

**LIMITED DELEGATION OF AUTHORITY  
FOR ENTERING AND EDITING DATA IN THE INDIANA GATEWAY WEBSITE  
STATE BOARD OF ACCOUNTS ECA RISK REPORT APPLICATION**

**I. LIMITED DELEGATION OF AUTHORITY**

Name of Responsible Official (person giving rights): \_\_\_\_\_ Title: \_\_\_\_\_

Name of Delegate (person receiving rights): \_\_\_\_\_ Title: \_\_\_\_\_

Email address of the Delegate (person receiving rights): \_\_\_\_\_

Name of School Corporation and County: \_\_\_\_\_

Name of Extra-Curricular Account: \_\_\_\_\_

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: \_\_\_\_\_

**Note: You cannot delegate submit rights.**

**ECA Risk Report: 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 **ECA Risk 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 **ECA Risk 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 **ECA Risk 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: [gateway@sboa.in.gov](mailto:gateway@sboa.in.gov) Fax: 317-232-4711