LIMITED DELEGATION OF AUTHORITY
FOR ENTERING AND EDITING DATA IN THE INDIANA GATEWAY WEBSITE
STATE BOARD OF ACCOUNTS APPLICATIONS

I. LIMITED DELEGATION OF AUTHORITY

Name of Responsible Official (person giving rights): _____ Title: _____

Name of Delegate (person receiving rights): _____

Email address of the Delegate (person receiving rights): _____

Name of Unit and County: _____

Type of Request: New User (Does not have a Gateway ID): _____
Remove User (No longer at the unit. All Gateway access should be removed): _____
Change User Access: _____

Application: (select one or more) **Note: You cannot delegate submit rights.**
Annual Financial Report (AFR):_____Access Type:(select one) Edit:_____ Read Only:_____ None: _____
Employee Compensation (100R):____Access Type:(select one) Edit:_____ Read Only:_____ None: _____

I, the undersigned Responsible Official, pursuant to the authority vested in me for the submission of the Annual Financial Report and/or the Employee Compensation Report through the Gateway web site on behalf of the Unit, hereby delegate to the above designated Delegate the following authority for the limited purposes set forth below:

1. Delegate may enter and/or edit data (as designated above) on my behalf into the Gateway web site for the Annual Financial Report and/or the Employee Compensation Report that will be submitted by the Unit to the State Board of Accounts (SBoA).
2. Delegate may access the Unit's Gateway web site by means of the User Account and password created and distributed by SBoA to the Delegate.
3. This Limited Delegation of Authority shall continue in effect until revoked.

I acknowledge that this Delegation does not affect the Unit's duties or responsibilities under the Indiana Code, and that I remain responsible for the accuracy, completeness, timeliness and submission of the Annual Financial Report and/or Employee Compensation Report. I hereby represent that I have the real and apparent authority to sign this Delegation.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20__.

_____ _____
Signature of Responsible Official Printed Name and Title of Responsible Official

II. ACKNOWLEDGMENT BY DELEGATE

I, the Delegate in the above and foregoing, hereby acknowledge and accept the terms of the Limited Delegation of Authority.

_____ _____
Signature of Delegate Printed Name and Title of Delegate

NOTICE OF LIMITATION OF LIABILITY BY SBoA
Upon receipt of a fully executed Limited Delegation of Authority from a local government unit, SBoA will provide the unit's delegate with a user account and password for access to the Unit's Gateway site. SBoA is not a party to such a Delegation and has no other responsibility or liability in connection therewith. SBoA does not assume any liability or responsibility for the work product or actions of the delegate, or for the accuracy, completeness, timeliness or usefulness of any material displayed or distributed through the Gateway web site database. SBoA makes no warranty, express or implied, with respect to the information included in the Gateway web site database and has no responsibility or liability therefor.

Mail, fax, or email the completed form to:
Indiana State Board of Accounts
302 West Washington Street, Room E418
Indianapolis, IN 46204
Email: annualreports@sboa.in.gov
Fax: 317-232-4711