

Annual Internal Control System Assurance Statement

Agency Name: _____

- I acknowledge that I am responsible for designing, implementing, and operating an effective internal control system for my agency that incorporates the five components of internal control.
- My agency has evaluated the effectiveness of internal controls at both the agency and program levels by completing the Internal Control Assessment Template in compliance with *Management Directive 325.12, Standards for Internal Controls in Commonwealth Agencies*. For the implemented controls, we have retained the documentation supporting those conclusions. We have developed written corrective action plans, including responsible parties and completion deadlines, to address any significant deficiencies or material weaknesses identified as part of this assessment.
- My agency has developed and/or updated (as necessary) its internal and external monitoring plans for all programs under our jurisdiction in compliance with *Management Directive 325.12, Standards for Internal Controls in Commonwealth Agencies*.

Agency Head (please print)

Job Title

Agency Head Signature

Date

Second Signature (optional)

Job Title

By September 30, email the following completed certification documentation for fiscal year ended June 30 to RA-OBOCOIntConEval@pa.gov.

- Internal Control System Assurance Statement form (signed by Agency Head)
- Internal Control Assessment(s)
- Monitoring Plan