**โครงการ** สร้างความเท่าเทียมด้านโภชนาการสำหรับนักเรียนที่มีความต้องการพิเศษ

**กิจกรรม**  สนับสนุนนักเรียนในพื้นที่ยากลำบาก

**ลักษณะของโครงการ** 🞎 โครงการใหม่ 🞎 โครงการต่อเนื่อง

**โรงเรียนที่ขอรับการสนับสนุน**.……………………………………………………………………………………………….

**สังกัด** ……………………………………………………………………………………………………….

**ระยะเวลาดำเนินการ** ……………………………………………………………………………………………………….

**งบประมาณ** ……………………………………………………………………………………………………….

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**1. หลักการและเหตุผล**

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**2. วัตถุประสงค์**

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**3. เป้าหมาย**

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**4. วิธีดำเนินงาน**

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**5. จำนวนงบประมาณ**

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| **กิจกรรม** | **จำนวนเงิน****(บาท/คน/วัน)** | **จำนวนนักเรียน****(คน)** | **จำนวนวัน****(วัน)** | **รวมเป็นเงินทั้งสิ้น(บาท)** |
| จัดอาหารมื้อเช้า |  |  |  |  |

หมายเหตุ : งบประมาณที่ใช้ในการจัดมื้อเช้าไม่เกินมื้อละ 20 บาท/คน/วัน จำนวนไม่เกิน 200 วัน/ปี

**6. ผู้รับผิดชอบโครงการ**

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**7. การวัดและประเมินผล**

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| **ตัวชี้วัด** | **วิธีการประเมิน** | **เครื่องมือที่ใช้** |
| **ผลผลิต (Out put)** |  |  |
| **ผลลัพธ์ ( Out come )** |  |  |

**8. ผลที่คาดว่าจะได้รับ**

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 ลงชื่อ...............................................................................

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 ตำแหน่ง..........................................................................

 ผู้เสนอโครงการ

 ลงชื่อ...............................................................................

 (..............................................................................)

 ตำแหน่ง..........................................................................

 ผู้เห็นชอบโครงการ