the U.S. Government? ___Yes ___No**

If yes, please provide the following information:

Agency Name: _____

Agency Address: _____

Report Number: _____ Date: _____

Results: _____ Adequate _____ Inadequate

For adequate results: please list any findings and date corrective actions were completed for these findings:

For inadequate results: please provide a brief description of any audits that resulted in inadequate:

Last Final Indirect Cost Rate Proposal:

Submission Date: _____

Period Covered: _____

- 2. Has your Billing System been reviewed by and authorized representative of the U.S. Government? ___Yes ___No**

If yes, please provide the following information:

Agency Name: _____

Agency Address: _____

Report Number: _____ Date: _____

Results: _____ Adequate _____ Inadequate

Please provide a brief description of any audits resulting in an inadequate option:

- 3. Does your organization have a government-approved Purchasing System? ___Yes ___No**

If yes, please list approval date and forward a copy of your approval letter.

Agency Name: _____

Agency Address: _____

Report Number: _____ Date: _____

If no, explain and/or indicate the current status of system approval:

4. If you answered "No" in to any of the questions above (1-3) please answer the questions below. If you answered "Yes" to all of the questions above you may skip this section.

- a. Does the system comply with Generally Accepted Accounting Principles (GAAP)? ___Yes___No
If yes, please provide name and date of the Accountant or Accounting Firm that reviewed the system and determined compliance.

Name: _____

Date of Review: _____

If no, please explain.

- b. Does the system provide for proper segregation of direct costs from indirect costs?
___Yes___No

If no, please explain how your organization will handle this requirement?

- c. Does the system provide for identification and accumulation of direct costs by contract?
___Yes___No

If no, please explain how your organization will handle this requirement?

- d. Does the system have a logical and consistent method for allocation of indirect costs to intermediate and final cost objectives? ___Yes___No

If no, please explain how your organization will handle this requirement?

- e. Does the system provide for accumulation of costs under general ledger control? ___Yes___No
If no, please explain how your organization will handle this requirement?

- f. Does the system have a timekeeping system that identifies employees' labor by intermediate or final cost objectives ___Yes___No

If no, please explain how your organization will handle this requirement?

g. Is interim (at least monthly) determination of costs charged to a contract through routine posting of books of account done? Yes No

If no, please explain how your organization will handle this requirement?

h. Is the system able to exclude costs charged to government contracts that are not allowable in terms of FAR 31, Contract Cost Principles and Procedures, or other contract provisions?

Yes No

If no, please explain how your organization will handle this requirement?

i. Can the system identify costs by contract line item and/or units (as if each unit or line item were a separate contract) if necessary? Yes No

If no, please explain how your organization will handle this requirement?

Please provide any additional information you deem pertinent to your accounting system.

5. Does your organization have a government-approved Property Control System? Yes No

If yes, please list approval date and forward a copy of your approval letter.

Agency Name: _____

Agency Address: _____

Report Number: _____ Date: _____

If no, explain and/or indicate the current status of system approval:

6. Does your organization have a facility clearance? Yes No

If yes, please list approval date: _____

Level of Clearance: _____ Top Secret _____ SCI _____ Secret

If no, explain and/or indicate the current status of system approval:

7. Does your organization hold any prime government contracts, other than fixed price?

Yes No

If yes, please provide the following:

| Contract Number | Issuing Agency |
|-----------------|----------------|
| | |
| | |

Does your organization have any cost reimbursable contract with other government prime contractors? Yes No

If yes, please provide the following:

| Agency | Prime Contractor Name | Total Value | Period of Performance |
|--------|-----------------------|-------------|-----------------------|
| | | | |

Any other comments/information pertinent to your existing government contracts?

I certify the information on this document is accurate and complete to the best of my knowledge.

Signature _____

Name _____

Title _____

Date _____

Internal use only:

Buyer _____ Date _____