Department

**Name and Surname**

Component

Name.Surname@westerncape.gov.za | Tel: 021 483 XXXX

**2023/24 Earmarked Allocations Narrative Reporting Template**

**Western Cape Department «Name of Department»**

**Reporting Period: «Name Quarter of the financial year»**

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OFFICIAL SIGN-OFF

I hereby certify that the information contained in this report submitted is accurate and correct and can be verified by way of documentation and gives a true reflection of the performance of the allocation.

**Programme «No.»: «Name of Programme»**

**Programme Manager: «Name of Programme Manager»**

**SIGNATURE:**

**DATE:**

1. Programme :
2. Sub-programme :

**Overview of performance:**

**Challenges:**

«Describe any challenges experienced»

**Mitigation measures :**

«Describe the mitigation measures to the challenges experienced»