## APPENDIX B

INSTRUMENT OF DELEGATION

## Effective Dates:

This Instrument of Delegation is valid from to

| Name of Delegator Name of Delegate |  |  |  | Name of Delegate |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Position P |  |  |  |  | Position |  |  |  |
| Department ${ }^{\text {D }}$ |  |  |  |  | Department |  |  |  |
| Which Power or Duty? (FAA Section and Subsection) |  |  | FAM Directive |  |  | Description of Power or Duty being Delegated |  |  |
| FAA Section 41 |  |  |  | FAM 802-1 |  | Expenditure/Accounting/Contract Authority |  |  |
| Exceptions/Restrictions/Limitations |  |  |  |  |  |  |  |  |
| Section | Fund | Region | Comm | Costing | Vote | Standard Object | Budget | Project <br> Description |
|  |  |  |  |  |  |  |  |  |

The delegated powers and duties are to be exercised in accordance with all governing legislation, policies and procedures of the Government of Nunavut that exist or come into effect during the term of this delegation.

Unless this delegation is revoked by the delegator, the delegation is effective for all transactions pertaining to the given fiscal year, including those posted after March 31. This delegation also covers releasing of the holdback funds once the reason(s) for withholding funds have been either remediated and the holdback is paid out to the vendor, or abandoned by the contractor and the holdback is removed to the general revenue fund.

The delegator will provide written notice of any revocation.
Note: Sub-delegation if permitted requires the issuing of a new Instrument of Delegation, by the Delegate.

I, named as the Delegator, in the capacity as stated, and having the authority to sub delegate the above powers and duties, in the Government of Nunavut, hereby delegate the above powers and duties to the person named as the Delegate.

SIGNATURE OF DELEGATOR DATE

I understand the terms of this delegation and hereby accept responsibility to exercise the above powers and duties in accordance with the stated requirements.

SIGNATURE OF DELEGATE DATE

