

Examination of Periodic Financial Statements

Client: Brewarrina Business Cooperative Ltd

Sub. Nbr: 2020342

Activity: Weilmoringle Swimming Pool

Act. Nbr.: 59161

Funds Controller: None

PFS Frequency: Quarterly

Budget Guidelines: Activity by Block

Section 20 Notice: None

Risk Rating: Not Yet Assessed

Objectives: Outcomes:

Provision of a recreational/therapeutic facility for Indigenous Australians with access to appropriate support services which contributes to their safety, health and well being.

Strong Whole of Government partnership to establish strategic interventions to ensure coordinated investment and action. Focusing on interventions for families and children to ensure children have the best start in life.

Responding to intergenerational change for Indigenous Elders.

The overall improvement in the health of whole the community.

In their Community Action Plan the Aboriginal Community Working Party highlighted the need for a swimming pool. This was with a view to addressing issues experienced by families such as:

- " young children and the unacceptably high incidence of otitis media
- " assist the elderly with exercise and the management of stage 2 diabetes.
- " general well being of the community and assisting to decrease the prevalence of diabetes,
- " providing an area to utilise gentle exercise regimes for elders to reduce incidents of injury
- " giving the general community a recreation facility in the heat of the summer, which consistently reaches 40-45 degrees.

Brewarrina Shire Council support the proposal and will fill the pool initially at no charge.

The title of the land where the pool is located is held by the Weilmoringle Local Aboriginal Lands Council. It has been agreed that the public liability is the responsibility of the NSW Aboriginal Lands Council.

Landscaping, including the provision of trees and fencing will be undertaken by the local CDEP (Murrawarri) as part of their mutual obligation activities. The local community have committed to the management and on-going maintenance of the pool and surrounds. This will be done by way of a newly registered Cooperative made up of community members which will be responsible for the employment of staff and the management of the facility. Families will pay for entry to the pool either by gold coin, seasonal or family ticket.

The project will be auspiced by the Barwon Darling Alliance which is based in Bourke.

It has been acknowledged Indigenous children are more likely to incur otitis media, and other skin irritations. Also, aged members of the Indigenous population are far

more likely to contract stage 2 diabetes due to poor diet and exercise. The pool provides an opportunity to address these issues while still providing a whole of community recreational outlet. 138

Monitoring Note:

Released to Date - Capital: \$100,000.00

Operational: \$0.00

CDEP: \$0.00

Accounting method used by grantee: CASH/ACCRUAL

	YES	NO	N/A	File/Folio
Certification as per T&C provided	✓			
Financial Statement Documentation as per T&C	✓			
Correct Budgeting Requirements as per T&C		✓		
Grant releases recorded correctly		✓		
Activity-generated income recorded			✓	
All expenditure for approved objectives	✓			
Carry-overs from previous years addressed			✓	
Arithmetically accurate			✓	
come/Expenditure trend satisfactory			✓	
Reasonable amount of Debtors and Creditors			✓	

For Period Ending 31/12/2009

Activity's Funds Position as at 31/12/2009 (Attach all your working papers)

Capital \$ 100K. Operational \$ _____ CDEP \$ _____

Breaches entered in GMS: General T&C YES NO N/A
 Program-specific T&C YES NO N/A
 Supplementary Condition T&C YES NO N/A

Follow-up required? YES NO

Comments: (Detail your observations, findings and recommendations.)

NO TRANSACTIONS DURING THIS PERIOD - PROJECT NOT YET STARTED.

Recommended as Satisfactory/Unsatisfactory YES/NOROB WILCOX

Name

SENIOR C/E OFFICER.

Position

16-4-10

Date

Supervisor's Instructions

Financial Statement Accepted as Satisfactory YES/NO

Follow-up action required YES/NO

Action Officer:

Date to complete follow-up

Referral to manager required YES/NO

Name

Position

Date

Manager's Instructions

No further action required YES/NO

Follow-up action required YES/NO

Action Officer:

Date to complete follow-up

Name

Position

Date