



The Community Partnership
For The Prevention
of Homelessness

TCP Form 298 CERTIFICATION OF AGENCY'S FISCAL CONTROLS

I hereby certify that _____, an agency (hereafter, "the Agency) doing business with The Community Partnership for the Prevention of Homelessness, shall abide by the following fiscal controls and practices.

- I. All disbursement checks have corresponding invoices or other supporting documentation which indicate appropriate approval. Items of a continuing nature, such as lease payments would be exceptions. For such disbursements, originals of the agreement mandating the payment are kept on file. Petty cash disbursements have a corresponding record of the transaction and receipts. Personnel records and timesheets support payroll registers.
- II. All blank checks are stored in a secure location. All checks issued contain proper signatures, date of payment, name of payee, and amount of payment. They should be issued in consecutive order. Two authorized signatures must be required for all checks over \$1,000.00. All checks bear the name of the Agency and be pre-numbered.
- III. Petty cash disbursements should be limited to business related expenses and under an appropriate amount. Please specify amount used \$_____. All petty cash expenditures must be supported by an appropriate receipt.
- IV. All checks received must be restrictively endorsed upon receipt. "For Deposit Only, agency's name, and account number". Checks are to be deposited within one business day of the date they are received. A copy of the check and the bank receipt must be kept on file.
- V. Bank reconciliations must be prepared on a monthly basis within 15 business days of the end of the month. Bank reconciliations must be performed by a person other than the people responsible for cutting and signing checks.

I further certify and agree that the Community Partnership, or any agency may designate to do so, may inspect the books and records of the Agency to assure that the Agency's fiscal practices and controls are in compliance with the above.

Signed: _____ Date: _____