附表2：

 **省（自治区、直辖市）中央财政支持应急物资保障体系建设资金细化方案表参考格式**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **项目名称** | **所在市/县/区** | **拟安排中央财政补助资金****（万元）** | **备注** |
| **重点救治药品、医疗防护物资、医疗救治设备储备项目** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| …… |  |  |  |  |
| **重点救治药品、医疗防护物资、医疗救治设备生产动员能力建设项目** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| …… |  |  |  |  |