

MFMA IMPLEMENTATION AND MONITORING - s 178(2)

PUBLIC-PRIVATE PARTNERSHIP (PPP)

Municipalities must submit to National Treasury by 30 September 2004 a list of public-private partnerships to which the municipality is a party with a value of more than R1 million in total or per annum (MFMA s178(2)(b)). This form must be completed by the municipal manager and endorsed by the mayor. The signed copy must be faxed to the Chief Director: Local Government at 012 315 5230. The electronic form must be emailed to lgdatabase@treasury.gov.za. Instructions for saving of this file appear at the bottom of this spreadsheet.

If Municipality has no PPP's, submit form with Municipality, Financial Year, Quarter and PPP Number = 0 filled in. (all other cells are blank)

Financial Year and Quarter	2007/08	Q4 Apr_June
Municipality	EC125 Buffalo City	
PPP Number	0	
<i>Number between 1 and 100, start at number 1</i>		
PPP DETAILS		
PPP Name		
Main / Sub Function		
Purpose, Extent and Other Particulars		<i>Information on purpose additional to subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here.</i>
Date Established (<i>ccyy/mm/dd</i>)		
Feasibility Study Done (<i>Yes/No</i>)		
Compliant with MFMA (<i>Yes/No</i>)		
Total Value (<i>Whole Rand</i>)		
Duration (<i>Number of Whole Years</i>)		
Participating Parties (<i>specify parties</i>)		
PPP CONTACT DETAILS		
Postal address:		
Post Box/Private Bag		
Box/Bag No		
City / Town		
Postal Code		
Street address		
Building		
Street No. & Name		
City / Town		
Postal Code		
General Contacts	<i>Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)</i>	
Telephone number		<i>Specify Position</i>
Fax number		
E-mail address		
Position 1		
Name		
Telephone number		
Cell number		<i>Specify Position</i>
Fax number		
E-mail address		
Position 2		
Name		
Telephone number		
Cell number		<i>Specify Position</i>
Fax number		
E-mail address		
Position 3		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		

Prepared by: _____ **Date:** _____
 (Signature) **Municipal Manager**

Endorsed by: _____ **Date:** _____
 (Signature) **Mayor**