

# AUTHORITY DELEGATION AGREEMENT FORM

Finance and Administration Cabinet  
Office of the Controller  
Office of Statewide Accounting Services

Section 1	<b>Enter your CAB# and Cab Name for Department(s) to be covered by users on this form</b>		
<b>CAB #</b>	<b>Cabinet Name</b>		
<b>Departments</b> <i>(Do NOT complete if administration is at the Cabinet Level)</i>			
	◀ Check here to assign Delegates for <b>All Departments</b> in the Cabinet Named above ▼ List by number & name below		▼ List by number & name below
<b>Dept #</b>	<b>Department Name</b>	<b>Dept #</b>	<b>Department Name</b>
<i>For additional department lines, download the "Additional Departments" form from website:  <a href="https://finance.ky.gov/services/statewideacct/Pages/agencydelegationandcontactinformation.aspx">https://finance.ky.gov/services/statewideacct/Pages/agencydelegationandcontactinformation.aspx</a></i>			

Section 2	<b>Agency Physical Address</b>		
Agency Address			
Address 2			
City – State - Zip			
Agency Main Number	Type #s Only	Agency Fax	

Section 3	<b>Central Repository Information</b>		
Responsible Party			
Email Address			
Direct Dial Phone	Type #s Only		

<b>Any additional information or notes</b>	

# Authority Delegation Agreement

## All Delegate Selections (see review at top of page 4)

### Section 4

- Departments may have more than 1 delegate per position as backup and/or alternate
- If NO agency ProCard, put N/A in the Name Field of ProCard Selection and select position 04

<b>1</b>	NAME:		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	Email:		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	Direct Phone #:		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	Type #s Only		06-Communications Lead	12-Vendor Lead
<b>2</b>	NAME:		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	Email:		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	Direct Phone #:		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	Type #s Only		06-Communications Lead	12-Vendor Lead
<b>3</b>	NAME:		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	Email:		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	Direct Phone #:		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	Type #s Only		06-Communications Lead	12-Vendor Lead
<b>4</b>	NAME:		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	Email:		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	Direct Phone #:		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	Type #s Only		06-Communications Lead	12-Vendor Lead
<b>5</b>	NAME:		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	Email:		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	Direct Phone #:		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	Type #s Only		06-Communications Lead	12-Vendor Lead
<b>6</b>	NAME:		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	Email:		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	Direct Phone #:		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	Type #s Only		06-Communications Lead	12-Vendor Lead
<b>7</b>	NAME:		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	Email:		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	Direct Phone #:		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	Type #s Only		06-Communications Lead	12-Vendor Lead

**Section 4**

<b>8</b>	<i>NAME:</i>		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	<i>Direct Phone #:</i>		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	<i>Type #s Only</i>		06-Communications Lead	12-Vendor Lead
<b>9</b>	<i>NAME:</i>		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	<i>Direct Phone #:</i>		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	<i>Type #s Only</i>		06-Communications Lead	12-Vendor Lead
<b>10</b>	<i>NAME:</i>		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	<i>Direct Phone #:</i>		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	<i>Type #s Only</i>		06-Communications Lead	12-Vendor Lead
<b>11</b>	<i>NAME:</i>		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	<i>Direct Phone #:</i>		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	<i>Type #s Only</i>		06-Communications Lead	12-Vendor Lead
<b>12</b>	<i>NAME:</i>		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	<i>Direct Phone #:</i>		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	<i>Type #s Only</i>		06-Communications Lead	12-Vendor Lead
<b>13</b>	<i>NAME:</i>		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	<i>Direct Phone #:</i>		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	<i>Type #s Only</i>		06-Communications Lead	12-Vendor Lead
<b>14</b>	<i>NAME:</i>		01-Fiscal Officer	07-Training Team Lead (TTL)
			02-Security Officer	08-Technical Lead
	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
			04-ProCard Program Admin	10-eMARS Interface Lead
	<i>Direct Phone #:</i>		05-Agency Implementation Lead (AIL)	11-Reporting Lead
	<i>Type #s Only</i>		06-Communications Lead	12-Vendor Lead
<b>Notes/Deletions:</b>				

## Delegates Position Review

(At least one person under each header - position field)

### Section 4

Position Field →	01- Fiscal Officer	02- Security Officer	03- Property Officer	04- ProCard Program Admin	05- Agency IMP-AIL	06- Comm. Lead	07-Train Lead TTL	08- Technical Lead	09-Agency Purchasing Off	10- eMARS Interface Lead	11- Reporting Lead	12- Vendor Lead
Delegate # ↓												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

(Please make sure at least one person is **V** or **★** under each header - position field above)

Those **Checked in RED** above require Agency Leader Signature below

### Section 4 Signature Page

*These delegations shall be effective until rescinded by the Finance and Administration Cabinet.*

*With this Signature, I agree to abide by the delegation procedures set forth above.*

Once electronically signed, form is NOT editable and requires you to save file at your location before submitting to CRC

*Requested by:*

\_\_\_\_\_  
Agency Head Signature (Executive Director or Above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Head Printed Name

\_\_\_\_\_  
Phone (types Numbers only)

\_\_\_\_\_  
Agency Head Email Address

*Recommended by:*

\_\_\_\_\_  
State Controller Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance & Administration Signature

\_\_\_\_\_  
Date

The use of an electronic signature is stipulated under [KRS 369.101-369.120](#)