



Department of Rural and
Community Development



*An Roinn Forbartha
Tuaithe agus Pobail*

**PUBLIC PARTICIPATION NETWORK – AUDIT OF EXPENDITURE INCURRED DURING THE
PERIOD 1ST. JANUARY 2016 TO 31ST. DECEMBER 2016.**

15/8/2017

Circular Letter CVSP4/2017

To: Director of Service, Community

Dear Director

The Working Group on Citizen Engagement with Local Government recommended that the work of the PPN should be monitored and evaluated regularly in line with best practice. This would be undertaken by the National PPN Advisory Group appointed by the Minister. One of the recommendations to the Minister was that PPN's would be audited at least once in the lifetime of the local authority term by the Advisory Group in terms of its governance and operational structures to ensure that the structure is robust, sustainable and operationally sound.

In line with appropriate governance procedures, the Department intends to carry out a desk top audit of expenditure incurred in 2016 by PPNs. Local authorities have been advised in circulars issued by the Department to retain records of all payments and expenditure incurred by the PPN so that they are available for inspection by the Department or other relevant agencies. To that end I am to request that you forward copies of all invoices etc. to the Department relating to expenditure incurred by your PPN during the period 1/1/16 to 31/12/16.

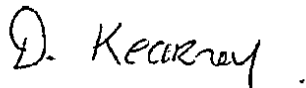
There will be no need to send originals of Invoices etc, copies will be accepted as long as they are certified by the local authority as representing true copies of the originals and relate

to bone fide expenditure incurred by the PPN in 2016. Appendix A is attached for the purpose.

While a major cost to any PPN is the salary and expenses of the Resource Worker and to a lesser degree, expenses of the Secretariat and others, for the purposes of this audit the Department will require the completion in full of Appendix B duly certified. Once an authority is completing Appendix B there is no requirement to submit any other supporting documentation relating to the Salary of the Resource Worker. However copies of the T/S claims of all persons to whom expenses were paid in 2016 from the PPN's funds will need to be submitted. Copies of claims may be suitably amended so as to avoid issues of personal information. Copy claims should as least show the individual's name, their role within the PPN, the date the costs were incurred, the amount involved and the purpose of the expense.

Completed returns should be forwarded to Ms Ellie Corcoran, Community and Voluntary Supports and Programmes. Department of Rural and Community Development, Custom House Dublin 1, by **Thursday 31st August 2017**. Payment of any outstanding contribution due from the Department for 2017 will be wholly dependent on the receipt and acceptance of an authorities account.

Mise le meas



Assistant Principal
Community and Voluntary Supports and Programmes
Phone: 01 888 2188

Copy to Resource Worker attached to PPN

APPENDIX A

- **Total Expenditure incurred by PPN in 2016 - € _____.**

- **Total Funding provided by Local Authority from its own resources in 2016 (excludes DHPCLG contribution)**

- € _____ .

- **Total Receipts/Invoices* (copies of which are attached)**

- € _____ .

**I hereby certify that the attached copies of receipts /invoices represent expenditure incurred by _____ PPN during 2016.*

Signed _____

On behalf of _____ Local Authority

Title _____

Date _____

APPENDIX B

Details of Salary & T/S paid to Resource Worker Jan to end Dec.2016

| <u>Month</u> | <u>Salary</u> | <u>T&S</u> |
|------------------------------|----------------------|-----------------------|
| January 2016 | € | € |
| February 2016 | € | € |
| March 2016 | € | € |
| April 2016 | € | € |
| May 2016 | € | € |
| June 2016 | € | € |
| July 2016 | € | € |
| August 2016 | € | € |
| September 2016 | € | € |
| October 2016 | € | € |
| November 2016 | € | € |
| December 2016 | € | € |
| <u>Total for year</u> | <u>€</u> | <u>€</u> |

Details of the T&S expenses paid to all others recouped by the PPN's during 2016.

| <u>Individuals Name</u> | <u>Total for 2016</u> | <u>Reason for Expense</u> |
|--------------------------------|------------------------------|----------------------------------|
| | € | |
| | € | |
| | € | |
| | € | |
| | € | |
| | € | |
| | € | |
| | € | |
| | € | |
| | € | |
| | € | |

Certified that the above represents actual expenditure incurred on (a) the salary and (b) T&S claims of the Resource Worker, Secretariat and others during 2016.

Signed _____

On behalf of _____ Local Authority

Title _____

Date _____