

**ACQUISITION CERTIFICATION - FINANCIAL ASSISTANCE  
LEVEL III**

**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: \_\_\_\_\_

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**PART B – CERTIFICATION REQUIREMENTS**

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

1. \_\_\_\_ **Experience:** Minimum of 5 years contracting or financial assistance experience. Please specify month and year of entry into the contracting or financial assistance field: \_\_\_\_\_/\_\_\_\_
  
2. \_\_\_\_ **Training requirements:** Send all certificates for applicable courses below to the SACM

**TRAINING**

**FEDERAL ASSISTANCE LAW**

(Y/N) Actual course; \_\_\_\_\_Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_; \_\_\_\_\_  
Course Provider Date Complete

**ACCOUNTABILITY FOR FEDERAL GRANTS: PLANNING, MEASURING AND REPORTING GRANT PERFORMANCE**

(Y/N) Actual course; \_\_\_\_\_Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_; \_\_\_\_\_  
Course Provider Date Complete

**AUDIT OF FEDERAL GRANTS AND COOPERATIVE AGREEMENTS**

(Y/N) Actual course; \_\_\_\_\_Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_; \_\_\_\_\_  
Course Provider Date Complete

**ADVANCED COST PRINCIPLES**

(Y/N) Actual course; \_\_\_\_\_Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_; \_\_\_\_\_  
Course Provider Date Complete

**CON 214 BUSINESS DECISIONS FOR CONTRACTING**

(Y/N) Actual course; \_\_\_\_\_Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_  
Course Provider

\_\_\_\_\_  
Date Complete

**CON 217 COST ANALYSIS AND NEGOTIATION TECHNIQUES**

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

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_  
Course Provider

\_\_\_\_\_  
Date Complete

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**PART C – SIGNATURES**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor's Endorsement:**

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

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Site Acquisition Career Manager Approval:**

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

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_