

CERTIFICATION SHEET FOR ANNUAL REVIEW OF ADMIN/FISCAL PLANS

CRYPTONYM OF ACTIVITY QRPLUMB

We certify that we have reviewed the Administrative Plan or Fiscal-Plan (Cross out inapplicable plan), including the attached checklist, and the OPACT or operational activity which it supports for the activity named above and found that the previously approved plan remains adequate and valid. All provisions of the fiscal plan are being observed. No revision is required. We recommend the component chief affirm to the DDO that the previously approved plan is adequate and valid.

Date

Branch Chief or Program Manager

Date

Chief of Support

We certify that we have reviewed the Administrative Plan or ~~Fiscal-Plan~~ (cross out inapplicable plan), including the attached checklist, and the OPACT or operational activity which it supports for the activity named above and found this plan needs the revisions listed below. We will submit a new or amended plan for your approval within 30 days. In your written affirmation to the DDO on this activity we recommend you note that action has been initiated to revise the plan. The following actions will be taken to ensure the plan is valid and accurate: (list) 1) INVENTORY WILL BE SUBMITTED
2) ANNUAL REPORT ON LEASED PROPERTY WILL BE SUBMITTED

Date

Branch Chief or Program Manager

Date

Chief of Support

COPY / ORIGINAL FILED IN 3001

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CHECKLIST FOR ANNUAL REVIEW OF ADMIN/FISCAL PLANS

CRYPTONYM OF ACTIVITY QRPLUMB

I. GENERAL

1. Does this checklist cover an admin or fiscal plan?
Admin X Fiscal
2. Is the operational activity funded under collection, CI or CA?
Coll CI CA X
3. Has the IG/Audit Staff been sent a copy of admin or fiscal plan?
Yes X No

II. ADMINISTRATIVE PLANS.

4. Were there any changes in the scope of the OPACT which would require a revised admin plan?
Yes X No
5. Were any bank accounts opened or closed during the period?
Yes No X
(a) If yes, was Monetary Division of Office of Finance (OF/MD) notified?
Yes No
6. Were any instrumentality assets sold or transferred from the instrumentality during the period?
Yes No X
(a) If yes, were appropriate approvals obtained (HHB 230-8, 4e(7))?
Yes No
7. Does the instrumentality hold real property, leased or purchased?
Yes X No
(a) If yes, was the annual report required by HHB 230-8, 4q(1) submitted?
Yes No X
8. Do we have a record of the most recent property inventory of office furnishings and equipment owned by the instrumentality?
Yes No X

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9. Were all quarterly financial statements prepared by the instrumentality sent to OF? (See: HHB 230-8,4f(3))
Yes X No
10. Was an annual budget prepared by the instrumentality?
Yes X No
(1) Was a copy of approved budget sent to Comptroller?
Yes X No
11. Did the instrumentality pay any foreign or domestic taxes during the period?
Yes X No
(1) If yes, were copies of return sent to OF/CSAD/PSB?
Yes X No
12. Was the instrumentality audited during the period?
Yes No X
(1) If yes, by whom?
IG/Audit Staff Other
(2) Were any recommendations made by audit?
Yes No
13. Does the instrumentality issue stock?
Yes X No
(1) If yes, have all executed stock certificates, etc. been forwarded to OF/CSAD/PSB? (See: HHB 230-8,4g(3))
Yes X No
14. Do all instrumentality employees and contract hire have appropriate security approvals from Office of Security or CI Center?
Yes X No
15. Was a written assessment on the effectiveness of the cover of the instrumentality prepared and coordinated with CCS?
Yes X No
16. Is headquarters or a field station responsible for directing the activities of the instrumentality and handling its financial administration and accounting?
Hqs X Field
(1) If field station, does that station have a current copy, or pertinent excerpts thereof, of the admin plan?
Yes No
17. Based on the review of the OPACT and admin plan, should admin plan be revised or updated?
Yes X No

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