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| **<COMPANY> Compliance Audit Report 2018** |
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|  [ ]  **Independent Auditor version** [ ]  **Provider version** |
|  [ ]  **<COMPANY>version** |

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| **Lead provider name** |  |
| **Lead provider code** |  |
| **Independent auditor** | *[Name of auditor]* *[Name of audit organisation]* |
| **Date of audit visit** |  |
| **List of audited schemes** | Scheme no. | Scheme name |
| *08-nnnnn* | *Scheme 1* |
| *08-nnnnn* | *Scheme2* |
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| **Name of <COMPANY>lead** | *(<COMPANY>use only)* |
| **Date <COMPANY>report issued** | *(<COMPANY>use only)* |

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| **Overall procedural rating** | **Procedural comments** |
| *(<COMPANY>use only)* | *(<COMPANY>use only)* |

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| **Overall administration rating** | **Administration comments** |
| *(<COMPANY>use only)* | *(<COMPANY>use only)* |
| **A**  | **LEAD PROVIDER - OVERALL FINAL ASSESSMENT** |

**A.1 Overall procedural assessment**

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| *(<COMPANY>use only)* |

**A.2 Overall administration assessment**

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| **Rating** | **Audit administration comments** |
| *(<COMPANY>use only)* | *(<COMPANY>use only)* |

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| **B**  | **SCHEME FINDINGS & RECOMMENDATIONS** |

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| **B.1** *Copy this table for each finding and give each a unique reference e.g B.2 below*  |
| **IMS no. & scheme address**  | 08-nnnn |  |
| **Checklist used** | *Enter the name and version of the checklist used.* |
| **Audit question**  | Number | *Copy the audit question from the checklist* |
| **Auditors finding** | *Explain nature of the finding with appropriate dates and figures.If no findings enter* ***None.*** |
| **Provider’s response**  | *(Provider use only) If no comment enter* ***None****.* |
| **Type of finding**  | *(<COMPANY>use only)* |
| **Finding rating** | *(<COMPANY>use only)* |
| **<COMPANY>conclusion / recommendation** | *(<COMPANY>use only)* |

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| **B.2**  |
| **IMS no. & scheme address**  | 08-nnnn |  |
| **Checklist used** | *Enter the name and version of the checklist used.* |
| **Audit question**  | Number | *Copy the audit question from the checklist* |
| **Auditors finding** | *Explain nature of the finding with appropriate dates and figures.If no findings enter* ***None.*** |
| **Provider’s response**  | *(Provider use only) If no comment enter* ***None****.* |
| **Type of finding**  | *(<COMPANY>use only)* |
| **Finding rating** | *(<COMPANY>use only)* |
| **<COMPANY>conclusion / recommendation** | *(<COMPANY>use only)* |

*Insert further tables here as necessary for each finding and give each a unique reference e.g B.3, B.4, etc*

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| **C** | **INDEPENDENT AUDITOR - SIGNATURE** |
| We confirm, based on the information provided to us and the checks we have been able to undertake and with the exceptions of the points in Section B above, that all procedural conditions as set out in the relevant checklists and in the GLA’s Capital Funding Guide, Funding Conditions, Framework Delivery Agreement, Short Form Agreement and Partnering Programme Agreement, have been validated. |
| *Print name:*  | *Job title:* |
| *Email:* | *Date:* |

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| **D** | **LEAD PROVIDER - COMPLIANCE AUDIT LEAD SIGNATURE** |
| The findings identified in this report have been noted and further comments (and where appropriate supporting documents) added to provide further clarification. This report should be emailed (*in .PDF & Word format*) to the <COMPANY> within 10 working days of the date of the Auditor’s Report. In this instance it was sent within (insert number) working days of the date of the Auditor’s Report.*Provider’s comments not required where the report has no findings.* |
| *Print name:* | *Job title:* |
| *Email:* | *Date:* |

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| **E** | **<COMPANY>SIGNATURE** |
| This report is confidential between the Greater London Authority and the audited organisation. The information contained in this report has been compiled purely to assist the Greater London Authority in its statutory duty in relation to the payment of grant to registered providers. The Greater London Authority accepts no liability whatsoever for the accuracy or completeness of any information or assessment contained herewith. |
| *Signature*  | *Date* |
| *Print name*  | *Position* |

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| **F** | **LEAD PROVIDER SIGNATURE - CHAIRPERSON / LEAD MEMBER** |
| I have noted and accepted the findings of the GLA’s compliance audit report. Remedial action will be taken in accordance with the above recommendations.*Complete this section in the GLA’s final report (not in the auditor’s initial report).* |
| *Signature* | *Date* |
| *Print name* | *Position* |

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| **G** | **PURPOSE OF COMPLIANCE AUDIT** |

The purpose of <COMPANY>compliance audits is to ensure that the GLA’s policies, funding conditions and procedures have been correctly followed. If you have any queries on this report, please contact the <COMPANY>lead person named on the front page.