**DAS PROCUREMENT SERVICES**

**CERTIFICATE OF INDIVIDUAL SUB-DELEGATION FORM**

|  |  |
| --- | --- |
| Date:  | Designated Procurement Officer (DPO):  |
| Name of Sub-Delegate:  |

**1. The following sub-delegation of authority is entered into on the date it is signed by and between the DPO and the Sub-Delegate, and the DPO delegates to the Sub-Delegate specific procurement authority as follows:**

**2. Level and Title. Types of Contracts.**

|  |  |
| --- | --- |
| [ ]  Level 1 - Journey Professional Ia[ ]  Level 1 - Journey Professional I | [ ]  Level 1a – All procurements not exceeding $\_\_\_[ ]  Level 1 - All or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Level 2 - Advanced Professional II | [ ]  Level 2 - All or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| [ ]  Level 3 – Advanced Professional III  | [ ]  Level 3 - All or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Level 4 – Advanced Professional IV[ ]  Level 5 – Advanced Professional V  | [ ]  Level 4 - All or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Level 5 - All or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. Sub-Delegate’s Position Classification.** [ ]  PCS 1[ ]  PCS 2 [ ]  PCS 3 [ ]  SPA**4. Requirements.** By signing below, the Sub-Delegate certifies that this section 4 is correct.1. **Years of Oregon public procurement experience. \_\_\_\_\_\_\_**
2. **Years of other public procurement experience. \_\_\_\_\_\_\_\_\_ Total years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c. State and national certifications (e.g., OPBC, OCAC, OPAC, CPPO, CPPB) and expiration dates.** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **5. This Certificate is:** [check the appropriate box][ ]  The initial Sub-Delegation[ ]  A change in the initial Sub-Delegation for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  A termination of the Sub-Delegation for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**6. This Sub-Delegation will be reviewed annually.**

In witness whereof, the parties execute this Certificate.

SUB-DELEGATE DESIGNATED PROCUREMENT OFFICER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Name:

Title: Title:

Agency: Agency: