

**ACQUISITION CERTIFICATION - FINANCIAL ASSISTANCE
LEVEL I
APPLICATION FOR CERTIFICATION
TECHNICAL PROJECT OFFICER LEVEL I**

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:

- a. **Degree:** Associates: __; Bachelors __; Masters: __; Doctorate: __
- b. **Major:** _____

Other related certifications:

____ Certified Federal Project Director: If certified under PMCDP, please indicate level: __ and date of certification ____/____/____

____ Certified COR: If a certified COR, please indicate level: __ and date of certification ____/____/____

Send all certificates for courses used to meet the training requirement and this completed and signed application to the SACM

PART B – CERTIFICATION REQUIREMENTS

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

- 1. **Experience:** Minimum of one year contracting or financial assistance experience. Please specify month and year of entry into the financial assistance/contracting field:
 _____/_____

Provide a brief narrative documenting related experience

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

TRAINING

CON 100 SHAPING SMART BUSINESS ARRANGEMENTS

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

If N was circled, _____
 Course Title and Number of Training Hours
 _____;
 Course Provider Date Complete

CON 110 MISSION SUPPORT PLANNING

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

If N was circled, _____
 Course Title and Number of Training Hours
 _____;
 Course Provider Date Complete

AND

FEDERAL FINANCIAL ASSISTANCE

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

or Other

Course Title and Number of Training Hours

Course Provider

Date Complete

OR

GRT 201 GRANTS AND AGREEMENTS MANAGEMENT

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

Course Title and Number of Training Hours

Course Provider

Date Complete

OR

**INTRODUCTION TO GRANTS AND COOPERATIVE AGREEMENTS FOR
FEDERAL PERSONNEL**

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

Course Title and Number of Training Hours

Course Provider

Date Complete

AND

UNIFORM ADMINISTRATIVE REQUIREMENTS

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

or Other

Course Title and Number of Training Hours

Course Provider

Date Complete

AND

**MONITORING GRANTS AND COOPERATIVE AGREEMENTS FOR FEDERAL
PERSONNEL**

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

or Other

Course Title and Number of Training Hours

Course Provider

Date Complete

AND

**COST PRINCIPLES – OFFICE OF MANAGEMENT AND BUDGET CIRCULARS
A-21, A-122, AND A-87**

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

or Other

Course Title and Number of Training Hours

Course Provider

Date Complete

AND

FEDERAL FUNDS MANAGEMENT

(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 I in financial assistance.

Name _____

Signature _____ Date _____

Acquisition Career Manager Approval:

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

Name _____

Signature _____ Date _____