

# HANDOUT A

## PROCUREMENT DELEGATION FORM SPO-036

SPO USE ONLY: Procurement Delegation Effective Date

### SECTION 1 - PURPOSE

Purpose of this Request  ▼

### SECTION 2 - EMPLOYEE INFORMATION

▼

Last Name (Print)  First Name (Print)  Position Level   
Department  Division or Administratively Attached Agency/Office (Print)

I acknowledge (1) the delegated procurement authority and responsibility as indicated below and (2) prior to exercising this authority, I am responsible to attend all appropriate SPO training workshops pursuant to Procurement Circular 2010-05 as amended, and as posted on the training website at <http://hawaii.gov/spo>, click *Training for State and County Procurement Personnel*.

X  
Employee Signature  Date

OPTIONAL FOR DEPT/AGENCY USE  
Print Name  Signature

### SECTION 3 - DELEGATES PROCUREMENT AUTHORITY AS PROCUREMENT OFFICER TO CERTIFY (SIGN SPO FORMS) (Check all that apply) (\*) Requires CPO approval

#### HRS chapter 103D - Hawaii Public Procurement Code

- SPO-001 Notice and Request for Sole Source\*
- SPO-001B Notice of Amendment to Sole Source Contract\*
- SPO-002 Emergency Procurement Request\*
- SPO-003 Request for Extension of Time on Contracts\*
- SPO-005 SPO Price or Vendor List Contract Purchase Exception
- SPO-007 Notice of and Request for Exemption from Chapter 103D, HRS\*
- SPO-007B Notice of Amendment to Exemption from Chapter 103D, HRS\*
- SPO-010 Record of Procurement
- SPO-014 Restrictive Specifications Request\*
- SPO-015 Use of Alternative Procurement Method\*
- SPO-035 Request to Use Purchasing Card for Blocked Purchases\*
- SPO-050 Notice of Request to Use GSA Schedule 70 (Exceeding \$1M)\*
- SPO-060 Assignment of HANDS Department Administrator/Alternate

#### HRS chapter 103F - Purchases of Health and Human Services

- SPOH-150 Notice of and Request for Exemption from HRS Chapter 103F\*
- SPOH-300 Request for After-the-Fact Secondary Purchase\*
- SPOH-500 Notice of and Request for Restrictive Purchase of Service\*
- SPOH-600 Request for Crisis Purchase of Service\*

**Note: Only Dept Head is authorized to certify (sign SPO forms): SPO-016, SPO-018, SPO-018A**

### SECTION 4 - DELEGATES PROCUREMENT AUTHORITY TO EXECUTE, CONDUCT, PARTICIPATE IN THE VARIOUS PROCUREMENT METHODS, AND TO ACT AS HIePRO APPROVER OR BUYER (Check all that apply) (\*) Requires CPO approval

	Procurement Methods		HIePRO	
	Procurement Officer	Conducts/ Participates	Approver	Buyer
<b>HRS chapter 103D - Hawaii Public Procurement Code</b>				
Competitive Sealed Bidding (HRS §103D-302)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitive Sealed Proposals (HRS §103D-303)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services (HRS §103D-304)	<input type="checkbox"/>	<input type="checkbox"/>		
Small Purchases (HRS §103D-305)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Source (HRS §103D-306) *	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency (HRS §103D-307) *	<input type="checkbox"/>	<input type="checkbox"/>		
<b>HRS chapter 103F - Purchases of Health and Human Services</b>				
Competitive Purchase of Service (HRS §103F-402)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrictive Purchase of Service (HRS §103F-403) *	<input type="checkbox"/>	<input type="checkbox"/>		
Treatment Purchase of Service (HRS §103F-404)	<input type="checkbox"/>	<input type="checkbox"/>		
Small Purchases (HRS §103F-405)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Purchase of Service (HRS §103F-406) *	<input type="checkbox"/>	<input type="checkbox"/>		

### SECTION 5 - DELEGATES PROCUREMENT AUTHORITY FOR PCARD/HIePRO ADMINISTRATOR/ALTERNATE

(Check all that apply). Only one person is authorized to be an Administrator for each department.

	Administrator	Alternate
<b>pCard</b>		
pCard Administrator	<input type="checkbox"/>	<input type="checkbox"/>
Emergency pCard Administrator	<input type="checkbox"/>	<input type="checkbox"/>
<b>HIePRO</b>		
HIePRO	<input type="checkbox"/>	<input type="checkbox"/>

Attach form SPO-036 to SPO-036transmittal and submit via email to: [state.procurement.office@hawaii.gov](mailto:state.procurement.office@hawaii.gov). This delegation form SPO-036 supersedes any previous delegation forms for this employee.