

**COMMANDER NAVY INSTALLATIONS COMMAND (CNIC)
MANAGEMENT and ASSISTANCE TEAM (N9G)**



**Local
Internal Control Questionnaire (ICQ)
FY17**

**CIVILIAN MORALE WELFARE AND RECREATION
CMWR**

**5720 INTEGRITY DRIVE
MILLINGTON TN 38055-6520**

REVISED OCTOBER 2016

REVIEW COVER SHEET

HOST COMMAND: _____

DATES OF REVIEW: _____

REVIEW CONDUCTED BY: _____

Business Office POC

Name _____

Email: _____

Phone: _____

Region Internal Review Officer

Name _____

Email: _____

Phone: _____

Briefly describe the CMWR program at this activity:

Programs:

Events:

Services Offered (include those provided by contract and/or concessionaire):

ADMINISTRATION			
1a.	<p>Does your command have any authorized/established Civilian MWR Activities?</p> <p>Reference: BUPERSINST 12990.1A, para 103</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
1b.	<p>If yes, provide the official title(s).</p> <p>Note: Direct the command/CMWR Activities to provide a copy of their official establishment letter/s.</p> <p>Reference: BUPERSINST 12990.1A, para 103</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
2.	<p>Is there written authorization naming the civilian MWR custodian/manager and is this person bonded?</p> <p>Reference: BUPERSINST 12990.1A, para 102(e)and 310(d)(1)</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
3.	<p>Are advisory council member's civilian employees and not contracted workers?</p> <p>Reference: BUPERSINST 12990.1A, para 109(a)</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>

ADMINISTRATION			
4a.	<p>Are civilian employees of the command authorized to use the military MWR programs/facilities/services?</p> <p>Reference: DODI 1015.10, Encl (4), para (2)</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
4b.	<p>If yes, specify the particular programs/facilities they may use.</p> <p>Reference: DODI 1015.10, Encl (4), para (2)</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
5.	<p>Are Military personnel authorized to use civilian NAFI program/facilities? If yes, approximately how many military?</p> <p>Reference: BUPERSINST 12990.1A, para 121(a),(b),(c)</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
6.	<p>Is there a Union contract?</p> <p>If so, are there any special Union issues?</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
7a.	<p>Are there any pending claims (liability/worker's comp)?</p> <p>Reference: CNICINST 5890.1, para 4 & 301 CNICINST 5300.2, para 901, 906, 911</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
7b.	<p>If yes, how much? _____</p>		

ADMINISTRATION			
8.	<p>Has the CMWR accepted any cash or in-kind donations?</p> <p>Reference: BUPERSINST 12990.1A, para 402(d) SECNAVINST 4001.2J, para 6</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
9a.	<p>Is there an authorized alcohol beverage bar operation?</p> <p>Reference: BUPERSINST 12990.1A (para 205(a))</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
9b.	<p>If so, do they have a SECNAV approval letter?</p> <p>Reference: BUPERSINST 12990.1A (para 205(a))</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>

ADMINISTRATION			
10.	<p>Is the CMWR properly insured/personnel bonded?</p> <p>Property YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Liability YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Workman's Compensation YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Other _____ YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Other _____ YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is liability insurance and bonding coverage purchased from CNIC HQ or commercially?</p> <p>Reference: BUPERSINST 12990.1A, para 310</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
10a.	<p>Is liability insurance and bonding coverage purchased from CNIC HQ or commercially?</p> <p>Reference: BUPERSINST 12990.1A, para 310</p> <p>Comments:</p>		
11.	<p>Has the local command completed a Triennial Review of the CMWR?</p> <p>Reference: BUPERSINST 12990.1A (para 102©(5)) BUPERSINST 12990.1A Appendix A</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>

ADMINISTRATION			
12.	<p>Is the CMWR scheduled for review by the local Command Evaluation or audit board staff?</p> <p>Reference: BUPERSINST 12990.1A, para 102©(2) and para 327</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
13.	<p>Are operating, capitals, and cash budgets prepared annually?</p> <p>Reference: BUPERSINST 12990.1A, para 102(e)(1); para 109; para 303</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
14.	<p>Has the CMWR submitted a copy of the latest Annual Report to CNIC HQ?</p> <p>Reference: BUPERSINST 12990.1A, para 119</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
15.	<p>If the CMWR has a contracted operation, has the contractor provided proof of general liability and worker's compensation insurance?</p> <p>Reference: BUPERSINST 12990.1A, para 112©</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>

ADMINISTRATION			
16.	<p>If there is a net loss, has a Plan of Actions and Milestones (POA&M) been established to correct the problem?</p> <p>Reference: BUPERSINST 12990.1A, para 102©(2)&(9) CNICINST 1710.3, para 102(g)</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
17.	<p>Does the financial statement reflect a reliable status of the fund?</p> <p>Note: CMWR's on SAP do not submit a separate financial statement as part of their annual report. Only those CMWRs not in SAP submit an annual financial statement.</p> <p>Reference: OPNAVINST 12990.1, para 8 BUPERSINST 12990.1A, para 1, 119, 305, 306, and Appendix E,</p> <p>Comments:</p>	<p>YES <input type="checkbox"/></p> <p>NR <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>Notes:</p>			

ADDITIONAL REQUIREMENTS

COMPLETE THE FOLLOWING ICQs, as applicable

<input type="checkbox"/> <i>HUMAN RESOURCES ICQ*</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>
<input type="checkbox"/> <i>FINANCE ICQ</i>			
<i>Financials*</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>
<i>Cash and Cash Handling</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>
<i>Sales</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>
<i>Account Receivable</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>
<i>Accounts Payable*</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>
<i>Inventories and Fixed Assets</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>
<input type="checkbox"/> <i>PROCUREMENT ICQ</i>			
<i>Purchasing</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>
<i>NAF Purchase Card*</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>
<i>Receiving</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>NR</i>

NOTES:

**Records may be kept at by Regional Business Office*