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From: Commanding Officer, Command Name

To: Appointee Name

Subj: APPOINTMENT AS MANAGERS’ INTERNAL CONTROL (MIC)

 ALTERNATE COORDINATOR

Ref: (a) SECNAVINST 5200.35G

1. In accordance with reference (a), each DON Major Assessable Unit (MAU) and their immediate subordinates shall appoint an organizational MIC Coordinator and Alternate responsible for the administration and coordination of the MIC Program to align with the reporting requirements of the Federal Managers’ Financial Integrity Act (FMFIA).

2. Effective immediately, you are appointed as the MIC Alternate Coordinator for Command Name. This responsibility includes oversight of MIC Program efforts throughout Command Name. You will be guided in the performance of your duties by the provisions of reference (a).

3. As Command Name MIC Alternate Coordinator, you are to facilitate the implementation of a comprehensive system of internal controls to establish and maintain compliance with noted policy and Command Name guidance. Your responsibilities will include:

 a. Provide compliance oversight and guidance that adheres to applicable laws, regulations, and administrative policies.

 b. Develop and sustain a comprehensive internal control environment that supports effective and efficient auditable business processes and procedures.

 c. Ensure all MIC Program reporting and supporting documentation requirements are met in accordance with reference (a).

 d. Prepare Command Name annual MIC Program Certification Statement for the FMFIA processes in accordance with references (a).

 e. Maintain an effective tracking and monitoring system to ensure acceptable performance and prompt correction of identified control deficiencies.

 f. Obtain MIC training within 30 calendar days of this appointment and a refresher course every three years thereafter.

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 g. Notify the organization of MIC training opportunities and ensure points of contact satisfy and maintain all training requirements.

4. This appointment is valid until rescinded.

CO’s Name

Title

ACKNOWLEDGEMENT

By my signature, I acknowledge my appointment as Command Name MIC Alternate Coordinator. I have read and understand my responsibilities, accountability, and duties as described in paragraph 3, (a) through (g). I further understand and acknowledge that this appointment will remain in effect until revoked in writing by you or your successor or until I am transferred, separated for any reason, or retired from federal service.

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APPOINTEE NAME

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