

## Purchasing Authority Application

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

### Section 1 – General Information

<b>DELEGATED PURCHASING AUTHORITY REQUEST FOR:</b>		<b>PROCUREMENT SYSTEM:</b>	
<b>Department:</b>		<input type="checkbox"/> Centralized Purchasing <input type="checkbox"/> Decentralized Purchasing	
<b>CURRENT PURCHASING AUTHORITY NUMBER(S), IF APPLICABLE:</b>			
<b>Non-IT Goods:</b>		<b>IT Goods &amp; Services:</b>	
<input type="checkbox"/> <b>New Request</b> <input type="checkbox"/> Non-IT Goods <input type="checkbox"/> IT Goods & Services		<input type="checkbox"/> <b>Annual Renewal Request</b> <input type="checkbox"/> Purchasing Authority Increase Request (PAIR)	
		<input type="checkbox"/> <b>Revision to Section 2</b> <i>Department Contact Information</i>	

### Section 2 – Department Contact Information

	PCO	Non-IT PAC	IT PAC
<b>Name</b>			
<b>Title &amp; Classification</b>			
<b>Division/ Section/Unit</b>			
<b>Mailing Address</b>			
<b>Phone &amp; Fax</b>			
<b>E-mail</b>			

*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/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.	<i>Signature of Procurement &amp; Contracting Officer (must match the name above)</i>	<i>Date</i>
2.	<i>Signature of Non-IT Purchasing Authority Contact (must match the name above)</i>	<i>Date</i>
3.	<i>Signature of IT Purchasing Authority Contact (must match the name above)</i>	<i>Date</i>

### Section 3 – Required Attachments

<input type="checkbox"/>	Attachment 1 - Procurement Policies and Procedures Manual Checklist
<input type="checkbox"/>	Attachment 2 - Procurement Policies and Procedures Manual
<input type="checkbox"/>	Attachment 3 - DGS Bill Codes
<input type="checkbox"/>	Attachment 4 - Unreported Purchasing Authority Transactions <i>(If applicable)</i>
<input type="checkbox"/>	Attachment 5 - Audits <i>(If applicable)</i>
<input type="checkbox"/>	Attachment 6 - Secondary Department <i>(if applicable)</i>

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

<b>Department:</b>	
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#### CURRENT PURCHASING AUTHORITY NUMBER(S), IF APPLICABLE:

<b>Non-IT Goods:</b>		<b>IT Goods and Services:</b>	
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<b>PCO Name</b>	
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<b>Title &amp; Classification</b>	
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<b>Office</b>	
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<b>E-mail</b>	
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*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

<b>Department:</b>	
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<b>Name</b>	
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<b>Title &amp; Classification</b>	
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<b>Office</b>	
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<b>E-mail</b>	
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*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

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