



CITY OF CAPE TOWN
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ANNEXURE "A3"

City of Cape Town (the City)

GRANTS POLICY (the Policy)

EXPENDITURE REPORT

- Note:** - 1. Expenditure on the approved project shall commence within 2 (two) months after the grant funds are deposited in the organisation's bank account as provided for in clause 8.7 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.

GRANT EXPENDITURE REPORT FOR THE MONTH OF September 2020

City's financial year

01 July 2020 to 30 June 2021

Organisation name

Living Hope (Recovery)

Duly authorised person of
Organisation – Full Name

Avril Thomas / Olivia Andries

RSA ID Number

6202090201084 / 7702070154087

Contact details

Telephone

021 788 9702

Mobile

082 465 9067

Fax

E-mail

lgmanager@livinghope.co.za

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

Trust / NPO

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

IT3028/2000 + NPO 012-587

Approved project description / details and level of intervention:

.....
.....
.....
.....
.....

Targets or outputs as reflected in the Project and Business Plan

Target and area: Community – Ocean View

Target Group: Persons impacted by substance abuse

Target Number:

Outputs:

Date Grant deposited in organisation's bank account by the City.

07 May 2020

Amount Received:	R 200 000
Interest received to date: (Where applicable)	R N/A
Total Income (Grant plus interest) to date:	R 200 000
Less: Expenditure against the grant to date:	(R 22 650.00)
Balance of grant plus interest remaining as at 31 September 2020	R 177 350.00

EXPENDITURE DETAILS FOR THE PERIOD:

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 where an organisation has received R25 000 or less and does not produce audited financial statements. Organisations who have received a grant from the City of more than R25 000 must produce audited financial statements and need only use this report to reflect the expenditure incurred and need not submit copies of vouchers, invoices etc. as these form part of the audited financials.

Item no.	Type of expenditure	Paid to whom	Date	Amount	
				R	C
1	Substance Abuse Programme			7 550	00
2					
3					
4					
5					
6					
7					
8					
9					
Total expenditure for the month of September 2020			R	7 550	00

Is this the final expenditure report for the project or programme for which the grant was utilised?

Yes

No ☒


If **Yes**, then any unspent balance of the grant, 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.

Hereby certified that all of the details provided above are correct:-

Full name of duly authorised person: Avril Thomas

RSA ID Number: 6202090201084

Position: General Manager

Signature: PP 

Date: 9.10.2020

Details verified by Sub-council or Project manager:-

Sub-council number and name: - SC19

Sub-council manager: - DESIREE MENTOR

Signature: *Mentor*

Date: 9/10/2020

OR

Line department: -

Project Manager: -

Signature:

Date:

FOR OFFICIAL USE ONLY

(To be completed by Sub-council or Project manager when the Expenditure Report is received from the Beneficiary)

Sub-council No. 19 Name

Sub-council manager DESIREE MENTOR

Signature *Mentor*

Ref No: Date received:

OR

Line Department

Project manager

Signature

Ref No: Date received:

