

City of Santa Monica Audit Subcommittee Application



The Clerk's office is accepting applications for the newly-forming City of Santa Monica Audit Subcommittee. The purpose of the Audit Subcommittee is to assist the City Council in fulfilling their oversight responsibilities for the financial reporting process, the framework for internal control, and the audit process.

Applications are due by 5:00 p.m. on August 11, 2015 to the City Clerk's office. All applications can be submitted via email, mail, fax, or in person to:

City of Santa Monica
City Clerk's Office
1685 Main Street Room 102
Santa Monica, CA 90401
Phone: (310) 458-8211; Fax: 310-394-2962
Email: clerk@smgov.net

Please read the following before completing an application:

City residents, over the age of 18, may apply for positions on the Audit Subcommittee regardless of race, age, sex, religion, marital status, national origin, ancestry, sexual orientation, or disability. These positions require special expertise as indicated on this Application Form. Appointments will be made by the City Council in public session at a City Council meeting. Those appointed will be required to file Conflict of Interest disclosure statements, which are public records available for public inspection or duplication. The completed application forms are also public records.

Please answer all of the questions on this application.

Applicants requiring additional information can contact the City Clerk's office at (310) 458-8211 or clerk@smgov.net or the City Attorney's office at (310) 458-8336 or attorney.mailbox@smgov.net

Additional Conflict of Interest Information for Applicants:

http://www.smgov.net/uploadedFiles/Departments/Clerk/Boards_and_Commissions/Application_Forms/2011%20CAtt%20letter.pdf

Oaks Initiative Information:

http://www.smgov.net/uploadedFiles/Departments/Clerk/Boards_and_Commissions/Application_Forms/oaks_initiative_info.pdf

Information to be displayed on the internet:

Prefix: Dr. _____ Mr. _____ Mrs. _____

First Name: _____ Middle: _____

Last: _____

Public Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Reside in Santa Monica? Yes _____ No _____ If Yes, Number of Years: _____

Specify current or prior service on City Boards/Commissions:

List community activities in which you are involved:

Describe your qualifications, experience, and education, and list any technical or professional requirements you have relative to the duties of the Audit Subcommittee.

Areas of Demonstrated Expertise (check all that apply):

- Knowledge of generally accepted accounting principles and financial statements, in particular governmental accounting
- Experience in preparing or auditing financial statements of comparable entities (i.e., municipalities)
- Experience in applying such principles in connection with the accounting for estimates, accruals, and reserves
- Experience with internal accounting controls and governmental internal audit and controls
- At least five years of experience as a Certified Public Accountant, Certified Internal Auditor, Certified Management Accountant, or ten years of relevant experience in the areas noted above
- Knowledge of applicable California laws and regulations that pertain to the financial management of the City

Please describe in detail your specific experience checked above:

Personal qualities identified in the criteria include leadership, creativity, and innovation as well as the ability to work effectively in a group setting and an ability to balance competing needs. Provide examples of how you have demonstrated those qualities:

Participation on the Audit Subcommittee requires attendance at a minimum of three scheduled meetings per year, and possibly other tasks and meetings outside of Audit Subcommittee meetings.

Can you commit the necessary time to perform your duties if appointed to the Board?
Yes _____ No _____

Business Information:

Okay to display on the Internet? Yes _____ No _____

Occupation: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

For Confidential Use Only:

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cellular: _____

ALL INFORMATION, EXCEPT INFORMATION ENTERED IN THE CONFIDENTIAL SECTION, IS PUBLIC AND AVAILABLE FOR VIEWING AT THE CITY CLERK'S OFFICE AND ON THE CITY'S WEB PAGE (EXCEPT AS NOTED ABOVE).

DISABILITY RELATED ASSISTANCE AND ALTERNATE FORMATS OF THIS DOCUMENT ARE AVAILABLE UPON REQUEST BY CALLING (310) 458-8211.