

| NATIONAL TREASURY (NT) | | | | | | | | | |
|--|------------------|---|---|--|--|--|--|--|-------------------------|
| MONTHLY REPORT - FINANCE MANAGEMENT GRANT (FMG) - DIVISION OF REVENUE ACT (DoRA) | | | | | | | | | |
| <small>Note - Must be faxed to - 012 - 315 5230/ 086 650 5417 & emailed to fm@treasury.gov.za. The municipality is required to confirm receipt by calling 012 395 6541/6506</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 Emtharjeni | | | | | | | | |
| Financial Year | 2016/17 | | | | | | | | |
| Month | M02 August | | | | | | | | |
| Section A: Previous Financial Year | | | | | | | | | |
| Financial Management Grant Received and Expenditure Incurred | | 2015/16 | Rand | Comment | | | | | |
| Total FMG received | | | 1 600 000.00 | | | | | | |
| Total FMG Expenditure | | | 1 600 000.00 | | | | | | |
| FMG unspent | | | 0.00 | Note - If funds committed, provide supporting documentation by 30 August. Please note that this should not be a negative amount. | | | | | |
| FMG unspent and returned to the National Revenue Fund | | | | Note - This should only be unspent FMG funds returned to the National Revenue Fund | | | | | |
| Total FMG unspent as at end of financial year | | | 0.00 | Note - This should be monies approved by NT as rollover | | | | | |
| Section B: Current Financial Year | | | | | | | | | |
| Financial Management Grant Received and Expenditure Incurred | | 2016/17 | Rand | Comment | | | | | |
| Total FMG received for current financial year | | | 1 625 000.00 | | | | | | |
| Total unspent FMG approved for rollover (Refer to Section A: A15) | | | 0.00 | | | | | | |
| Total FMG received | | | 1 625 000.00 | | | | | | |
| Total spent year-to-date (See last month's return - Section B: A33) | | | 121 806.01 | Please note for July's return, this amount would be 0. | | | | | |
| Total spending this month | | | 142 856.79 | | | | | | |
| - Interns Stipend/Salary and Training | | | 95 600.51 | | | | | | |
| - Training in support of Minimum Competency Regulations | | | 0.00 | | | | | | |
| - Towards Budget and Treasury Office (BTO) capacity | | | 27 500.30 | | | | | | |
| - Towards SCM/Internal Audit (IA)/Audit Committee capacity | | | 0.00 | | | | | | |
| - Towards adoption and implementation of Systems of Delegation | | | 0.00 | | | | | | |
| - Acquisition, Upgrading and Maintenance of Financial Systems and Miscoa | | | 9 856.80 | | | | | | |
| - Preparation and timely submission of Annual Financial Statements for audits | | | 0.00 | | | | | | |
| - Support implementation of corrective actions to address audit findings | | | 9 879.38 | | | | | | |
| - Preparation and Implementation of Financial Recovery Plans | | | 0.00 | | | | | | |
| - Address shortcomings identified in the FMCMM Assessment report | | | 0.00 | | | | | | |
| Total FMG spent | | | 264 662.80 | | | | | | |
| Percentage spent | | | 16.29 | | | | | | |
| Total FMG unspent for current financial year | | | 1 360 337.20 | Note - AO/MM must return any unspent FMG allocations not approved for rollover, to the National Revenue Fund | | | | | |
| Section C: (Current Financial Year) | | | | | | | | | |
| The municipality is required to compile and submit the FMG Support Plan to the National Treasury by 15th June, prior to the commencement of the new financial year and any amendments thereafter, within 30 days | | | | | | | | | |
| 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 | 1 | No | Faded Manual | No | Isak Visser | | |
| Appointment of appropriately skilled Senior Financial Managers in the BTO | | Yes | 0 | | | | | | |
| Appointment of appropriately skilled Internal Audit personnel | | No | 0 | | | | | | |
| Appointment of appropriately skilled SCM personnel | | Yes | 3 | | | | | | |
| Number of interns appointed | | | 3 | | | | | | |
| Does the municipality have Systems of Delegation in place | | Yes | | | | | | | |
| Section D: (Current Financial Year) | | | | | | | | | |
| Performance Information: Audit Outcomes | | 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 Audit Action Plan | Number of items outstanding on the audit action plan | Planned completion date |
| | | 2014/15 | 2015/16 | | | | | | |
| Audit Outcome achieved | | Unqualified with other matters | Qualified | | | | | | |
| 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 | | | | | | | | | |
| 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 thereof | | | | | | | | | |
| Performance Information: Internal Audit Units (IA) and Audit Committees (AC) | | Yes/No | Shared Outsourced Co- Sourced Inhouse | No of Resolutions and recommendations | Number Implemented | Number Outstanding | | | |
| Internal Audit Unit Established | | No | Shared | | | | | | |
| Audit Committee Established | | Yes | Outsourced | | | | | | |
| Resolutions and recommendations of IA | | | | | | | | | |
| Resolutions and recommendations of AC | | | | | | | | | |
| Confirmation & Authorization from the Accounting Officer & Chief Financial Officer or Delegate | | | | | | | | | |
| Name of the Chief Financial Officer - _____ Signature - _____ Date - _____ | | | | | | | | | |
| Name of the Accounting Officer - _____ Signature - _____ Date - _____ | | | | | | | | | |