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| 区市町村商店街振興事業名 | | | | | | | | | | | 大田区商店街チャレンジ戦略支援事業（活性化事業） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| １　事業名 | | | | | | | | | | | | | | | | | | | | | | | | 申請種別 | | | | | | | | | | | | | | | | | |
|  | （ | | | | | | | | | | | | | | | | | | | | | | | 活（該当する事業に○をつけてください）  性活性化事業　・　多言語対応事業  　キャッシュレス対応事業 | | | | | | | | | | | | | | | | | |
| ２　商店街名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ３　事業の目的及び具体的な内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ①目的及び内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | ②実施スケジュール　※翌年３月末までに事業完了（最終支払い）、実績報告できるよう計画してください | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | 年 | |  | | | | 月 | | | から | | | | |  | | | | | | 年 | |  | | | | 月 | まで | | | | | | | |
|  | ③事業計画（継続性のある事業等の場合）　※補助期間終了後も含む、事業の全体計画 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | ④数量（施設を整備する事業、顧客利便機能の強化を図るための事業等の場合） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | ⑤設置年度、前回改修・都補助金受給の有無（既存施設の改修事業等の場合） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | |  | | | | | | | | | | | | | | 事業の内容 | | | | | | | | | | | | | | | | | 都補助金受給 | | | | | |  | |
|  |  | | (設置年度) | | | | | | 年度 | | | | | | | |  | | | | | | | | | | | | | | | | | 有　・　無 | | | | | |  | |
|  |  | | (改修実績) | | | | | | 年度 | | | | | | | |  | | | | | | | | | | | | | | | | | 有　・　無 | | | | | |  | |
|  |  | | 年度 | | | | | | | |  | | | | | | | | | | | | | | | | | 有　・　無 | | | | | |  | |
|  |  | | 年度 | | | | | | | |  | | | | | | | | | | | | | | | | | 有　・　無 | | | | | |  | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ⑥都補助金「政策課題対応型商店街事業」及び「地域連携型商店街事業（活性化事業）」の申請状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | （該当する方に○をつけてください）　　政策課題対応型商店街事業　・　地域連携型商店街事業（活性化事業）  申請予定額　　　　　　　　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ⑦収益　　有　・　無　（有の場合、具体的な内容を記入）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４　期待される効果 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ５　商店街負担額の内訳 | | | | | | | | | | | | | | | | | | | | | | ６　事業担当者 | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | --- | --- | | 区　　分 | 金　　　額（円） | | 積　立　金 |  | | 負　担　金 |  | | 借　入　金 |  | | そ　の　他 |  | | 計 |  | | | | | | | | | | | | | | | | | | | | | | 氏　名    住　所    電話番号　　（　　　　）  ﾌｧｸｼﾐﾘ番号　（　　　　） | | | | | | | | | | | | | | | | | | | |

（第4面）