



RESUBMISSION FORM

When to Use This Form

If an audit report is reissued and/or changes are made to the Data Input Workbook submitted with the audit report, the changes must be submitted to the staff of the LGC along with a Resubmission Form.

A Resubmission Form is required regardless of whether the auditor has received an email from LGC staff that the report has been reviewed. Any/all changes to an audit report and/or the Data Input Workbook after the original submission now require a Resubmission Form and the updated document(s).

Name of the Governmental Unit: _____

Fiscal Year End Date (month/day/year): _____

Name of Audit Firm: _____

Contact for Audit Firm (name, email): _____

Date Form was Completed: _____

If the audit report has been reissued, have superseded copies of the audit report been reclaimed? If not, please explain. _____

Did the unit/auditor receive an Audit Report Communication (ARC) from LGC staff? **YES** **NO**

If yes, were any changes to the audit report made OTHER THAN those noted in the ARC? **YES** **NO**

Were the basic financial statements changed or were the note disclosures revised? **YES** **NO**

If "yes", be sure to submit an updated Data Input Workbook including an updated finance officer verification.

Is this resubmission ONLY to correct errors to the Data Input Workbook? **YES** **NO**

If any changes were also made to the audited financial statements, answer "NO".

Please provide a brief description of what has changed and the affected page numbers, if applicable.

Description of Change	Page or Line Number(s)

Please indicate the files included with this resubmission:

- Audit Report** (required when any changes are made to the audit report)
- Data Input Workbook** (required when any changes are made to the basic financial statements and notes to the financial statements)
- Resubmission Form** (required for all changes to audit reports or Data Input Workbooks)

Internal Use Only

Download from Portal _____ Date: _____
 Financial Reviewer _____ Date: _____
 Compliance Reviewer _____ Date: _____
 Management _____ Date: _____
 Download to Portal _____ Date: _____