

NATIONAL TREASURY INT)									
MONTHLY REPORT - FINANCIAL MANAGEMENT GRANT (FMG) - DIVISION OF REVENUE ACT (DRRA)									
<small>Note - Must be faxed to - 012 - 315 5230/086 650 5417 & emailed to fmg@treasury.gov.za. The Municipality is required to confirm receipt by calling 012 395 65416506.</small>									
<small>Note - Fields highlighted in yellow should be completed. Other fields are automated and reserved for comments. The Municipality is required to provide comments and supporting documentation where necessary.</small>									
Name of Municipality	NC073 Emhlangeni								
Financial Year	2017/18								
Month	M04 October								
Section A: Previous Financial Year									
Financial Management Grant Received and Expenditure Incurred	2016/17	Rand	Comment						
Total FMG received		1 625 000.00							
Total FMG Expenditure		1 625 000.00							
FMG unspent		0.00	<small>Note - If funds committed, follow process for rollover of funds. Please note that this should not be a negative amount.</small>						
FMG unspent and returned to the National Revenue Fund			<small>Note - This should only be unspent FMG funds returned to the National Revenue Fund or taken off equitable share</small>						
Total FMG unspent as at end of financial year		0.00	<small>Note - This should be funds that are approved by NT as rollover</small>						
Section B: Current Financial Year									
Financial Management Grant Received and Expenditure Incurred	2017/18	Rand	Comment						
Total FMG received for current financial year		1 700 000.00							
Total unspent FMG approved for rollover (Refer to Section A: A15)		0.00							
Total FMG received		1 700 000.00							
Total spent year -to-date (See last months return - Section B: A31)		543 295.27	<small>Please note for July's return, this amount would be 0.</small>						
Total spending this month		176 288.00	Aggregate spending from previous months	Total spending to date	Allocation as per support plan	Allocation Unspent			
- Interns Stipend/Salary and Training		95 623.50		95623.50		-95 623.50	Revise and resubmit support plan		
- Training in support of Minimum Competency Regulations				0.00		0.00			
- Towards strengthening capacity in Budget and Treasury Office (BTO), internal audit and audit committee		25 698.30		25698.30		-25 698.30	Revise and resubmit support plan		
- Acquisition, Upgrading and Maintenance of Financial Systems and Mosoa		32 563.10		32563.10		-32 563.10	Revise and resubmit support plan		
- Preparation and timely submission of Annual Financial Statements for audits				0.00		0.00			
- Support implementation of corrective actions to address audit findings		22 403.10		22403.10		-22 403.10	Revise and resubmit support plan		
- Preparation and Implementation of Financial Recovery Plans				0.00		0.00			
- Address shortcomings identified in the FMCMM Assessment report				0.00		0.00			
Total FMG spent		719 586.27	0.00	176288.00	0.00	-176288.00			
Percentage spent		42.33							
Total FMG unspent for current financial year		980 413.73	<small>Note - AQ/MM must return any unspent FMG allocations, not approved for rollover, to the National Revenue Fund</small>						
Section C: (Current Financial Year)									
<small>The municipality is required to compile and submit the FMG Support Plan to the National Treasury by 7th April, prior to the commencement of the new financial year and any amendments thereafter, within 30 days</small>									
Performance Information: Institutional	Yes/No	Number	CFO Acting	Yes/ No	Name of CFO	MM Acting (Yes/No)	Name of MM		
Appointment of appropriately skilled CFO consistent with the competency regulations	Yes		No		FARIED MANUEL	Yes	BLAK VISSER		
Appointment of appropriately skilled Senior Financial Managers in the BTO	Yes	6							
Appointment of appropriately skilled Internal Audit personnel	No	6							
Appointment of appropriately skilled SCM personnel	Yes	3							
Number of interns appointed		6							
Section D: (Current Financial Year)									
	Audit Outcome	Audit Outcome	Audit Action Plan in place (Yes/ No)	Audit Action Plan Implemented (Yes/No)	Total number of items on Audit Action	Number of items completed on the FMCMM and ratio Audit Action Plan	Number of items outstanding on the audit action plan	Planned completion date	
Performance Information: Audit Outcomes	2015/16	2016/17							
Audit Outcome achieved	Qualified		<small>Please report on the previous year audit action plan until the audit action plan for the is developed</small>						
Audit Action Plan			Yes	Yes					
Performance Information: Financial Management Capability Maturity Module (FMCMM)	Development of an action plan to address the shortcomings identified in FMCMM and ratio assessment report	Modules and ratios that the municipality will be addressing	Total number of items on the FMCMM and ratio Action plan	Number of items completed on the FMCMM and ratio Action Plan	Number of items outstanding on the FMCMM and ratio action plan	Planned completion date			
Did the municipality develop an action plan to address the shortcomings identified in the FMCMM and ratio assessment report									
<small>The FMCMM action plan must be submitted to NT by 30 September and a progress report on implementation of the plan on a quarterly basis thereon!</small>									
Performance Information: Internal Audit Units (IA) and Audit Committees (AC)	Yes/No	Outsourced Co- Sourced Inhouse	No of Resolutions and recommendations	Number Implemented	Number Outstanding				
Internal Audit Unit Established	No	Shared	<small>There are still 6 questions you have not answered in this section!</small>						
Audit Committee Established	Yes	Outsourced	<small>There are still 8 questions you have not answered in this section!</small>						
Resolutions and recommendations of IA						<small>There are still 3 questions you have not answered in this section!</small>			
Resolutions and recommendations of AC						<small>There are still 3 questions you have not answered in this section!</small>			
Confirmation & Authorization from the Accounting Officer / Chief Financial Officer or Delegatee									
Name of the Chief Financial Officer - _____			Signature - _____			Date - _____			
Name of the Accounting Officer - _____			Signature - _____			Date - _____			