

20\_\_/20\_\_

**FISCAL YEAR-END SETTLEMENT**

- Preschool Speech and Language Program or**
- Infant Hearing Program or**
- Blind-Low Vision Program**

**To: City of Toronto  
Toronto Public Health**

**CERTIFICATION**

This page must bear the original signature of the Chief Executive Officer and, if applicable, the Service Provider's Chair of the Board.

The Comparative Statement of Revenue and Expenditures detailed in this settlement is certified as the net allowable funding from City of Toronto, for the above-noted program, and is submitted by:

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider (partner agency name)

\_\_\_\_\_  
Chair of the Board

\_\_\_\_\_  
Date

**PRESCHOOL SPEECH AND LANGUAGE/ INFANT HEARING / BLIND-LOW VISION PROGRAMS**

**City of Toronto – Public Health Division**

**Name of Service Provider (Partner Agency Name):**

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**Program Name:** \_\_\_\_\_

**AUDITOR’S QUESTIONNAIRE  
FOR THE YEAR ENDING MARCH 31, 20\_\_**

1. We have verified that the attached audited financial statements and settlement forms agree with the books of the above-mentioned Service Provider.
2. We have reconciled the differences between the expenses and revenues as reported on the Settlement Forms with those as shown in the Audited Financial Statements for the Settlement Year ending March 31, 2021 details of which are provided on the attached schedule.
3. We are familiar with the applicable Provincial legislation, insofar as they pertain to financial and accounting matters, and insofar as they relate to the Service Provider on whose financial statements we have reported.
4. We have reviewed the “Explanatory Notes” for the Settlement Year ending March 31, 20\_\_ for the preparation of the annual settlement return as required by City of Toronto.
5. We have reviewed all minutes of the following bodies up to \_\_\_\_\_, \_\_\_\_.

(a)Board of Directors

(b)Finance Committee

(c)Audit Committee

(d)Other

and, in our opinion, have satisfied ourselves that proper recognition has been given to all items recorded therein which affect the financial position of the Service Provider.

6. We have reviewed the correspondence during the year between City of Toronto and the Service Provider which has been provided to us by the Service Provider and is likely to have a direct bearing on its financial position or accounting system.
7. We have verified that funds flowed by City of Toronto in excess of current requirements were invested to earn additional revenue. (Please comment below if this is not the case).
8. We have reported in writing to City of Toronto – Public Health Division any weaknesses in internal controls which came to our attention during the course of the audit which, in our opinion, might expose the Service Provider to a material loss of funds or other assets.

- 9. We have reviewed the Service Provider's fidelity insurance coverage and, where applicable, have forwarded our comments to City of Toronto - Public Health Division after taking into consideration the existing level of internal control in the Service Provider. We have also reviewed other insurance coverage.
- 10. The Service Provider has complied with the previous audit recommendations in all material respects.
- 11. Auditor's comments:(where applicable)

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Date

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Signature of Auditor(s)