Health and Human Services

301.603–70 Delegation of Contracting Officer responsibilities.

(a) Contracting Officers may re-delegate their acquisition responsibilities that do not involve the obligation or deobligation of funds, but involve the expenditure of previously obligated funds (such as approval of contractor scientific meeting travel and subcontract consent) to acquisition staff (for example, those in the GS–1100 series) by means of a written memorandum that clearly delineates the delegation and its limits. See 301.604 for responsibilities that Contracting Officers may delegate to technical personnel.

(b) Contracting Officers may designate individuals as ordering or approving officials to make purchases or place/approve orders under blanket purchase agreements (BPAs), indefinite-delivery, indefinite quantity (IDIQ) contracts, or other pre-established mechanisms. Ordering officials are not Contracting Officers.

301.603–71 Waivers to warrant standards.

There may be an unusual circumstance that requires issuance of a warrant to an individual who does not fully meet the FAC–C or HHS SAC certification program requirements. Contracting activities shall provide any request for a waiver of the FAC–C program requirements and policies in writing to the Senior Procurement Executive (SPE), through the HCA, for review and approval. The SPE (non-delegable) will either approve or disapprove in writing the request for waiver. The HCA (non-delegable) may approve or disapprove a waiver of the HHS SAC program requirements.

301.603–72 FAC–C and HHS SAC certification requirements.

(a) The FAC–C certification program is available to all acquisition staff who are/will be involved as Contracting Officers or Contract Specialists in acquisitions exceeding the simplified acquisition threshold. Personnel who, as part of prior certification programs, have completed some or all of the required training or have attained certification thereunder are not required to re-take training courses, but shall follow FAC–C training requirements when considering additional or required core training, if needed. See 301.603–74 for information regarding retention of certification, including the requirement to earn continuous learning points (CLPs). FAC–C certification also does not apply to—

1. The SPE;
2. Senior level officials responsible for delegating acquisition authority;
3. Personnel who are not in the GS–1102 series whose warrants are used to acquire emergency goods and services; or
4. Personnel who are not in the GS–1102 series whose warrants are so limited as to be outside the scope of this program, as determined by the Chief Acquisition Officer (CAO). (NOTE: The HHS CAO has determined that individuals with warrants which are limited to simplified acquisitions are deemed to be outside the scope of the FAC–C program.)

(b) HHS does not require personnel with Contracting Officer warrants issued prior to January 1, 2007 to be FAC–C certified unless they are seeking a change in authority on or after that date. Individuals applying for a new Contracting Officer warrant or an increase in warrant authority on or after January 1, 2007, regardless of GS series, must be FAC–C certified at the level appropriate for the warrant authority sought. To obtain an unlimited warrant, FAC–C Level III certification is required. (Note: New Contracting Officer warrants are defined in the Office of Federal Procurement Policy’s (OFPP’s) FAC–C memorandum, dated January 29, 2006, as warrants issued to employees for the first time at a department or agency.)

(c) The FAC–C certification is based on three sets of requirements: Education, training, and experience, and the requirements are cumulative—i.e., an individual must meet the requirements of each previous certification level before attaining a higher level certification. The FAC–C certification requirements, including additional HHS-specific training requirements for certain types of acquisitions, are specified in the HHS Contracting Workforce Training and Certification Handbook.