**河北省 （市/县/区）残疾人联合会残疾人康复服务项目信息汇总表（残联填写）**

评估项目名称： 评估对接人： 手机号码： 填表人： **加盖残联公章**

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| **序号** | **项目承接机构名称** | **承接项目内容** | **康复服务合同人数** | **康复服务合同资金总额（万元）** | **已拨付资金额（万元）** | **机构****联系人** | **手机号码** | **备注** |
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  **说明：另须提交与项目承接机构签订的《项目合同》复印件或影印件一份。**