LIMITED DELEGATION OF AUTHORITY FOR ENTERING AND EDITING DATA IN THE INDIANA GATEWAY WEBSITE FOR COUNTY UNITS

State Form 56329 (R / 2-18)
Prescribed by the Department of Local Government Finance

I. LIMITED DELEGATION OF AUTHORITY FOR COUNTY AUDITOR ASSOCIATED DLGF APPLICATIONS

Name of Delegating Official (person giving rights): _____

Name of Delegate (person receiving rights): _____

E-mail address of the Delegate (person receiving rights): _____

Name of Unit: _____ County: _____

Please select the application and access type you are delegating (*select one or more*).

Application	Submitter	Editor	Read-only
Budgets		☐	☐
Debt Management	☐	☐	☐
Data Entry for CNAV and Form 22 (DECAF)		☐	☐
Economic Development Reporting (EDR)		☐	☐
Other Post-Employment Benefits (OPEB)		☐	☐
TIF Management		☐	☐
Gateway File Transmission / Contract Upload		☐	☐
Gateway Abstract		☐	☐

I, the undersigned Delegating Official, pursuant to the authority vested in me for the submission of information through the Gateway website 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 website that will be submitted by the Unit to the Department of Local Government Finance (Department) for the applicable year.

2. Delegate may access the Unit's Gateway website by means of the login and password created and distributed by the Department to the Delegate.

3. This limited delegation of authority shall continue in effect until revoked. It is the responsibility of the Delegating Official to notify the Department of any revocations in writing.

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 all information. 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 Delegating Official) *(Typed name and title of Delegating 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 Official) *(Typed name and title of Delegate)*

SUBMIT A COPY OF THIS FORM TO THE DEPARTMENT UPON SIGNING.

NOTICE OF LIMITATION OF LIABILITY BY DEPARTMENT

Upon receipt of a fully executed State Form 56329 from a local government unit, the Department will provide the unit's delegate with a login and password for access to the unit's Gateway site. The Department is not a party to such a Delegation and has no other responsibility or liability in connection therewith. The Department 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 website database. The Department makes no warranty, express or implied, with respect to the information included in the Gateway website database and has no responsibility or liability therefore.