

<b>INTERNAL CONTROL EVALUATION CERTIFICATION</b> For use of this form, see AR 11-2; the proponent agency is ASA(FM&C).		1. REGULATION NUMBER  2. DATE OF REGULATION 20210226
3. ASSESSABLE UNIT Martin Luther King High School JROTC		
4. FUNCTION Annual Statement of Assurance		
5. METHOD OF EVALUATION (Check all that apply)		
<input checked="" type="checkbox"/> a. CHECKLIST Please see Page 2	<input type="checkbox"/> b. ALTERNATIVE METHOD (Indicate method)	
APPENDIX (Enter appropriate letter)		
6. EVALUATION CONDUCTED BY		
a. NAME (Last, First, MI) Adams, Anthony G	b. DATE OF EVALUATION 20210218	
7. REMARKS (See Attached) Use this block to describe the method used to test key controls, the internal control weakness(es) detected by the evaluation (if any) and the corrective action(s) taken. (THIS IS MANDATORY)		
a. METHOD OF TESTING KEY CONTROLS (Check all that apply)		
<input checked="" type="checkbox"/> Direct Observation <input checked="" type="checkbox"/> Review of Files or Other Documentation <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Sampling <input type="checkbox"/> Simulation <input type="checkbox"/> Interviews  <input type="checkbox"/> Other (Explain) _____		
b. EVALUATION RESULTS (Include specific items tested): All of our sensitive items are locked away in a separate container.		
c. INTERNAL CONTROL DEFICIENCIES DETECTED, IF ANY. (Include potential material weaknesses):		
d. DESCRIBE CORRECTIVE ACTIONS TAKEN, IF APPLICABLE.		
<b>8. CERTIFICATION</b>		
I certify that the key internal controls in this function have been evaluated in accordance with provisions of AR 11-2, Army Managers' Internal Control Program. I also certify that corrective action has been initiated to resolve any deficiencies detected. These deficiencies and corrective actions (if any) are described above or on attached documentation. This certification statement and any supporting documentation will be retained on file subject to audit/inspection until superseded by a subsequent internal control evaluation.		
a. ASSESSABLE UNIT MANAGER		
(1) Typed Name and Title Mary E McKiernan, LTC, Ret. SAI, MLK HS AJROTC		
(2) Signature Mary E McKiernan		b. DATE CERTIFIED 20210226

REMARKS

Checklists Utilized:

26 FEB 21

*Mary E McQueen*

Encl 6

REMARKS

26 FEB 21

Mary E McKinnel

Encl 6

REMARKS

26 FEB 21

Mary E McKinnon

Encl 6

# JUMMS

Make Young people to be better citizens

Army Junior ROTC  
MARTIN LUTHER KING HS  
PHILADELPHIA, PA

Welcome LTC MARY MCKIERNAN

- ists
- Manage Unit
- Manage Cadets
- Manage Supplies
- Reports
- [Logout](#)

port

\* Indica

AI

Encl 7

### Date Checklist Completed

-2)

Exempted Under CCR 11-2

Exempted Under CCR 11-2

ne Service (CCR 11-2)

Exempted Under CCR 11-2

in CCR 145-8)

Updated checklist is located on

Management Control Inventory)

37-1, Appendix W)

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now secured in Locked containers.