**SPRAWOZDANIE Z DZIAŁAŃ PROFILAKTYCZNYCH**

1.Nazwa programu:

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2.Cel programu:

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 3.Odbiorcy programu:

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4.Czas trwania programu:

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5.Realizatorzy programu (kwalifikacje): …………………………………………………………………………………………………..

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6.Podjęte działania:

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7. Ewaluacja:

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8. Podsumowanie i wnioski końcowe: ..................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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 9**.** Szczegółowy kosztorys **:**

1. Koszty osobowe programu

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1. Koszty rzeczowe (wymienić jakie np. materiały, nagrody itp.)

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| --- | --- | --- | --- | --- |
| **Rodzaj kosztów** | **j.m.** | **Cena jednostkowa** | **Cena łączna** | **Uwagi** |
| 1.2.3.…… |  |  |  |  |
| Razem: |  | x |

**10.** Uwagi do kosztorysu:

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Brzeg dn. ..................................... ........................................................

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