**New Entity Creation or Dissolution Notification**

Entities should complete this form and return it to their local audit team manager. (\*identifies required fields) Audit teams will verify this information. If needed, someone will call the entity contact at the number listed below for more information.

***Entity Completes This Section:***

|  |  |
| --- | --- |
| **REQUEST FOR AN AUDIT OF A NEW ENTITY OR SUB-ENTITY, if applicable** | |
| \*Legal Name of the Entity: | Click here to enter text. |
| DBA (if applicable): | Click here to enter text. |
| Acronym (if applicable): | Click here to enter text. |
| \*Date of Establishment: | Click here to enter a date. |
| \*Authorizing RCW: | Click here to enter text. |
| \*Federal EIN #: | Click here to enter text. |
| \*If the entity was created under RCW 39.34, the  Interlocal Cooperation Act: | A. Choose the type of entity created:  Choose an item.  B. Attach a copy of the Interlocal Agreement **AND** any Secretary of State filings |
| **GENERAL INFORMATION ABOUT THE ENTITY** | |
| \*Fiscal Year End: | Click here to enter text. |
| \*Billing Address: | Click here to enter text. |
| \*County: | Choose an item. |
| \*Entity Contact Name: | Click here to enter text. |
| \*Contact Phone Number: | Click here to enter text. |
| \*Contact E-mail Address: | Click here to enter text. |
| Entity Website: | Click here to enter text. |
| \*Form Completed By: (if different from entity contact) | Click here to enter text. |
| **NOTIFICATION OF ENTITY DISSOLUTION, if applicable** | |
| \*Date of Dissolution: | Click here to enter text. |
| Method of Dissolution: | Click here to enter text. |
| \*Record of Dissolution: | Attach a copy of the Dissolution Form |

***State Auditor’s Office Completes This Section:***

(Follow Instructions in the Audit Information Sharepoint site > New Entity Creation or Dissolution Instructions)

|  |  |  |
| --- | --- | --- |
| **SAO Review and Approval** | | **Initial & date completed** |
| **Manager of Legal Affairs** | | |
| Legal Basis for an MCAG: | This assessment is provided before the remainder of this section is completed. |  |
| **Audit Manager** | | |
| Description of Entity: | Initial Description of Entity |  |
| Responsible Team: | Choose an item. |
| Government Type: | Choose an item. |
| Audit Plan: | Briefly describes the audit plan, including the audit period. If an audit assessment is to be conducted, LGS takes over. |
| **Deputy Director** | | |
| Final approval: | Review of submission form and any attachments |  |
| **Fiscal Manager** | | |
| Date Notified: | Click here to enter a date. |  |
| MCAG # assigned: | Add the MCAG number assigned to the entity |  |
| **Audit Manager Administration** | | |
| PERM file: | Scan a copy of the form and any attachments for the PERM file |  |
| BUCO: | Submit a BUCO using the Online BUCO System |  |