

## Information Technology System Certification & Accreditation (IT-SC&A)

### Instructions:

In accordance with the Information and Physical Access section of the contract, the contractor shall submit written proof to the Contracting Officer that an IT-SC&A was performed within three (3) months after contract award. The purpose of this document is to aid the contractor in completing the IT-SC&A requirement.

**Please note:** The purpose, instructions and additional resource sections should not be included in the actual IT-SC&A form submitted to the Contracting Officer. These are references to aid the contract in completing its IT security contract deliverables. Please separate these sections and only submit the IT-SC&A form.

This document should be used by the Designated Approving Authority (DAA) on the contract to acknowledge compliance with the documented security controls associated with the contract system(s) or application(s) under their control. The documented security controls and impact analysis are located in the respective IT Security Plan (IT-SP), FIPS 199 Assessment, and IT Risk Assessment (IT-RA). The IT-SC&A should be signed by the DAA on the contract. The DAA is the individual who formally assumes responsibility for operating the information technology systems under the contract's purview at an acceptable level of risk. The DAA is often the contractor's Director of Information Technology, Chief Information Officer or similar role.

**By signing the IT-SC&A below, the DAA acknowledges they have reviewed the respective IT Security Plan (IT-SP), FIPS 199 Assessment, and IT Risk Assessment (IT-RA) and that the system(s) or application(s) are in compliance with the documented security controls.**

### Additional Resources:

[Guide to Apply the Risk Management Framework to Federal Information Systems, NIST SP 800-37](#)

Name of Organization

Name of System

Information Technology  
System Certification and Accreditation

Insert version

**SYSTEM SUMMARY INFORMATION**

<b>Contract Information</b>	
Project Title	
Contract/Solicitation Number	
Contracting Officer	
Contract Awardee	
Award Date	
<b>System Information</b>	
Name of System(s) or Application(s) Under Contract’s Control ( <i>broadly defined</i> )	
System(s) Location ( <i>where are system(s) or application(s) being hosted?</i> )	
Overall FISMA Categorization ( <i>should match FIPS-199 Assessment</i> )	
<b>Designated Approving Authority</b>	
Name	Title
Address	
Phone	Email

**CERTIFICATION & ACCREDITATION (C&A) STATEMENT**

1. I have reviewed the contract IT-SP, FIPS 199 Assessment, and IT-RA.
2. I acknowledge and confirm that the system(s) or applications(s) named above and in the contract IT-SP are in compliance with the documented security controls, which are located the contract IT-SP, FIPS 199 Assessment, and IT-RA.
3. I acknowledge and confirm that the documented security controls will be monitored in accordance to the contract IT-SP, FIPS 199 Assessment, and IT-RA.

4. I acknowledge and confirm that the contract IT-SP, FIPS 199 Assessment and IT-RA will be reviewed and updated regularly as major changes are made to the system(s) or application(s) named above or on an annual basis whichever is more frequent.

***By signing the Certification & Accreditation (C&A) statement, the contract DAA agrees to the statements above.***

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Print DAA Name

DAA Signature

Date