**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: