



CITY OF CAPE TOWN  
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Making progress possible. Together.

## 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 APRIL 2022

City's financial year

01 July 2021 to 30 June 2022

Organisation name

Living Hope (Recovery)

Duly authorised person of  
Organisation – Full Name

Avril Thomas / Olivia Andries

RSA ID Number

Contact details

Telephone

021

788 9702

Mobile

Fax

E-mail

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:

The programme continues in the Ocean View Area. The support group are growing as well. Networking continues with other service providers in the area as well as the distribution of pamphlets in the community.

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.

28May2021

Amount Received:	R200 000.00
Interest received to date: (Where applicable)	N/A
Total Income(Grant plus interest) to date:	R200 000.00
<b>Less:</b> Expenditure against the grant to date:	<b>(R 200 000.00)</b>
Balance of grant plus interest remaining as at 31 April 2022	<b>R0.00</b>

**\*\*To note: There is an additional balance brought forward from prior years of R 127 689.31 available. As at the end of April R 48 744.63 was spent of this, balance remaining is R 78 944.68\*\***

#### **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			21 044	62
2					
3					
4					
5					
6					
7					
8					
9					
Total expenditure for the month of April 2022R				21 044	62

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:

RSA ID Number:

Position: General Manager

Signature: 

Date: 09 May 2022

**Details verified by Sub-councilor Project manager:-**

Sub-council number and name: - SC 19

Sub-council manager: - DESIREE MENTOR

Signature: *Mentor*

Date: 09/05/2022

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:

