



## ANNEXURE “A3”

### City of Cape Town (the City)

### GRANTS-IN-AID POLICY (the Policy)

### EXPENDITURE REPORT

- Note:** - 1. Expenditure on the approved project shall commence within 2 (two) months and completed within 6 (six) months after the Grants-in-Aid funds are deposited in the organisation’s bank account, as provided for in clause 8.8 of the MOA.
2. Report monthly to the Subcouncil or Project manager on actual expenditure incurred against such transfer including progress with regards to targets and outputs.

### GRANTS-IN-AID EXPENDITURE REPORT FOR THE MONTH OF .....YEAR.....

City’s financial year

1 July 20.... to 30 June 20....

Organisation name

Duly authorised person of  
Organisation – Full Name

RSA ID Number

Contact details

Telephone

Code.

No.

Mobile

Fax

Code.

No.

E-mail

Type of Organisation (As indicated under Item 2.2 of the Application Form  
Annexure “A1”)

Registration number: (Where applicable – as completed Under 2.2 of the Application Form (Annexure “A1”))

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Approved project description / details and level of intervention:

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Targets or outputs as reflected in the Project and Business Plan

Target and area: .....

Target Group: .....

Target Number: .....

Outputs: .....

.....

.....

Date Grants-in-Aid deposited in organisation’s bank account by the City.

ddmmyy .....

Project commencement date:.....

Details	Amount
Amount Received:	R
Interest received to date (Where applicable)	R
Total Income (Grants-in-Aid plus interest) to date:	R
<b>Less:</b> Expenditure against the Grants-in-Aid to date:	R
Balance of Grants-in-Aid plus interest remaining as at .....	R

**EXPENDITURE DETAILS FOR THE MONTH OF ..... YEAR.....**

Copies of bank statements and all vouchers, cashed cheques, cash slips and invoices etc. relating to expenditure incurred on this project must be attached hereto.

Item no.	Type of expenditure	Paid to whom	Date	Amount	
				R	C
1					
2					
3					
4					
5					
6					
7					

Item no.	Type of expenditure	Paid to whom	Date	Amount	
				R	C
8					
9					
10					
Total expenditure for the month of .....					

Is this the final expenditure report for the project or programme for which the Grants-in-Aid was utilised?

 Yes

 No

If **Yes**, then any unspent balance of the Grants-in-Aid, together with any interest earned thereon (where applicable), must be repaid to the City, in terms of the MOA, by means of a deposit into the City's bank account. Details of bank account provided under item 5 of the Business and Project Plan (Annexure "A2"). If yes, then also confirm whether the targets and outputs indicated in the Business and Project Plan (Annexure "A2") were met or not met. If these targets were not met, then full reasons must be provided why the programme was not successfully completed.

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 .....  
 .....

**By completing this form, I understand and consent that;**

- (i) my personal information will be processed by the City of Cape Town, for purposes of and in relation to the City of Cape Town's programmes and community initiatives, and that such processing shall comply with the provisions of POPIA and any other applicable law;
- (ii) I may, at any stage, withdraw my consent but acknowledge that the City of Cape Town may still process my personal information if the law allows or requires this; and
- (iii) I also have the right to request access to my personal information and where necessary request the deletion, correction or destruction of such personal information
- (iv) I hereby certified that all of the details provided above are correct: -

Full name of duly authorised person: .....

RSA ID Number: .....

Position: .....

Signature: .....

Date: .....

**Details verified by Subcouncil (Project Programme**

**Manager) or Project manager:-** Subcouncil number and

name: - ..... Subcouncil manager: -

..... Signature:

.....

Date:

.....

**OR**

**Line department: -** .....

**Project Manager: -** .....

**Signature:** .....

Date:

.....

**FOR OFFICIAL USE ONLY**

*(To be completed by Subcouncil (Project Programme Manager) or Project manager when the Expenditure Report is received from the Beneficiary)*

Subcouncil No.....Name.....

Subcouncil manager.....

Signature .....

Ref No:..... Date received: .....

**OR**

Line Department .....

Project manager .....

Signature .....

Ref No:..... Date received: .....

Date Stamp