Purchasing Authority Application

See the State Contracting Manual (SCM) Volume 2, Chapter 1 for instructions on completing the application.

Section 1 – General Information

DELEGATED PURCHASING AUTHORITY REQUEST FOR: [ ] PROCUREMENT SYSTEM:

- Centralized Purchasing
- Decentralized Purchasing

CURRENT PURCHASING AUTHORITY NUMBER(S), IF APPLICABLE:

<table>
<thead>
<tr>
<th>Non-IT Goods</th>
<th>IT Goods &amp; Services</th>
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New Request [ ] Annual Renewal Request [ ]

- Non-IT Goods
- IT Goods & Services

[ ] Purchasing Authority Increase Request (PAIR)

Revision to Section 2 [ ]

- Department Contact Information

Section 2 – Department Contact Information

<table>
<thead>
<tr>
<th>PCO</th>
<th>Non-IT PAC</th>
<th>IT PAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
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<tr>
<td>Title &amp; Classification</td>
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<tr>
<td>Division/Section/Unit</td>
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<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone &amp; Fax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
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</tbody>
</table>

My signature certifies that 1) I understand and commit to the responsibilities (as defined in the State Contracting Manual) as the department’s Procurement & Contracting Officer (PCO) and/or Purchasing Authority Contact (PAC); and 2) I have assessed and determined that my department meets all requirements as specified in the State Contracting Manual and the Public Contract Code (PCC) for the requested purchasing authority dollar threshold levels.

1. ___________________________ Signature of Procurement & Contracting Officer (must match the name above) ___________________________ Date

2. ___________________________ Signature of Non-IT Purchasing Authority Contact (must match the name above) ___________________________ Date

3. ___________________________ Signature of IT Purchasing Authority Contact (must match the name above) ___________________________ Date

Section 3 – Required Attachments

[ ] Attachment 1 - Procurement Policies and Procedures Manual Checklist

[ ] Attachment 2 - Procurement Policies and Procedures Manual

[ ] Attachment 3 - DGS Bill Codes

[ ] Attachment 4 - Unreported Purchasing Authority Transactions (If applicable)

[ ] Attachment 5 - Audits (If applicable)

[ ] Attachment 6 - Secondary Department (If applicable)

DGS/PAU USE ONLY

Received By: ___________________________

Analyst Initials: ___________________________

Received On: ___________________________

DATE STAMP HERE
Purchasing Authority Application

INSTRUCTIONS

General: A department must complete and submit a Purchasing Authority Application (PAA) when it is requesting new delegated purchasing authority; annually thereafter to renew; and within 30 days to update information. Applications for renewals must be submitted 45 days prior to expiration of current purchasing authority.

SECTION PROCEDURES:

Section 1 – General Information
– Give the name of the Department making the request for delegated purchasing authority.
– Indicate the type of procurement system utilized by the Department.
– Provide any current delegated purchasing authority numbers used by the Department if applicable.
– Mark the type of request this application is for:
  • New purchasing authority request for IT and/or non-IT goods; Annual Renewal with or without Purchasing Authority Increase Request; Revision to current contacts.

Section 2 – Department Contact Information
Provide contact information for the Department’s Procurement and Contracting Officer (PCO); and Department’s Non-IT and IT Purchasing Authority Contact.

Section 3 – Required Attachments
Provide all of the required attachments identified in this section. The PAA and all required attachments must be submitted together unless a required attachment is waived by the DGS/PD Purchasing Authority Unit.

– Attachment 1 - Procurement Policies and Procedures Checklist
  The Desktop Manual Checklist can be found HERE. Upon submission of the application, ensure that the checklist has been completely filled out, identifying the corresponding page numbers of your Policies and Procedures Manual to the requirements on the checklist.

– Attachment 2 - Procurement Policies and Procedures (Desktop Manual)
  The Department’s Desktop Manual must be submitted via Email or attached on a CD-ROM. The manual must be in MS Word and unlocked for editing.

– Attachment 3 - DGS Bill Codes
  The department must submit a list of all DGS bill codes it will use under its purchasing authority.

– Attachment 4 - Unreported Purchasing Authority Transactions (if applicable)
  If the department has unreported transactions, a copy of the unreported transactions must be attached to the application.

– Attachment 5 - Audits (if applicable)
  Provide any and all audit reports from date of last renewal. Reports include, but are not limited to, those prepared by the DGS Office of Audit Services, Bureau of State Audits, and departmental internal audits. Departments applying for new purchasing authority must provide audit reports for the previous five (5) years. If your department is not submitting any audits please select one of the following: ☐ No Audits have been performed ☐ Audit report not yet available

– Attachment 6 – Secondary Department (if applicable)
  Identify the department requesting purchasing authority (Primary Department) who will conduct procurement activities for another department (Secondary Department). The Secondary Department will provide a written justification explaining the need for a Primary Department to conduct procurements on their behalf.
Purchasing Authority Application
Secondary Department Information

PRIMARY DEPARTMENT PCO – General Information

Department:

CURRENT PURCHASING AUTHORITY NUMBER(S), IF APPLICABLE:

Non-IT Goods:  IT Goods and Services:

PCO Name

Title & Classification

Office

E-mail

My signature certifies that 1) I understand and commit to the responsibilities (as defined in the State Contracting Manual) as the department’s Procurement and Contracting Officer (PCO) and 2) I have assessed and determined that my department meets all requirements as specified in the State Contracting Manual and the Public Contract Code (PCC) for the requested purchasing authority dollar threshold levels.

1. ___________________________ ___________________________  
   Signature of Procurement & Contracting Officer (must match the name above)  Date

SECONDARY DEPARTMENT PCO – General Information

Department:

Name

Title & Classification

Office

E-mail

My signature certifies that I, the Procurement & Contracting Officer, affirm my understanding that the department has not been granted purchasing authority under this application and that the purchasing authority will be granted to the Primary Department identified above, which will conduct the procurement activities.

2. ___________________________ ___________________________  
   Signature of Procurement & Contracting Officer (must match the name above)  Date

SECONDARY DEPARTMENT – JUSTIFICATION