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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  |  |  |  |  | | | **省级福彩公益金资助公益项目预算调整表** | | | | | | | | | **项目执行单位： 项目名称：** | | | | | | | | | **资金来源** | **资 金 种 类** | | **申报金额** | **调整** | **调整后金额** | | **备注** | | **申报资金** | |  |  |  | |  | | **配套资金** | **自有资金** |  |  |  | |  | | **社会募集资金** |  |  |  | |  | | **其他财政资金（含福彩资金）** |  |  |  | |  | | **合 计** | |  |  |  | |  | | **预计直接受益人数** | | | **申报人数** | **调整** | **调整后受益人数** | |  | |  |  |  | |  | | **资 金 预 算 支 出** | | | | | | |  | | **申报资金预算支出明细** | **单项内容** | | **申报金额** | **调整** | **调整后金额** | |  | |  | |  |  |  | |  | |  | |  |  |  | |  | |  | |  |  |  | |  | |  | |  |  |  | |  | | **合计** | |  |  |  | |  | | **其他调整情况说明** | **附报告** | | | | | | | |  | **项目单位法定代表人签字：** | | **项目单位盖章** | | | | | | **省民政厅审核意见：** | | | | | | | | |  |  |  |  |