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*Updated Dec 23*

**Finance certification**

**Name of Unit: OR Name of District/Division/Premises/Shop/canoe club**

**Leader in charge: Commissioner:**

**Treasurer: Treasurer:**

**Accounting period: Accounting period:**

*This certification should be used for each Unit, District, Division, Shop and Hall/campsite premises in the County to record compliance with the Girlguiding Finance policy dated 25 September 2021.*

***Bank Accounts***

*Bank account details*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Account Name** | **Bank** | **Account number** | **Sort Code** | **Signatories** | **Location of cheque book** | **Online banking on a/c?** |
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***Finance confirmation***

Confirm compliance with the requirements of the policy, noting where applicable the reason for exceptions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Requirement*** | ***Yes*** | ***No*** | ***NA*** | ***Rationale for No*** |
| *1. Bank Accounts* | | | | |
| 1.1 An account is open for the unit with a well-known bank that is part of the Financial Services Compensation Scheme |  |  |  |  |
| 1.2 Cash held has been kept to a minimum |  |  |  |  |
| 1.3 The bank account is in the name of the unit and is not linked to another unit (unless in the case of a joint unit) |  |  |  |  |
| 1.4 There are at least three signatories on each account |  |  |  |  |
| 1.5 There are two signatories from within the unit. The third signatory **should ideally** come from elsewhere e.g. local district / division. Signatories should not be related to or in a relationship with any other signatory. |  |  |  |  |
| 1.6 All signatories are registered on GO either in an existing Guiding role or a as a unit administrator. All signatories have had a DBS check and have completed Girlguiding’s A Safe Space level 1 training. |  |  |  |  |
| 1.7 All cheques require two signatories in order to authorise |  |  |  |  |
| 1.8 Where online banking is used, I confirm that two signatories are required to authorise transaction OR where only one signatory makes the transaction payments have been agreed with another signatory in advance and the expenditure is recorded in the accounts. |  |  |  |  |
| 1.9 Where there is a debit card in place, I confirm that the transaction payments have been agreed with another signatory in advance and the expenditure is recorded in the accounts. |  |  |  |  |
| 1.10 There are no credit cards in place. Is that correct? |  |  |  |  |
| 1.11 I confirm the details of the bank accounts have been shared with my local commissioner. *This is achieved through accurate completion of this form and submission to District/Division with the accounts* |  |  |  |  |
| *2 Setting and Following a budget* | | | | |
| 2.1 A budget has been prepared and monitored the current year |  |  |  |  |
| 2.2 A budget is in place for the forthcoming year and takes into account the funds available to the unit |  |  |  |  |
| *3 Dealing with money promptly* | | | | |
| 3.1 Monies have been banked on a prompt basis throughout the year |  |  |  |  |
| 3.2 Any cash held has been stored in a safe place under lock and key |  |  |  |  |
| 3.3 Money relating to the unit has been kept separate to any members own funds |  |  |  |  |
| 3.4 The amount of personal money used to cover Guiding costs has been kept to a minimum |  |  |  |  |
| 3.5 If you regularly hold money at your home you have considered the need to take out additional insurance or adding to your household policy |  |  |  |  |
| *4 Keeping accurate accounts* | | | | |
| 4.1 Accounting records are kept safe including password protecting electronic records |  |  |  |  |
| 4.2 Accounting records have been kept up to date throughout the period (best practice to review once a term) |  |  |  |  |
| 4.3 The Unit leader has reviewed the accounts once a term where preparation has been delegated to a treasurer/ unit administrator [Units only] |  |  |  |  |
| 4.4. The unit / District / Division treasurer is recorded on GO as a unit administrator |  |  |  |  |
| 4.5 Accounting paperwork will be retained for a period of seven years from the end of the accounting period |  |  |  |  |
| 4.6 Fundraising income has been recorded separately to other income in the accounts |  |  |  |  |
| ***5. End of Year review*** | | | | |
| 5.1 The accounts have been prepared for the financial year and as a minimum contain an income and expenditure statement and summary of assets / liabilities |  |  |  |  |
| 5.2 The annual accounts have been independently reviewed within 3 months of the year end |  |  |  |  |
| 5.3 A copy of the reviewed accounts have been sent to the District/Division/County (whichever is applicable)) level within 3 month of the year end |  |  |  |  |
| ***6. Claiming expenses*** | | | | |
| 6.1 Members have reclaimed ALL costs incurred for Girlguiding and these have been supported these with receipts |  |  |  |  |
| 6.2 All expenses incurred by members have been authorised by an appropriate signatory prior to payment |  |  |  |  |
| 6.3 All expenses are supported by a receipt, travel ticket, invoice, bill etc |  |  |  |  |
| ***7 Dealing with financial challenges quickly*** | | | | |
| 7.1 Where there are any financial challenges e.g. unit does not have enough money, I have contacted the district commissioner on a timely basis. |  |  |  |  |
| 7.2 Any concerns over misuse of Girlguiding money has been reported to a commissioner or Girlguiding HQ |  |  |  |  |
| ***8 Gift Aid*** | | | | |
| 8.1. Where gift aid is claimed, this has only been done when registered with HMRC and where the parents / donor has provided a Gift Aid Declaration |  |  |  |  |
| ***9 Lending money*** | | | | |
| 9.1 The unit has not lent any monies. Is this correct? |  |  |  |  |

*The finance policy also covers managing finances for overseas trips. If this applies please review the policy directly.*

**Questions answered NO**

For any questions answered No please provide details of actions being taken to address:

|  |  |
| --- | --- |
| **Exception reference** | **Action to resolve** |
|  |  |
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|  |  |

**Financial concerns**

If there are any financial concerns, please provide details:

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|  |

**Sign off (by the person completing the form)**

I confirm the above statement is accurate and provides a full representation on the financial arrangements for

(insert name of Unit/District/Division/Shop/Premises)

Signed:

Name:

Role:

Date:

Please give this completed and signed form, with your verified accounts, to the relevant Commissioner in accordance with the County Finance Timeline