Reset Form

# SPONSOR ORDER - ACCEPTANCE/REJECTION COVERSHEET

From: Code _____ SPONSOR ORDER NUMBER.: _____

To: Code _____ AMENDMENT NUMBER.: _____

## Funding Document Manager (FDM) Acceptance Screen Information:

FDM Name: _____ Phone Number; _____ Date: _____

FDM Signature: _____ Initial as PM if same as FDM: _____ Initial as CM if same as FDM: _____

Commander, Naval Sea Systems Command (COMNAVSEA) directed, as a cornerstone of Warfare Center realignment, that processes be put into place that will result in the Warfare Centers operating as a seamless entity. This requires the establishment of a disciplined work-acceptance process that ensures only appropriate work is accepted, that the work is synergistically executed in the appropriate organization(s) to ensure best value to the Navy and the Nation, and that enterprise-wide integrated planning is facilitated. This requirement has been implemented into the Work Assignment Web (WAW) I certify that the work to be performed under this funding document has been approved in WAW and the associated WAW package numbers are provided.

1. Please check each box below that can be answered Yes. Comments are required for any No responses.

Comments: _____

- ☐ Can work be accomplished within the sponsor provided guidelines?
- ☐ Can deliverables be met by the identified Work Completion Date?
- ☐ Are funds sufficient to accomplish the statement of work as specified?
- ☐ Will work commence within the fiscal year or within 90 days of when the funds are received?
- ☐ If this document is being accepted on a fixed price basis has the quote been provided to the Comptroller Department?
- ☐ Will 51% of the reimbursable work or services requested be performed within in-house resources?

2. Please check off the boxes acknowledging that you have read and agree to the associated statement.

- ☐ If at any time, it becomes apparent that the amount of this order will not be sufficient to complete necessary efforts, I will initiate immediate action to (1) negotiate with the sponsor to obtain additional funding, or (2) stop work before the funds have been depleted.
- ☐ If this order is being accepted solely on a direct-cite-basis, any in-house effort/costs (including service cost center surcharge) necessary to support this order will be separately funded under a reimbursement funding document. I understand that this direct cite document will not be accepted until the reimbursable portion has been received in house.
- ☐ I will not knowingly take any action which could result in an expenditure or obligation exceeding the authorized amount cited in the funding document or for the purpose/criteria the appropriation is authorized. I understand that such action could be in violation of statue 1341/1517 of Title 31 U.S.C.

**REIMBURSABLE Outlay- Acceptance**

Appropriations:

| APPROP. | Outlay Rate | (Fill in %) | APPROP. | Outlay Rate | (Fill in %) | APPROP. | Outlay Rate | (Fill in %) |
|---|---|---|---|---|---|---|---|---|
| O&M,N/Other | 79.00% | % | O&M,Army/Other | 68.80% | % | | | |
| O&M,MC/Other | 67.50% | % | RDT&E,Army | 50.70% | % | O&M, DOD/Other | 74.80% | % |
| RDT&E,Navy | 55.00% | % | Procurement,Army | 30.00% | % | RDT&E DOD | 51.00% | % |
| APN/WPN/PANMC/ SCN/OPN/OPMC | 40.00% | % | O&M,AF/Other | 73.50% | % | Procurement | | |
| | | | RDT&E.AF | 56.14% | % | DOD | 28.00% | % |
| WCF/DERF | 79.00% | % | Procurement,AF | 69.77% | % | | | |

JUSTIFICATION for Outlay Deviation:

☐ **(%) IN-HOUSE Effort (Labor, TRVL, Mat'l, etc.)** ☐ **(%) CONTRACT Effort (All contract effort including WR's)**

## PROJECT MANAGER'S (PM) STATEMENT AND CERTIFICATION:

PM Name: _____ PM SIGNATURE: _____ Date: _____

Phone Number: _____

Project Number: _____ Initial as CM if same as FDM: At the top of the sheet Workload Assign Web: On the next page and each CON could have a different WAW #

As assigned project manager, I accept responsibility to accomplish the work defined in the scope of this assigned project. I also will not knowingly take any action which could result in an expenditure or obligation exceeding the authorized amount cited in this funding document. I understand that such action could be in violation of statute 1341/1517 of Title 31 U.S.C. I also understand the following conditions apply to the acceptance of the project:

(a) If at any time, it becomes apparent that the funding allocated to this project will not be sufficient to cover necessary efforts, I will initiate immediate action to (1) negotiate with the funding document manager to obtain additional funding, or (2) stop work before the funds have been depleted.

(b) If this project is being accepted on a direct cite basis I understand that the funded amount can only be used to award a commercial contract, and any in- house efforts (including service cost center surcharges) must be supported by a reimbursable order.

Page 1 of 2

REJECTED REASON: _____

**SPONSOR:** _____ RDT&E Category Code: _____

**SPONSOR CODE:** _____ FMS Case No.: _____

RDT&E Program Element: _____ Work Completion Date: _____

## SPONSOR ORDER - ACCEPTANCE/REJECTION COVERSHEET PAGE 2

Reset Form

**CON MANAGER'S (CM) STATEMENT AND CERTIFICATION:**

CM Name: _____ CM SIGNATURE: _____ Date: _____

Phone Number: _____

As assigned CON manager, I accept responsibility to accomplish the work defined in the scope of this assigned CON(S). I also will not knowingly take any action which could result in an expenditure or obligation exceeding the authorized amount cited in this CON(S).
I also understand the following conditions apply to the acceptance of the project:

(a) If at any time, it becomes apparent that the funding allocated to this project will not be sufficient to cover necessary efforts, I will initiate immediate action to (1) negotiate with the project manager to obtain additional funding, or (2) stop work before the funds have been depleted.

b) If this CON(S) is being accepted on a direct cite basis I understand that the funded amount can only be used to award a commercial contract, and any in-house efforts (including service cost center surcharges) must be supported by a reimbursable order.

REJECTED

**| REIMBURSABLE SECTION |**

| ACRN | ACRN AMOUNT | CON | CUMULATIVE AMOUNT | CON TITLE | WAW |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**| DIRECT CITE SECTION |**

| ACRN | ACRN AMOUNT | CON | CUMULATIVE AMOUNT | CON TITLE | WAW |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |