\*\*ID\_\_NMCARS\_Annex-12\_\_ID\*\*

# ANNEX 12 – Waiver Request for Appointing a Non–DON Employee as a Contracting Officer \*\*ref\_\_NMCARS\_Annex-12\_\_ref\*\*

In accordance with 5201.603, HCAs or their authorized designees shall notify DASN(P) of a planned issuance of a contracting officer appointment and warrant to a non-DON employee, except when a DON activity is designated HCA for a joint-contracting operation. The notification and/or waiver request must address the following information:

1. \*\*ID\_\_5pwmhcar\_\_ID\*\* **I.** **Identify Non-DON Employee to be Delegated Contracting Authority**
   1. \*\*ID\_\_lSFstr\_\_ID\*\* a. Name of Nominee (as it will appear on the SF 1402, Certificate of Contracting Officer Appointment)
   2. \*\*ID\_\_TIssRX\_\_ID\*\* b. Grade/Series or Military Rank
   3. \*\*ID\_\_UZdWov\_\_ID\*\* c. Position/Title
   4. \*\*ID\_\_pnXRqr\_\_ID\*\* d. Description of Duties
   5. \*\*ID\_\_iyeyhvj\_\_ID\*\* e. Activity Name/DODAAC
2. \*\*ID\_\_2tykf9r\_\_ID\*\* **II.** **Describe How the Qualifications of the Nominee Meet the Requirements for the Recommended Level of Delegation**
   * \*\*ID\_\_cHXgvz\_\_ID\*\* a. Education\*
   * \*\*ID\_\_eafhjr\_\_ID\*\* b. Specialized Experience
   * \*\*ID\_\_GqNQfT\_\_ID\*\* c. Relevant Training\*
   * \*\*ID\_\_3czddu7d\_\_ID\*\* d. Other Qualifications (*e.g.* DAWIA Career Field Certifications, Defense Acquisition Corps Membership)\*

*\*Note: Submit documentation to substantiate credentials/education completed.*

1. \*\*ID\_\_qtd3hzn3\_\_ID\*\* **III.** **Describe Extent of Contracting Authority to be Delegated**

\*\*ID\_\_LQKeoJ\_\_ID\*\* a. Type of Appointment (*e.g*. PCO, ACO, Ordering Officer)

\*\*ID\_\_MAoKKh\_\_ID\*\* b. Dollar Threshold (*e.g*. Unlimited, Limited to Specific Dollar Value)

\*\*ID\_\_DiwNSs\_\_ID\*\* c. Type of work/products/services nominee will be authorized to procure or administer

\*\*ID\_\_cxaHSc\_\_ID\*\* d. Limitations (e.g. Contract Type; Competitive or Non-Competitive Actions, etc.)

\*\*ID\_\_g3dihz8p\_\_ID\*\* e. Appointment Term

1. \*\*ID\_\_dbxa9vkd6\_\_ID\*\* **IV.** **Provide Rationale to Support Delegation of Contracting Authority**

\*\*ID\_\_BJglVS\_\_ID\*\* a. Explain why this delegation is necessary and how it results in a more efficient execution and administration of the HCAs contracting operations.

\*\*ID\_\_jJLTDG\_\_ID\*\* b. Identify the anticipated workload to support the type of appointment, including the available resources at the Nominee’s Organization.

\*\*ID\_\_GzkmFp\_\_ID\*\* c. Describe the internal controls that are or will be in place at the Nominee’s Organization and at the HCA/delegating office to ensure efficient and effective execution and management oversight of delegated authority.