

**DELEGATION OF AUTHORITY (HEAD OF PUBLIC BODY)**

**General Information**

|  |
| --- |
| Name of Public Body: |
| Name of Delegate: |
| Position Title: |
| Effective Dates (YYYY/MM/DD): | Start: | End: |

**Delegations and Restrictions**

|  |  |
| --- | --- |
| **Delegation** (select all that apply) | **Restrictions** |
| [ ]  Change Orders | [ ]  Maximum Limit $: |
| [ ]  No Monetary Limit |
| [ ]  Exceptions to Open Calls for Bids  | [ ]  Maximum Limit $: |
| [ ]  No Monetary Limit |
| [ ]  Annual Procurement Plan |
| [ ]  Other Conditions (describe): |

**Authorization**

|  |
| --- |
| Head of Public Body (Print): |
| Signature: |
| Date (YYYY/MM/DD): |