

Date: _____

DELEGATION OF AUTHORITY

Section I - DELEGATION AND RE-DELEGATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to:

Designate Certifying Officers Authority MAY / MAY NOT Be Redelegated

Other (Specify): _____ Authority MAY / MAY NOT Be Redelegated

Comments: _____

TYPE OF DELEGATION OR REVOCATION ACTION: [CHECK ONE]

ORIGINAL DELEGATION

RE-DELEGATION

REVOCATION

Section II - DESIGNEE

Full Legal Name: _____

Title: _____ Head of Agency: Yes / No

Agency: _____ Effective Date: _____

Bureau: _____ Phone: _____

Division: _____ Email: _____

Section III - SIGNATURE SAMPLES OF DESIGNEE [Designee must sign within all 4 boxes in BLACK INK]

Section IV - DELEGATOR SIGNATURE [Delegator must sign within the box in BLACK INK]

Full Legal Name: _____

Title: _____

Agency: _____

Bureau: _____

Division: _____

Email: _____ Phone: _____

Section V - RETURN ADDRESS OF DELEGATOR

Address: _____

Section VI - To Be Completed by FMS

Transmittal No.: _____
 Accomplished Date: _____
 By: _____

Instructions for Form FMS 2958

1. This form is for use in delegating individuals to have authority to designate individuals and/or re-delegate authority to the Financial Management Service. Such delegations/designations are valid for a period of two years from the effective date. At the end of that period they will expire, unless a re-delegation is submitted to the Financial Management Service. This form may be used for original delegations, re-delegations and revocations.
2. Only one individual may be delegated authority or revoked per form.

Section I

- More than one block may be checked for type of authority to be delegated.
- All 'Authority' blocks should be checked for Head of Agency (HOA) Self-Delegations.
- For each block checked, authority to re-delegate must be indicated by checking either the "MAY" or "MAY NOT" block, for that item, as appropriate. **Either the "MAY" or "MAY NOT" block must be checked for each type of delegation authority checked!** For HOA Self-Delegations, the "MAY" block should be checked for ALL authorities.
- Enter pertinent information in the Comments field, such as Designee Name Change, etc.
- List all application(s) for which this delegation will be applicable.
- Check the appropriate block for "Type of Delegation or Revocation Action". Only one block may be checked.
 - Check "Original Delegation" for new delegations.
 - Check "Re-Delegation" for renewals of existing delegations.
 - Check "Revocation" to revoke all authority that was originally delegated. If partial authority is to be retained from the original delegation, a new form FMS 2958 must be received re-delegating that authority.

Section II

- The Full Legal Name of the designee must be entered for designee name.
- The Head of Agency will be interpreted to mean the head of an Executive Agency, as appointed by the President. *[Refer to the TFM, Part 4, Chapter 1100 for additional HOA information.]* Only the HOA will check the "Yes" block and sign the signature boxes in Section III & IV to self-delegate. A signed letter on agency letterhead must also accompany this completed FMS 2958 indicating the individual is the Head of Agency.
- For "Effective Date" enter the date that the delegation is to be effective on. Delegations are good for a period of two years from the effective date. The actual effective date will be the latter of, the requested effective date and the date the delegation is actually accepted by FMS.

Section III

- Designee must sign within all four boxes.
- All signatures must be handwritten originals.
- All signatures must be clearly legible in **BLACK INK** for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to FMS.

Section IV

- All forms FMS 2958 must be signed in this section by an authorized delegator, whose authority will be substantiated by FMS prior to processing of the action requested in Section I.
- Signature must be within the box and clear and legible, using **BLACK INK** for reproduction purposes.
- An accomplished copy of form FMS 2958 will be returned directly to the delegator, at the address specified in Section V.
- Delegators are cautioned to review accomplished copies to ensure no changes to form FMS 2958 have occurred between signature and acceptance by FMS.

Section V

- Must be completed to reflect the return address of the delegator signing in Section IV.

Section VI

- Will be completed by FMS.
- If accomplished date is later than the effective date, the accomplished date will become the effective date.