

Grant Pre-Payment Checklist

The following checklist should be completed by the Relationship Manager and signed by the Accountable Officer prior to the release of any grant payment to an ALB (as listed in the PFM). A copy of the signed form should be retained by the Relationship Manager for audit purposes.

Since the last grant payment:

	Assurance Statement	Tick
1	I have reviewed the financial status of the ALB and have not identified any material risk to their ability to deliver in accordance with the Grant Agreement. The ALO's latest Annual Report has been delivered.	
2	I have reviewed the progress of the ALB in delivering their services and disbursing grant monies and have assured myself that they are on track. I have reviewed the performance of the ALB against the key performance measures set out in the Grant Agreement and have not identified any serious remedial actions.	
3	I have tracked the progress of the ALB against their aims and priorities and am confident that they will deliver in line with their stated aims.	
4	I have assured myself, through conversation with the ALB that they are on track to achieve the standards and principles set by the Government.	
5	I am assured that the ALB is tracking risks and managing business continuity effectively. I have captured any risks to Government associated with ALB performance on my Department's risk register.	
6	A Governance, risk and Compliance Checklist has been completed in the last 12 months and actions arising are being monitored by me through regular meetings with the ALB.	
7	(where applicable) I have received the ALB's business plan for the following year	
8	I have considered the potential for efficiency savings from the States' or Government's grant to the ALB.	
9	I have considered whether the ALB remains the optimal route to service delivery.	

DELETE AS APPLICABLE:

Based on my above assurance review / despite the ALO not performing to all Government expectations, based on the assessment attached to this form,

I recommend that the following grant payment be released:

ALO:.....

Grant Payment

Name:.....

Title:.....

Date:.....

Approval:

Accountable Officer:.....

Date:.....