#### **Załącznik Nr 2**

# do Umowy nr …….…… z dnia ……….…. o dofinansowanie projektu pn...........................................................................................

# dotyczy Modułu B

## HARMONOGRAM REALIZACJI PROJEKTU

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| PEŁNA NAZWA BENEFICJENTÓW | | SKRÓT NAZWY |
| LIDER | ………………………………………………………………………………………………………….……………………………………………………………………..………….. |  |
| PARTNER 1 | ………………………………………………………………………………………………………….……………………………………………………………………..………….. |  |
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| **Lp.** | **Zadanie/działanie** | **Skrót nazwy Wnioskodawcy** | **..... rok** | | | | | | | | | | | | **..... rok** | | | | | | | | | | | | **..... rok** | | | | | | | | | | | |
| I kwartał | | | II kwartał | | | III kwartał | | | IV kwartał | | | I kwartał | | | II kwartał | | | III kwartał | | | IV kwartał | | | I kwartał | | | II kwartał | | | III kwartał | | | IV kwartał | | |
| I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII |
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| ........................................................................ |  | ........................................................................ |  | ........................................................................ |
| *Data, podpisy i pieczątki imienne osób upoważnionych do reprezentowania PFRON* |  | *Data, podpisy i pieczątki imienne osób upoważnionych do reprezentowania Beneficjenta - Lidera* |  | *Data, podpisy i pieczątki imienne osób upoważnionych do reprezentowania Beneficjenta – Partnera* |
| *pieczęć firmowa PFRON* |  | *pieczęć firmowa Beneficjenta- Lidera* |  | *pieczęć firmowa Beneficjenta- Partnera* |