## 2024 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				

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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 1	Center 2	Note
		Amount in USD		
	Total Cost			