

Appendix P-1

Contracting Officer's Warrant Application Form

TO: (Head of Contracting Activity)

FROM: (Candidate's immediate supervisor)

SUBJECT: Request for Warrant

Candidate Information

A. Candidate is:

(Name, Title, Series, and Grade)

B. Candidate's Work Location:

(Organization/Division/City/State)

C. Candidate's phone number, fax number, e-mail address:

D. Candidate's current or previous warrant number (if applicable):

E. Candidate's current certification level:

HHS Level _____ FAC-C Level _____

Transaction Type (Please specify the type of warrant by placing an "x" in the appropriate block)

A. Initial warrant application. Warrant level and authority

_____.

B. _____ Increase existing warrant level/authority from _____ to

_____.

C. There is a clear and convincing need to appoint (name of nominee) as a Level _____ (warrant level) Contracting Officer. Please justify the need for appointment:

D. _____ Special Project/Interim warrant application. Warrant level/authority requested _____.

E. _____ Change in warrant status (from an interim appointment to permanent appointment).

F. Administrative change to existing warrant. Please indicate change requested (for example, name change):

Supporting documentation

(For initial warrant application, increasing existing warrant authority, and conversion of interim warrant to permanent status). Note: FAC-C certification is required for those issued new warrants on or after January 1, 2007 or for those with an increase in warrant authority. For additional information on supporting documentation, see Chapter 3.

(To be filled out by the candidate)

Certification

A. Permanent Authority

I certify that I have achieved all the warrant level qualifications and training for the warrant level requested and understand the ethical and legal implications and am competent to have the authority to procure on behalf of the Department of Health and Human Services. I understand that my authority to procure under my warrant is limited to my delegation of authority. I understand that I will be required to maintain my skills currency as a requirement to keep my warrant.

(Candidate's Name)

(Candidate's Signature and Date)

B. Interim Appointment:

I certify that I will meet all the warrant level qualifications and training for the warrant level requested within one (1) year of the warrant issue date and understand the legal and ethical implications and am competent to have the authority to procure on behalf of the Department of Health and Human Services. I understand that I will be required to maintain my skills currency as a requirement to keep my warrant. I understand that my authority to procure under my warrant is limited to my delegation of authority.

(Candidate's Name)

(Candidate's Signature and Date)

C. All Candidates:

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

(Candidate's Signature and Date)

(To be completed by the requesting official)

The candidate's performance of acquisition duties, business acumen, judgment, character, and ethics are sound and his/her performance is satisfactory. All of the required warrant level qualifications and education/training (or equivalencies), and experience requirements have been met (or in the case of an interim warrant, will be completed within one year). The need for the warrant authority is documented and appointment to the level/status is recommended.

(Employee's immediate supervisor's name)

(Signature and Date)

(To be completed by the Head of Contracting Activity)

Approval

Approved: _____
(Head of Contracting Activity's Name)

(Signature and Date)

Disapproved: _____
(Head of Contracting Activity's Name)

(Signature and Date)

Warrant Information:

Warrant number: _____

Warrant date: _____

Warrant signed by: _____