2023 WT CARES PROGRAM PROJECT PROPOSAL



Project Proposal

A. PROJECT INFORMATION				
Project				
Country				
Title				
Duration				
Objectives				
Target Group				
Number of Participants				
Location(s)				
Executing Organization				
National Implementation				
Instructor(s)				
Facilitator(s)				
Administrator(s)				
B. OVERVIEW				
C. OBJECTIVES				
C. OBJECTIVES				

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D. ACTION PLANS AND TIMELINE					
No.	Date (Month)	Activity			
01					
02					
03					
04					
05					
06					
07					
80					
09					
10					
11					
12					

E. BUDGET (Estimated)

Notes: Please list the names and estimated budget of the activities in specific. If there is more than one center, please list the amount separately. Also, if you plan on using the budget of a single activity in various ways, explain the specific breakdown in the note column.

For more information, please refer to the attached file as an example.

No.	Activity	Center	Center	Note
	•	1	2	
		Amount in USD		
	Total Cost			