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	SUMMARY OF WORK AND FINANCIAL PLAN	Rev. no.	0					
	(ANNEX I)							
	SUMMARY OF WORK AND FINANCIAL PLAN							
	For Fiscal Year							
Name of the CARE	÷							
Name of Project	:							

			Period/Months												
Key Result Areas	Key Activities	Strategies	Targets or Outcomes	J	F	M	Α	M	J	7	Α	S	0	N	D

CARE Team Leader	CARE Institution Head	DOE Authorized Official

Approved by:

Prepared by:

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