## 2025 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



D. ACTION PLANS AND TIMELINE				
No.	Date (Month)	Activity		
01				
02				
03				
04				
05				
06				
07				
08				
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			