**Memo to be used for new delegations as well as for redelegating a NIH Level Delegation within their respective IC or OD.**

**Delegations of Authority: {Insert Category and Number: example, Acquisitions, No. 00, Title}**

**Date: {Leave Blank}**

**Issuing Office & Phone: {Insert Organization and Phone Number: example, OFM/DAPE, 301-123-4567}**

**DELEGATIONS OF AUTHORITY**

**{Insert Title}**

**Explanation of Transmittal**

**{Insert brief statement describing "new" or "revised" delegation, including the reason for the DoA and any impact or enhancements to current program or operations.**

**Filing Instructions:**

Remove: **{Insert Appropriate Delegation Category, Number and Date: example, Acquisitions, No. 50, dated 00/00/0000.}**

Insert: **{Insert Appropriate Delegation Category, Number and Date (leave blank this will be inserted when signed}**

**Authority Delegated**

**Authority 1 {use if there will be more the one authority}**

**The authority to {Insert Authority}**

|  |  |
| --- | --- |
| **To Whom Delegated** | **Area of Authority** |
| **{Insert Title of Official(s) Deputy Director, NIH}****Principle Deputy Director, NIH****IC Directors** | **{Insert Area Covered, e.g., "NIH"}****NIH****Respective IC** |

**Redelegation notes**

**{State Whether Authority/Authorities may be redelegated; to Whom Authority can be redelegated and any restrictions associated with the redelegation}**

**Example:**

**This authority may not be redelegated. Or**

**This authority may be redelegated to officials with sufficient knowledge and expertise to exercise this authority in accordance with law, regulation, and written policy.**

**Definitions**

**{Insert brief clarification for words/titles or any item that may require further explanation}**

**Limitations/Guidance {List Any Specific Policies or Guidance to Follow}**

1. This delegation excludes authority to...

2. This delegation shall be exercised in accordance with...

3. All previous delegations of authority inconsistent with the provisions of this delegation are superseded.

**Citations {List Source of Redelegation and any Other Applicable Laws, Policies, Regulations}**

Examples:

1. 5 U.S.C. 302; 42 U.S.C. 203; 29 CFR 1614.
2. HHS General Administration Manual Chapter 1-20.
3. Memorandum from the Assistant Secretary for Management and Budget, OS, to Heads of Operating Divisions, dated 00/00/95, entitled: Delegation of Authority - Foreign Travel.

 **{First/last Name, M.D., Ph.D., etc.}**

 **{Director, NIH}**

**Effective Date: {Leave blank}**

**Memo to be used for internal delegations as well as for redelegating a NIH Level Delegation within their respective IC or OD.** Please note: 1) use your respective header for the memo 2) once this has been signed by the official granting authority to another official, the original memo is retained by the delegating official and a copy is given to the recipient official. 3) the IC/OD DoA Coordinator is responsible for entering the redelegation into the NIH DoA Database and maintaining the hardcopy DoA memo in accordance with MC 1743.



DATE:

TO: Deputy Director, IC name, NIH

FROM: Director, IC name, NIH

SUBJECT: Redelegation of Authority to … Pursuant to NIH Delegations of Authority, Acquisitions No. 00, Title”...”

Pursuant to the redelegation of authority … I hereby delegate to you the authorities pursuant to NIH Delegations of Authority, Acquisitions, No. 00, Title “…”.

This redelegation will be for the purpose of …

Limitations (determined by delegating official)

1. Include limitations here.

Guidance or Information (determined by delegating official)

1. This authority is effective upon date of signature.

Redelegation (determined by delegating official)

Example: No further redelegation is permitted. Or

You may redelegate this authority only to those officials within your Division; all redelegations must be in writing.

 First M. Last Name, M.D., Ph.D.

Attachment: Delegations of Authority, Acquisition, No. 00, Title: “…”

**Memo to be used by NIH officials that hold delegated authority and wish to cancel/rescind a redelegation they have granted to another official.** Please note: 1) use your respective header for the memo 2) once this has been signed by the official rescinding the authority to another official, the original memo is retained by the rescinding official and a copy is given to the recipient official. 3) the IC/OD DoA Coordinator is responsible for revising the delegation in the NIH DoA database and maintaining the hardcopy DoA memo in accordance with MC 1743.



DATE:

TO: Deputy Director, IC name, NIH

FROM: Director, IC name, NIH

SUBJECT: Delegations of Authority

Example 1:

Effective immediately (or MM/DD/YYYY), I hereby rescind my delegation memorandum of {enter date of memo}, to the Deputy Director, {IC name}, as it relates to all program and administrative authorities.

Example 2:

Effective immediately (or MM/DD/YYYY), I hereby rescind authority delegated to you as found in NIH Delegations of Authority, Acquisition, No. 00, Title: “…”, Authority No. 2.

 First M. Last Name, M.D., Ph.D.

Attachment: Delegations of Authority, Acquisition, No. 00, Title: “…”