

**ACQUISITION CERTIFICATION - FINANCIAL ASSISTANCE
LEVEL II**

PART A - EMPLOYEE INFORMATION

Name (Last, First, Middle initial) _____

Email Address _____

Phone _____

Agency Name _____

Agency Address _____

Title, Series, Grade _____

Education: Please specify degree and major:

Degree: Associates: ___; Bachelors ___; Masters: ___; Doctorate: ___

Major: _____

PART B – CERTIFICATION REQUIREMENTS

(Place a check mark in the space to indicate you meet the certification requirements)

1. _____ **Experience:** Minimum of 3 years contracting or financial assistance experience.

Please specify month and year of entry into the contracting/financial assistance field: _____/_____

2. _____ **Training requirements:** Send all certificates for applicable courses below to the SACM

TRAINING

CON 111 MISSION PLANNING EXECUTION

(Y/N) Actual course; _____Date completed or Date Fulfillment Approved

or Other

Course Title and Number of Training Hours

_____; _____
Course Provider Date Complete

CON 112 MISSION PERFORMANCE ASSESSMENT

(Y/N) Actual course; _____Date completed or Date Fulfillment Approved

or Other

Course Title and Number of Training Hours

_____; _____
Course Provider Date Complete

CON 120 MISSION FOCUSED CONTRACTING

(Y/N) Actual course; _____Date completed or Date Fulfillment Approved

or Other

Course Title and Number of Training Hours

_____; _____
Course Provider Date Complete

COOPERATIVE AGREEMENTS AND SUBSTANTIAL INVOLVEMENT

(Y/N) Actual course; _____Date completed or Date Fulfillment Approved

or Other

Course Title and Number of Training Hours

_____; _____
Course Provider Date Complete

UNDERSTANDING NATIONAL POLICY REQUIREMENTS AFFECTING GRANTS

(Y/N) Actual course; _____Date completed or Date Fulfillment Approved

or Other

Course Title and Number of Training Hours

Course Provider

Date Complete

PART C – SIGNATURES

Applicant's Signature _____ Date _____

Supervisor's Endorsement:

I recommend the above individual for certification at Level II in financial assistance.

Name _____

Signature _____ Date _____

Acquisition Career Manager Approval:

I approve the above individual for certification at level II in financial assistance.

Name _____

Signature _____ Date _____