**Annex C**

**Example**

**Incumbent Acceptance of the Responsibility for the Financial Administration of Non-Public Property (NPP) - Table 1 - Unit/Entity Authorities**  **CFB Example**

**Reference:** Chief of The Defence Staff Delegation of Authorities for Financial Administration of Non-Public Property dated 1 May 2023.

|  |  |  |  |
| --- | --- | --- | --- |
| **CO Delegated Position** | **Name of Incumbent** | **Telephone** | **E-Mail Address** |
| Senior Manager PSP | Mr. John Joseph | (902) 721-1104 | John.Joseph@forces.gc.ca |
| **Description** | **Signing Authority Limit** | **Comments / Limitations** |
| Personnel, Operations and Maintenance (PO&M)  | F | ***Entity #: xxxx*** ***Outlet(s) #: xxxx, xxxx******All delegated authorities must be exercised in accordance with the reference CDS delegation.*** |
| Capital  | $20K |
| Write off/Disposal of Assets other than Real Property | $5K |
| Single Sponsorship or Donation Defence Industry | $10K |
| Single Sponsorship or Donation Non-Defence Industry | $20K |
| Contracting - Direct or Non-competitive | $10K |
| Contracting - Competitive | $50K |

An “F” indicates the position holder has full signing authority within their area of responsibility and approved budget, N/A is Non Applicable, and dollar limitations are indicated by specific amounts.

Incumbent’s Certification: I hereby accept these authorities and responsibilities and certify that I have the necessary knowledge and competency to carry out these functions in a responsible manner. I have read and understood the [CFMWS Conflict of Interest Guide](https://cfmws.ca/getattachment/3fb0770c-e1ff-4ca2-8f36-3bfb9c29095f/CFMWS_Conflict_of_Interest_Guide_PDF.pdf), the NPP Contracting Policy, Guidance for Contracting in Support of Morale and Welfare Programs, the NPP Travel Directive, and the NPP Hospitality Policy. I hereby state that I have no conflict of interest – that I am not in a position where my private interests could improperly influence the performance of my official duties and responsibilities nor will I use my position for personal gain.

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 Signature of incumbent Date: dd/mm/yy (Effective upon signing)

 **NPP ID:** 123456789

Date NPP Certification completed (dd/mm/yy)

**Note:** Upon re-certification and/or expiry of the applicable NPP Certification course, a new Annex C must be completed.

Manager/Delegating Authority Certification: This delegation of authorities’ document identifies the incumbent’s authority to make NPP financial commitments and enter into contracts, to approve invoices and other obligations for payment through the certification of the receipt of goods and services. I hereby acknowledge my responsibility over the delegated actions of the incumbent and I certify the incumbent’s signature above is that of the named individual.

 Name, Position and Signature of Manager or Delegating Authority Date: dd/mm/yy

Distribution:

NPPAM

Incumbent