

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
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/Pages/agency-delegation-contacts-instructions-and-forms.aspx			

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

- 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	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 #: Type #s Only		05-Agency Implementation Lead (AIL)	11-Reporting Lead
			06-Communications Lead	12-Vendor Lead
2	NAME:		01-Fiscal Officer	07-Training Team Lead (TTL)
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Section 4

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

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

Approved 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

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