Duration and indicative action plan for implementation of the project **(max 2 pages)**

Duration of the project will be **6 months.**

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| **Name of the project** |  | | | | | |  |
|  | **Period of implementation 6 months** | | | | | |  |
| **Activities** | **1** | **2** | **3** | **4** | **5** | **6** | **Implementing body** |
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