

**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 (available from your Service Agreement)
  - 1.3. Select the current financial year
  - 1.4. Select the correct Reporting period
  - 1.5. Enter ABN details
  - 1.6. Select "Yes" or "No" to the question "Are you registered for GST"
  - 1.7. Include any comments
  - 1.8. Read through the statements you are considering certifying
  - 1.9. Complete the certification details of each authorising officer
  - 1.10. The Certification page is to be signed by **two** authorised signatories
  
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 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 only for expenses deemed "allowable" as per the Funding Accountability Guidelines.
  
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 [DSCCAAdmin@communities.qld.gov.au](mailto:DSCCAAdmin@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: [DSCCAAdmin@communities.qld.gov.au](mailto:DSCCAAdmin@communities.qld.gov.au)

DIRECTOR'S CERTIFICATION OF DISABILITY SERVICES INCOME AND EXPENDITURE			
ORGANISATION NAME:			
ORGANISATION NUMBER:			
FINANCIAL YEAR:		PERIOD:	
ABN:		GST REGISTERED (YES/NO):	
COMMENTS:			

**On behalf of the funded entity, 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 paid have been used for the allowable purposes for which they were provided to deliver the services listed in our Service Agreement (including any subsequent Variation/s related to the above period).
3. The organisation is financially viable, has sufficient resources to continue to deliver the services contracted and, is readily able to meet its debts in full as and when they fall due.
4. I / We (Indicate appropriate option below):
  - Do not** hold any substantial portion of the funding or
  - Do** hold portions of the funding which exceeds 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.
5. All terms and conditions of the Service Agreement have been complied with; and
6. 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 Services  
 Department of Communities, Disability Services and Seniors  
 GPO Box 806  
 BRISBANE QLD 4001

**FAX NUMBER:** (07) 3008 5162

**EMAIL:** [DSCCAAdmin@communities.qld.gov.au](mailto:DSCCAAdmin@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 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 reference.			