SELECTION RECOMMENDATION DOCUMENT PACKAGE (SRDP)
SECURITY CERTIFICATION

(FOR USE BY HHS CUSTOMERS)

AUTOMATED INFORMATION SYSTEM (AIS) SECURITY REQUIREMENTS CERTIFICATION OF PROPOSAL COMPLIANCE

Date: _____

From: Project Officer and Information Systems Security Officer

Subject: Certification that Proposal Received Complies With the HHS Information Systems Security Policy.

Reference: _____
(*Task Order Title and/or Tracking No.)*

To: _____
(*Contracting Officer)*

We certify that the proposal submitted by _____, dated _____, specifies appropriate security requirements necessary to comply with Office of Management and Budget (OMB) Circular A-130, Appendix III, "Security of Federal Automated Information Systems," and the Department of Health and Human Services (*HHS) Information Systems Security Policy*. If this requirement has been initiated by or for another Federal Agency, the security requirements applicable for that Agency are also specified within the referenced proposal.

_____
Project Officer Signature Date

_____
Project Officer's typed name

_____
Information Systems Security Officer Signature Date

_____
Information Systems Security Officer's typed name