

RESPONSIBILITY DETERMINATION RESULTS
MEMORANDUM TO LEASE FILE

I, _____ (insert LCO name), the Lease Contracting Officer for Lease No. _____ (fill in Lease No.) have completed a responsibility determination for the proposed transferee _____ (insert transferee name) for the above referenced Lease. In making my determination, I reviewed the following information relevant to the transferee:

- (1) The financial resources of the transferee and their ability to financial perform the terms of the Lease;
- (2) Any existing past performance issues related to the transferee;
- (3) System for Award Management (SAM) data for any exclusion record associated with transferee;
- (4) Department of Treasury's list of Specially Designated Nationals (SDNs); and
- (5) Any other factor that might impair the transferee's ability to successfully perform under the Lease.

Based upon my review of the information obtained about transferee, I recommend the following:

<input type="checkbox"/>	I recommend approval of the novation agreement. (Must check both boxes below)
<input type="checkbox"/>	I find that the transferee is fiscally capable of assuming the lease.
<input type="checkbox"/>	I find that the transferee is capable of performing under the lease.
<input type="checkbox"/>	I do not recommend approval of the novation agreement. (Check boxes that apply)
<input type="checkbox"/>	I find that the transferee is not fiscally capable of assuming the lease.
<input type="checkbox"/>	I find that the transferee is not capable of performing under the lease.
<input type="checkbox"/>	I found an exclusion record associated with the transferee.
<input type="checkbox"/>	Transferee was found on Dept. of Treasury's list of Specially Designated Nationals (SDNs).
<input type="checkbox"/>	I found that the novation was otherwise not in the government's best interest: (provide explanation)

In the event approval is not recommended, please provide information to Regional Counsel for discussion before notifying the transferee.

I have ____/have not ____ informed transferee of my findings.

Signature of LCO: _____ Date: _____

Attach all relevant documents used in making responsibility determination