（提案様式５）

作業工程表

　業務名：　令和７年度　第１０期愛川町高齢者保健福祉計画・介護保険事業計画策定業務委託（継続費）

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注１）用紙サイズはＡ４判ヨコまたはＡ３判ヨコ（この場合、Ａ４折り）を使用してください

注２）表は加工して記入し、文字は見やすいサイズを使用してください。

注３）工程はなるべく詳細に区分してください。