

# MINNESOTA DELEGATION/RESCISSION OF AUTHORITY

This document is a public record and is available for public inspection.  
Please read the instructions on the back of this form before completing it.

## 1. DEPARTMENT (AGENCY, BUREAU, ETC.)

ADMINISTRATION

MN OFFICE OF CITIZENSHIP & VOLUNTEER SERVICES

## 2. NAME OF DESIGNEE (INCLUDE TITLE)

BONNIE ESPOSITO, DIRECTOR

## 3. PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

SCOTT SIMMONS, ACTING COMMISSIONER, DEPARTMENT OF ADMINISTRATION

### 4. Choose one of the following actions:



I hereby **DELEGATE** the powers and/or duties listed in No. 6 to the above named designee, effective:

01

Month

05

Day

99

Year



I hereby **RESCIND** all prior delegations of authority on file for the above named person effective:

Month

Day

Year

### 5. AUTHORITY CITED:

(Please check all that apply)



Pursuant to: M.S. 15.06, Subd. 6



Pursuant to: M.S. \_\_\_\_\_

\_\_\_\_ Pursuant to: M.S. 16C.03, Subd. 16

(By the Commissioner of Administration)

### 6. If you are delegating powers and/or duties, mark the appropriate line(s) below.

\_\_\_\_ EXECUTE CONTRACTS  
(Provide details below)

\_\_\_\_ SIGN PURCHASING DOCUMENTS  
(Provide details below)

X OTHER (Provide details below)

DETAILS All necessary documents pertaining to the affairs of the Minnesota Office of  
Citizenship and Volunteer Services, with the exception of approving contracts for  
expenditures of state funds.

### 7. SIGNATURES

*Scott R. Simmons*

DELEGATING/RESCISSION AUTHORITY

*Bonnie Esposito*

DESIGNEE

### 8. Copies to:

Commissioner's Office ~~Designee~~

~~Designee~~

~~Designee's Supervisor~~

~~Human Resources Division~~

~~Financial Management & Reporting~~

~~Department of Employee Relations~~

~~Department of Finance~~

MOCVS

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