

AUTHORITY DELEGATION AGREEMENT FORM

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

Section 1	Enter your CAB# and Cab Name for Department(s) to be covered by users on this form		
CAB #	Cabinet Name		
Departments <i>(Do NOT complete if administration is at the Cabinet Level)</i>			
	◀ Check here to assign Delegates for All Departments in the Cabinet Named above ▼ List by number & name below		▼ List by number & name below
Dept #	Department Name	Dept #	Department Name
<i>For additional department lines, download the "Additional Departments" form from website: https://finance.ky.gov/Office-of-the-Controller/Office-of-Statewide-Accounting-Services/customer-resource-center/Documents/3_Addl%20Depts%20Form%202020.pdf</i>			

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

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

Any additional information or notes	

Authority Delegation Agreement

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

Section 4 - Form

- 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

1	<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> Type #s Only			05-Agency Implementation Lead (AIL)	11-Reporting Lead
			06-Communications Lead	12-Vendor Lead
2	<i>NAME:</i>		01-Fiscal Officer	07-Training Team Lead (TTL)
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	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
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Section 4 - Form

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	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
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	<i>Email:</i>		03-Property Officer	09-Agency Purchasing Officer
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			06-Communications Lead	12-Vendor Lead
Notes/Deletions:				

Delegates Position Review

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

Section 4 - Review

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 **✓** or **★** under each header - position field above

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 the file to be saved before emailing.*

Approved by:

Agency Head Signature (Executive Director or Above)

Date

Agency Head Printed Name

Phone (type numbers only)

Agency Head Email Address

Recommended by:

State Controller Signature

Date

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