**Advanced Technology International (ATI)**

**SUBCONTRACTOR RESPONSIBILITY QUESTIONNAIRE**

In accordance with Federal Acquisition Regulation (FAR) 9.104-4, Subcontractor Responsibility, ATI must ensure that all Subcontractors have adequate systems and financial standing to participate in government funded contracts. Offerors must complete this addendum as this information is not contained in the Representations and Certifications or on the System for Award Management (“SAM”) website at <https://sam.gov/SAM/pages/public/index.jsf>.

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

Organization Name:

Address:

City: State: Zip:

DUNS: CAGE Code: Unique Entity ID:

|  |  |
| --- | --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# PART 1 – Financial Viability

1. Please complete the following table regarding your organization’s financial viability.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year T-3** | **Year T-2** | **Year T-1** |
| ***Income Statement*** |  |  |  |
| Revenue |  |  |  |
| Annual Sales |  |  |  |
| Cost of Sales (Cost of Goods Sold) |  |  |  |
| Operating Expenses |  |  |  |
| R&D Expenditures |  |  |  |
| EBITDA |  |  |  |
| Net Income Before Taxes |  |  |  |
| Net Income |  |  |  |
| ***Balance Sheet*** |  |  |  |
| Cash and Cash Equivalents |  |  |  |
| Accounts Receivable |  |  |  |
| Total Current Assets |  |  |  |
| Total Assets |  |  |  |
| Accounts Payable |  |  |  |
| Total Current Liabilities |  |  |  |
| Total Liabilities |  |  |  |

* 1. **Is your organization’s financial results audited \_\_\_\_\_Yes \_\_\_\_\_No**
		1. **If yes, please provide the frequency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
		2. **If no, are the results reviewed annually \_\_\_\_\_Yes \_\_\_\_\_No**
			1. **If yes, please provide the frequency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	2. **Does your organization use a cash or accrual basis for accounting?**

**\_\_\_\_\_Cash \_\_\_\_\_Accrual**

1. **Number of years your organization has been in business:\_\_\_\_\_\_\_\_\_\_\_**
2. **Dun and Bradstreet Credit Rating (within last 12 months):\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Are there any outstanding financial judgements against your organization? \_\_\_Yes \_\_\_No**

If yes, what was the date of the judgement and the dollar value? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If only completing part 1 the certification after Part 2 must be completed and signed by an authorized representative.*

# PART 2 – 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:

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

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|  |

Last Final Indirect Cost Rate Proposal:

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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:

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1. **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:

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1. **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.**
2. 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.

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1. 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?

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1. 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?

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1. 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?

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1. 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?

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1. 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?

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1. 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?

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1. 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?

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1. 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?

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

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1. **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:

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1. **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:

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

**\_\_\_Yes \_\_\_No**

If yes, please provide the following:

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

**8. 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?

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1. **Does your organization hold any prime government contracts with the inclusion of Defense Federal Acquisition Regulation Supplement (DFARS) 252.204-7012 (Safeguarding Covered Defense Information and Cyber Incident Reporting) and DFARS 252.204-7020 (NIST SP 800-171 DoD Assessment Requirements)?**

**\_\_\_Yes \_\_\_No**

1. **If yes, to Question 9, has your organization completed, within the last three (3) years, at least a Basic NIST SP 800-171 DoD Assessment, as described in** [**https://www.acq.osd.mil/dpap/pdi/cyber/strategically\_assessing\_contractor\_implementation\_of\_NIST\_SP\_800-171.html**](https://www.acq.osd.mil/dpap/pdi/cyber/strategically_assessing_contractor_implementation_of_NIST_SP_800-171.html)**?**

**\_\_\_Yes \_\_\_No**

1. **If yes, to Questions 9 and 10, has your organization either posted summary level scores in the Supplier Performance Risk System (SPRS), or conducted and submitted a Basic Assessment, in accordance with the NIST SP 800-171 DoD Assessment Methodology, to** **webptsmh@navy.mil**

**for posting to SPRS along with the information required by DFARS 252.204-7020(d).**

**\_\_\_Yes \_\_\_No**

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: |  |