|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **附件2** | | | | | | | | |
| 年度“明天计划”补助资金需求表 | | | | | | | | |
| 类别 | 项目 | 上年执行情况 | | | 本年计划安排 | | | 备注 |
| 例数 | 资金（万元） | | 例数 | 资金（万元） | |
| 合计 | 其中：中央资金 | 合计 | 其中：中央资金 |
| 福利机构孤儿 | 诊疗 |  |  |  |  |  |  |  |
| 康复 |  |  |  |  |  |  |  |
| 特殊药品 |  |  |  |  |  |  |  |
| 康复器具 |  |  |  |  |  |  |  |
| 体检 |  |  |  |  |  |  |  |
| 住院服务 |  |  |  |  |  |  |  |
| 社会散居孤儿 | 诊疗 |  |  |  |  |  |  |  |
| 康复 |  |  |  |  |  |  |  |
| 特殊药品 |  |  |  |  |  |  |  |
| 康复器具 |  |  |  |  |  |  |  |
| 体检 |  |  |  |  |  |  |  |
| 住院服务 |  |  |  |  |  |  |  |
| 合计 | 诊疗 |  |  |  |  |  |  |  |
| 康复 |  |  |  |  |  |  |  |
| 特殊药品 |  |  |  |  |  |  |  |
| 康复器具 |  |  |  |  |  |  |  |
| 体检 |  |  |  |  |  |  |  |
| 住院服务 |  |  |  |  |  |  |  |
| 总计 | |  |  |  |  |  |  |  |
| 填报单位（公章）： | | | |  |  | 填报人： | |  |