

INSTRUCTIONS FOR COMPLETING:**PERIODIC DIRECTOR'S CERTIFICATION FOR INCOME PROVIDED BY DISABILITY SERVICES UNDER AN EXECUTED SERVICE AGREEMENT****1. Periodic Director's Certification for income provided by Disability Services**

- 1.1. Enter your funded Organisation Name (available from your Service Agreement).
- 1.2. Enter your funded Organisation Number eg. 6XXXXXX (available from your Service Agreement).
- 1.3. Select the year from drop down list
- 1.4. Select the Reporting period from drop down list
- 1.5. Include any comments
- 1.6. Complete the necessary certification details
- 1.7. The Certification page is to be signed by two authorised signatories.
- 1.8. Enter all authorised signatory details
- 1.9. Enter ABN details
- 1.10. Circle "Yes" or "No" to the question "Are you registered for GST"

2. Declaration and Signature

- 2.1. The periodic director's certification must be signed by two duly authorised officers on behalf of your organisation. Members of the Management Committee or Executive are those people who would normally be responsible for approving the financial acquittals and performance reports. Some larger organisations e.g. Local Government may delegate this responsibility to another officer or for a proprietary company where there is a sole director who is also the sole company secretary, only the signature of the director is required.
- 2.2. The signatories are responsible for ensuring that the organisations financial reporting obligations and accountability for the expenditure of funding received from the department have been met, including:
 - 2.2.1. Adequate internal control procedures exist in the recording, authorising payments, recording receipts and bank reconciliations.
 - 2.2.2. A full and complete set of financial records have been maintained.
- 2.3. The signatories are acknowledging that the funds have been used for the delivery of outputs as set out in the Service Agreement.
- 2.4. It is a requirement of Service Providers to utilise funding to deliver services as articulated in the Service Agreement.

3. Further Information

- 3.1. The periodic certification is to be completed where required under the Service Agreement.
- 3.2. Payments will be provided subject to receipt of reports as outlined in your Service Agreement.
- 3.3. Internal financial systems within your organisation are to support the production of an annual statement of income and expenditure reporting all items relating to the delivery of the Services, signed by an officer with the appropriate delegation in the format specified by us.
- 3.4. The department will accept a signed and completed Director's Certification that has been electronically scanned and emailed to DS_FMIS@communities.qld.gov.au.
- 3.5. Keep a copy of the original signed Director's Certification for your own internal records.

For further information please contact your Regional Office or email: DS_FMIS@communities.qld.gov.au

DIRECTOR'S CERTIFICATION OF DISABILITY SERVICES INCOME AND EXPENDITURE

ORGANISATION NAME:			
ORGANISATION NUMBER:			
YEAR:		PERIOD:	
ABN:		GST REGISTERED (YES/NO):	
COMMENTS:			

On behalf of The Grantee, I / We certify that:

1. I / We have sighted the financial and performance data for this period and that the information sighted is a true account of the organisation's financial position and performance, as it relates to departmental funding.
2. The funds have been used for the purposes for which they were provided to deliver the services listed in our Service Agreement (including any subsequent variations related to the above period).
3. I / We (Indicate appropriate option below):
 - Do not hold any substantial portion of the funding.
 - Do hold portions of the funding which is anticipated to exceed 1/12th of the annual value of the allocated funding detailed in the Service Agreement and will arrange to:
 - Return the funds to the department, or
 - Submit a capacity notification for additional temporary services of the same output type that the funds were provided for, or
 - Submit a change of purpose request to the department.
4. All terms and conditions of the Service Agreement have been complied with; and
5. The undersigned are authorised to sign on behalf of the Organisation.

Signature 1:		Signature 2:	
Name 1:		Name 2:	
Position 1:		Position 2:	
Date 1:		Date 2:	

PLEASE RETURN THIS FORM TO:

*Funding and Procurement Services
 Department of Communities, Child Safety and Disability Services
 GPO Box 806
 BRISBANE QLD 4001*

FAX NUMBER: (07) 3008 5162

EMAIL: DS_FMIS@communities.qld.gov.au

Please ensure this form is fully completed as per the instructions.

DISABILITY SERVICES OFFICE USE ONLY:			
NMDS Transmission received date:		Initials:	
Further information and/or actions for Funding and Procurement Services:			
Please attach this Certification to the Provider Group Notes in BIS and email the responsible contract manager advising that the certification has been received and is attached in BIS for their reference.			