MFMA IMPLEMENTATION AND MONITORING
LONG TERM CONTRACTS QUARTERLY RETURN

Municipalities must report on all long term contracts (LTC) with **a contract period exceeding 3 years** and **a total contract value of R1 million and above** (a quarterly return must be completed for the term of the LTC).

Each quarter every municipality must submit this return to National Treasury disclosing for that quarter:

1. any new LTC established, and
2. any LTC terminated or that came to an end, or
3. Changes to detail of existing LTC
4. Existing LTC(s) but no activity for this quarter, or
5. that there are no LTC(s)
6. *Specifically for the quarter ending 30 September 2006 details of all LTCs existing as at 30 September 2006 must be submitted once off, thereafter for each quarter select the applicable return(s) from 1-5 above.*

To save the file press the following keys at the same time with Caps Lock off: **Ctrl-Shift-S.** The file will be saved as e.g. EC000_LTC_2007_Q1_1.xls

The electronic return must be emailed to **lgdatabase@treasury.gov.za.**

Please refer to the Guidelines for completing this return available on the website www.treasury.gov.za/mfma (NT returns)

RETURN TYPE:	4.Existing LTC(s) but no activity for this quarter	
Financial Year and Quarter	2019/20	Q4 Apr_June
Municipality	DC48 West Rand	
Long Term Contract Number	7	

Number between 1 and 100, start at number 1

CONTRACT DETAILS

Head Contractor Name	Gondwana Environmental Solutions (Pty) Ltd
Main / Sub Function	Health/Other (0403)
Purpose, Extent and Other Particulars	Maintenance and Monitoring
Date Established *(ccyy/mm/dd)*	2018-09-01
Date Terminated/ came to an end *(ccyy/mm/dd)*	2021-08-31
Feasibility Study Done *(Yes/No)*	Yes
LTC compliant with MFMA *(Yes/No)*	Yes
Total Value *(Whole Rand)*	2 291 866
Duration *(Number of Whole Years)*	3
Participating Parties *(Specify Subcontractors)*	

Information on purpose additional to subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here.

HEAD CONTRACTOR CONTACT DETAILS — *Specify Position*

Postal address:	
Post Box/Private Bag	
Box/Bag No	
City / Town	
Postal Code	
Street address *Specify Position*	
Building	
Street No. & Name	
City / Town	
Postal Code	
General Contacts	*Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)*
Telephone number *Specify Position*	
Fax number	
E-mail address	
Position 1	
Name	
Telephone number	
Cell number	
Fax number	
E-mail address	
Position 2	
Name	
Telephone number	
Cell number	
Fax number	
E-mail address	
Position 3	
Name	
Telephone number	
Cell number	
Fax number	
E-mail address	

Contact Person:	Sam Ramaele	
Email:	sramaele@wrdm.gov.za	Please provide details of the contact person who completed this return, should further information be required.
Phone:	0114115010	
Date: *(ccyy/mm/dd)*	2020-07-28	