



Comhshool, Pobal agus Riattas Áitiúil
Environment, Community and Local Government



PUBLIC PARTICIPATION NETWORK

FUNDING ARRANGEMENTS 2016 (DETAILS OF EXPENDITURE 1/1/16 – 30/6/16).

14/7/2016

Circular Letter CVSP2/2016

To: Each Director of Service, Community

Cc: Each Resource Worker PPN

A Chara

As indicated in Circular letter CVSP1/2016 recoupment of expenses incurred by PPN's will be made on the basis of actual expenditure of approved costs. Recoupment will be made in two tranches; the first is now due and will be recouped to the local authority following the submission to the Department of a duly certified account of actual expenditure incurred during the period 1st January 2016 to 30th June 2016. A template is attached for this purpose. This account may be completed by the PPN or appropriate person acting on its behalf. The account must however be certified by the Local Authority given that a clear Memorandum of Understanding and Service Level Agreement exists between the PPN and the Authority. Monies will only be recouped to a Local Authority on the basis of expenditure thus incurred.

A local authority is expected to provide details of expenditure and should retain records of all payments and expenditure incurred for which it intends to claim. Although these do not need to be submitted in detail with this claim they should be available for inspection by the Department or other relevant agencies.

Emer Connolly,
Principal
Community and Voluntary Supports and Programmes
Phone: 01 888 2468



Account of Expenditure incurred during the period

1st January 2016 – 30th. June 2016

by _____ PPN

Detail below each item of expenditure and its relevant cost. *Other costs* and or *Miscellaneous costs* without a breakdown of Item and cost will not be accepted.

- Salary / Wages	€
- Travel & Subsistence	€
-	€
-	€
-	€
-	€
-	€
-	€
-	€
-	€
-	€
-	€
-	€
Grand Total	€

Please ensure that records in respect of all expenditure incurred above are retained and available for inspection by the Department or other relevant agencies.

Completed by: _____

Title/Role: _____ Date: _____

Certified by: _____ (Local Authority)

Grade/Title: _____ Date: _____