

CAPE AGULHAS MUNICIPALITY

CA/GiA 01

GRANT-IN-AID APPLICATION

The Municipal Manager

For Application use	For Official use
<p>Details of organization/body submitting the notification:</p> <p>I, _____ (Insert full name)</p> <p>Position/Title _____</p> <p>Organization _____</p> <p>ID number _____</p> <p>Registration number _____</p> <p>Contact number _____</p> <p>I am the head of the organization, certify that the information below is accurate and wish to apply for a grant-in-aid.</p> <p>_____</p>	<p><u>Date of Receipt:</u></p>
<p>Project/programme description (attach detailed project plan)</p>	<p><u>Link to IDP:</u></p>



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Duration of planned project/programme:	<u>Remarks:</u>
Amount Required (attach cost breakdown):	<u>Remarks:</u>
Category within which project falls as per paragraph 10 of the Grant-in-Aid Policy:	<u>Remarks:</u>
Details of pervious funding received from Municipality (attach sheet with appropriate details):	<u>Remarks:</u>
Details of references (Provide names and contact numbers):	<u>Remarks:</u>
Banking details:	<u>Remarks:</u>



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Other sources of funding	Remarks:
Certify that the organization; <ul style="list-style-type: none"> - Implements effective, efficient and transparent financial management and internal control mechanisms to guard against fraud, theft and financial mismanagement. - Will sign and comply with the transfer payment agreement. - Will report monthly to the Accounting Officer on actual expenditure and progress. - Will submit audited financial statements for its financial year (if not a section 67(4) organization). - Have in respect of pervious similar transfers complied with all requirements. 	Remarks:
Signature: _____ Designation: _____ Date: _____	Signature: _____ Designation: _____ Date: _____

Attach indexed list of all substantiating documentation.

The Municipal grant-in-aid Policy can be perused on the municipal website at www.capeagulhas.gov.za

Prepared for the Cape Agulhas Municipality (2010)

Prepared for the Cape Agulhas Municipality (2010)

FILE NUMBER		
NAME OF BENEFICIARY		CA/GIA 02
MUNICIPAL DELEGATED AUTHORITY		Application no:

EVALUATION OF APPLICATION FOR GRANT-IN-AID (Compliance with section 67 of the MFMA)

No	Requirement	N/A	YES	NO
APPLICATION VIABILITY				
1.	Separate legal entity			
2.	Act in accordance with its constitution and apply sound accounting principles			
3.	Serve within the boundaries of the Cape Agulhas Municipal Area			
4.	Organization as provided for in section 678(4) of the MFMA			
RESTRICTIONS				
5.	<p>Application does not fall within the parameter of:</p> <ul style="list-style-type: none"> • Bursaries of funds to bursars for other activities, reasons or resources: • Disaster relief • Indigent grants • Housing development subsidies: • Housing billing subsidies. • Donation of movable or immovable assets. • Rewards, awards or donations to support individual meritorious cases in order to assist and/or recognize individual excellent in whichever field. • Conditional grants received by the municipality, which are in turn awarded to outside organizations to perform the service or function. • Inter-governmental grants. • Grant-in-aid in respect of property rates. • Care-taker grants where the municipality require community organizations to maintain sports-fields or community facilities in terms of a Service Delivery Agreement. 			



6.	<p>Application does not fall within the following circumstances:</p> <ul style="list-style-type: none"> • Where only one individual will benefit. • Political, church or sectarian organizations or grouping. • Where the utilization of the grant-in-aid will be outside the boundaries of Cape Agulhas Municipal area. • Where expenses have already been incurred. • Where the application does not meet the stated objectives and principles of this Policy. • Where the application does not meet with the priorities, strategies and objectives of the IDP. • Where a project or organization is already receiving sufficient funding from other sources to sustain its activities or the project applied for. • Where organizations did not comply with its obligation conditions during pervious allocations. • Where the allocation will constitute a second allocation per financial year. • Subsidies for municipality rates: and • Where members of the Council or official of the Municipality receive any financial or other gain. 			
7.	<p>Application Falls within the following categories:</p> <ul style="list-style-type: none"> - Health - Environment - Solid Waste - Social Development - Sport Development - Other (describe) 			
8.	The prescribed form were duly completed; (<i>Identify non-complete portions</i>):			
9.	Outcome of screening requirements			
9.1	- Viability of project			
9.2	- Sustainability of project			
9.3	- That the project will be completed within available funds			
9.4	- That sufficient evidence of proper financial control will be exercised			
9.5	- That applicants have demonstrated that it meets the goals of the IDP			



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9.6	- That applicants have demonstrated cost-effectiveness measures and ability to execute project successfully, achieve clearly defined outputs or outcomes and ability to manage funds effectively.			
9.7	- That applicants have agreed to:			
	• Comply with the transfer payment agreement:			
	• Report monthly to the Accounting Officer on actual expenditure			
	• Submit audited financial statements for its financial year.			
	• Implements effective, efficient and transparent financial management and internal control systems to guard against fraud, theft and financial mismanagement.			
	• Have in respect of pervious similar transfers complied with all requirement.			
TRANSFER PAYMENT HISTORY				
10.	Beneficiary received previous transfer payments from the municipality			
11.	The objectives of pervious projects were achieved			
12.	Previous funds were utilized only for the purposes for which it was approved			
PREVIOUS FAILURE TO COMPLY WITH TRANSFER PAYMENT REQUIREMENTS				
13.	The beneficiary previously failed to comply with the transfer payment requirements.			
14.	If the answer to item 13 if "yes"- further payment must made subject to compliance with section 67(2) of the MFMA			
15.	If the answer to item 13 is: "yes"- has the Provincial Treasury approved the transfer?			
RECOMMENDATION				



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THE UNDERSIGNED MEMEBERS HEREBY CONFIRM THEIR AGREEMENT TO THE
RECOMMENDATION ABOVE.

<hr/> SIGNATURE OF MEMBER	<hr/> NAME IN PRINT & DESIGNATION	<hr/> DATE
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