The Acting Accounting Officer
Gauteng Department of Health
Private bag x085
MARSHALLTOWN
2109

13 May 2019

Reference: Request no.13 of 2018-19

Dear Prof M Lukhele

Request for information for the audit of class of transactions, account balance, disclosure, reported performance against pre-determined objectives, compliance with laws and regulations of the Gauteng Department of Health for the year ended 31 March 2019

1. We require the following information that will be used for the application of those auditing procedures necessary to enable us to conduct our audit on class of transactions, account balance, disclosure, reported performance against pre-determined objectives, compliance with laws and regulations. You are kindly requested to provide the information detailed below within **three** days of the receipt of this letter as agreed in our engagement letter.
2. Should any information requested not be received within the agreed timeline and should we not be able to obtain sufficient appropriate audit evidence by alternative procedures, this omission will be considered to be a misstatement of the financial statements as a result of the limitation on the scope of the audit.
3. The amount of the misstatement in our sample will be projected to the population and, if material, the limitation may result in a qualification or disclaimer of the auditor's opinion.
4. Should you be unable to supply the information requested in the time specified, kindly indicate the reasons for the non-submission or for the delay in meeting the agreed date of the submission.
5. In order for us to meet the legislated dates for the submission of the audit report, the delay in meeting the agreed timelines for submission of the requested information may result in it not being taken into consideration in concluding on the audit.

Non –Government Organisations to be visited

NGO's
1. Sizanani Village trust (Tshwane District)
2. Little Eden Society for The Care (Ekurhuleni District)
3. San Michele Home (Ekurhuleni District)
4. Talisman Foundation (Johannesburg District)
5. Ikhwezi lokusa Psychiatric Home (Sedibeng District)
6. Korekile Home for The Cerebral Palsy (Westrand District)

Information requested

No.	Description	Date submitted	Management reason for non-submission of information
Kindly provide the following information for 2018-19 financial year:			
1.	**Licensing and registration** 1.1 Mental healthcare Act license that is licensed in terms of Section 43 of Mental Health Care Act 17 of 2002 & Regulations (DOH). 1.2 Evidence of registration in terms of National Registration guidelines for Residential facilities for persons with disabilities (DSD). 1.3 Evidence of registration in terms of the National Health Act 61 of 2003. 1.4 Evidence of registration in terms of Older Persons Act 13 of 2006. 1.5 Evidence of registration in terms of Children's Act 38 of 2005. 1.6 Service level agreement (SLA) or MOA between the Department and the Non-profit organization (NPO).		
2.	**Approval process, verification and compliance** 2.1 Evidence of approval process for licensing together with the following: • Zoning and re-zoning certificate. • Constitution. • Business plan • Copy of tax clearance certificate (SARS). • Occupancy certificate. • Certificate of acceptability for food handling. • Health certificate. • Attached evidence of property owned/leased and lease agreement if applicable. • SAPS clearance certificate.		

	• Evidence relocation from clinic to premises if applicable. • Evidence of any upgrading to facility, if done. 2.2 Compliance checklist completed by the departmental official to confirm that the NGO is eligible to receive funding. 2.3 Evidence of monitoring (e.g. Progress report etc.) the NPO during the year to ensure that the service level agreement is adhered to.		
3.	**Minutes of meetings** 3.1. Minutes of board meetings and attendance registers from April 2018 to 31 March 2019. 3.2 Minutes of management meetings and attendance registers from April 2018 to 31 March 2019 3.3 Minutes of meeting of when the last annual general meeting (AGM) was held together with attendance register. 3.4 Minutes of meeting held for funding the NGO. 3.5 Minutes of the meeting and attendance register for district coordinator visit to the NGO.		
4.	**Financial** 4.1 Bank statements from 1 April 2018 to 31 March 2019. 4.2 Bank account details in which the Gauteng Department of Health deposits money into. 4.3 Details and evidence of the signatories for the bank account and provide us with evidence regarding any changes thereof if any. 4.4 Cash book and ledger accounts from 1 April 2018 31 March 2019 together with the supplier invoices. 4.5 Provide any losses due to mismanagement of funds, if any.		
5.	**Registers** 5.1 Attendance registers for beneficiaries. 5.2 Staff register. 5.3 Donation register. 5.4 Holiday register. 5.5 Admission register. 5.6 Incident register. 5.7 Compliant register.		

	5.8 Activity programme. 5.9 Waiting list/screening file. 5.10 Communication register		
6.	**Physical verification** An employee to accompany us to physically verify the premises.		

Yours sincerely

Gontse Ndlovu
Position: Audit Manager
GTN 1

Enquiries: Gontse Ndlovu
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1. Acknowledgement of receipt of request by management:
I hereby acknowledge receipt of the request for information

Received by ______________________ Date ______________

2. Submission of information by management:
I have submitted the requested information on behalf of [responsible head of department/CFO] and confirm that [all the information requested has been submitted/I will submit the remaining information on [date] / I have not been able to submit the information for the reasons as indicated and the information will not become available at a future date.]

Submitted by ______________________ Date ______________

3. Acknowledgement of information by auditor:
I hereby acknowledge receipt of the information as detailed herein.

Received by ______________________ Date ______________