With respect to this campus, as provided under Board of Trustees Policy 300.1 and University of Arkansas Systemwide Policies and Procedures (UASP) 300.1, signature authority is delegated to the Chancellor and Vice Chancellor for Finance and Administration (VCFA), subject to provisions and restrictions set out in those policies, other UA Board and System policies, and applicable law.

Board Policy 300.1 and UASP 300.1 also address certain areas where contract authority is delegated to specific officials, and allows subdelegation of contracting authority in the name of the University of Arkansas with written authorization of the President to other appropriate individuals when it is deemed that the efficiency, effectiveness, and best interests of the University will be well served by such delegation.

Procedures for requesting delegated contracting authority for this campus are generally outlined below:

1. The campus contact person completes a request to delegate contracting authority and obtains the appropriate review from the college, department and/or unit prior to submitting the completed request to the General Counsel’s Office for review.
2. After the General Counsel’s Office completes the review, the delegation request will be forwarded to the VCFA.
3. General counsel review is documented by a review form or by signature on the delegation request itself.
4. The appropriate signature(s) will be obtained on the form.
5. The Office of the Vice Chancellor for Finance and Administration will submit the delegation request to the President’s Office pursuant to the procedures in UASP 300.1.
6. The delegation request will be reviewed and approved pursuant to the procedures in UASP 300.1, then returned to the Office of the Vice Chancellor for Finance and Administration.
7. The Office of the Vice Chancellor for Finance and Administration will communicate the approval to the campus contact person and the person occupying the position to which delegated authority has been given.

|  |  |  |
| --- | --- | --- |
|   |  |   |
| **Contact Name** |  | **Title** |
|  |   |
| **Signature** |  | **Date** |
|   |  |   |
| **Name of College, Dept, or Unit, Approver** |  | **Name of College, Dept, or Unit** |
|  |   |
| **Signature** |  | **Date** |

This form must be signed by the Chancellor or the Vice Chancellor for Finance and Administration and should be sent to the Chief Fiscal Officer. The delegation number will be assigned by the Chief Fiscal Officer after approval by the President and a numbered copy will be returned to the requesting official for transmission to the person occupying the position to which delegated authority has been given.

|  |  |  |
| --- | --- | --- |
| **Delegation No.** |  |  |
|  |
| **Official Requesting Delegation:** |  |
|  |  |  |
|   |
| **Position/Title to Which Authority is to be Delegated** |

|  |  |  |
| --- | --- | --- |
|   |  |  |
| **Name of Current Occupant in the Position/Title** |  | **Signature** |
| Note: delegation is to position, rather than by occupant, although it is good business practice to submit an update delegation for new incumbents. |

|  |
| --- |
| **Contracting Authority to be Delegated:** |
|   |

|  |
| --- |
| **Justification for Delegation:** |
|   |

|  |
| --- |
| **Delegation is Subject to Limitations in Board of Trustees Policy 300.1 and University of Arkansas Systemwide Policies and Procedures 300.1****List Additional Limitations on Delegated Authority, if any:** |
|   |

|  |
| --- |
| **Review by the Office of the General Counsel** |
|  |
| **Name of General Counsel Member (Printed):** |  |
|  |  |  |  |  |  |
|  | **Signature** |  | **Date** |  |

|  |
| --- |
| **Action by the Office of the Vice Chancellor for Finance and Administration** |
|  |
| **Signature of Requesting Official:** |  |
|  |  |  |  |  |  |
|  | **Title (VCFA or Chancellor)** |  | **Date** |  |
|  |  |  |  |
| **Action by the President** |
|  |  |  |  |
| **Pursuant to University Systemwide Policies and Procedures 300.1, the above request for a delegation**  |
| **of contracting authority is hereby approved effective** |  | **.** |
|  | **Date** |  |
|  |  |  |  |
|  | **President** |  |  |  |