**Tipo de Línea:** (Marque Línea a postular con una X)

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|  | Escuela Formativa |  | Deporte Competitivo |  | Deporte Recreativo |

**1.- IDENTIFICACIÓN DE LA INSTITUCIÓN Y REPRESENTANTE LEGAL**

**1.1.- ANTECEDENTES INSTITUCIÓN**

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| R.U.T.: |  |  |  |

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| Nombre Institución: |  |

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| Razón Social[[1]](#footnote-1): |  |

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| Tipo de Org.[[2]](#footnote-2): |  |

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| Comuna Institución: |  |

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| Villa o Población: |  |

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| Calle: |  |

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| Número: |  |

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| Teléfono Fijo: |  |

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| Teléfono Móvil: |  |

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| Correo Electrónico: |  |

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| Banco: |  |

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| Tipo de Cuenta: |  |

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| Número de Cuenta: |  |

**1.2.- ANTECEDENTES DEL REPRESENTANTE LEGAL**

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| Villa o Población: |  |

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| Comuna: |  |

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| Correo Electrónico: |  |

**ANTECEDENTES SECRETARIO (SOLO EN CASO DE ORG. PRIVADAS)**

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| Correo Electrónico: |  |

**ANTECEDENTES TESORERO (SOLO EN CASO DE ORG. PRIVADAS)**

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| Villa o Población: |  |

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| Teléfono: |  |

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| Correo Electrónico: |  |

**2.- ANTECEDENTES DEL PROYECTO**

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| 2.1.- Nombre: |  |

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| 2.2.- Fecha de Inicio: | Día |  | Mes |  | Año |  |

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| 2.3.- Fecha de Término: | Día |  | Mes |  | Año |  |

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| 2.4.- Lugar Cierre del Proyecto: |

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| Nombre Calle: |  |

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| N° Dirección: |  |

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| Villa o Población: |  |

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| Comuna: |  |

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| Lugar de Referencia: |  |

2.5.- Objetivos:

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|  | Masificar las actividades físicas y deportivas en la Región de Coquimbo. |
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|  | Promover los valores y beneficios de la práctica de actividades físicas y deportivas. |
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|  | Fortalecer el nivel formativo y competitivo de quienes practican actividades deportivas en nuestra región. |
|  |

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|  | Satisfacer la creciente demanda por la actividad física. |
|  |
|  | Incentivar el desarrollo de hábitos y estilos de vida saludables, que favorezcan la reducción de los factores de riesgo asociados a la carga de enfermedad de la población. |

2.6.- Justificación del Proyecto[[3]](#footnote-3):

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2.7.- Descripción y Método del Proyecto[[4]](#footnote-4):

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|  | |
| 2.8.- Registro de Beneficiarios  2.8.1.- Registro de Tipos de Beneficiarios **DIRECTOS**[[5]](#footnote-5): |

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| Edad: |  | | | | |
|  | |  |  | NÚMERO |
|  | |  | Niños (0 - 12 Años) |  |

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| --- | --- | --- | --- |
|  |  | Adolescentes (13 - 17) |  |

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|  |  | Jóvenes (18 - 29) |  |

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|  |  | Adultos (30 - 59) |  |

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|  |  | Adulto Mayor (60 - en adelante) |  |

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| Sexo: |  | | | |
|  | | Mujeres |  |

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|  | Hombres |  |

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| Cantidad de Personas por Zona Geográfica: |  |

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|  | Personas Zona Urbana |  |

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|  | Personas Zona Rural |  |

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|  | Total Personas: |  |

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| 2.9.- Medio de Difusión del Proyecto: |  |

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|  | Medios de Difusión | Día |  | Mes |  | Año |  | Duración Día(s) |

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|  |  | Conferencia de Prensa |  |  |  |  |  |  |  |

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|  |  | Diario |  |  |  |  |  |  |  |

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|  |  | Folleto |  |  |  |  |  |  |  |

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|  |  | Medios Sociales |  |  |  |  |  |  |  |

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|  |  | Pasacalles |  |  |  |  |  |  |  |

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|  |  | Página WEB |  |  |  |  |  |  |  |

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|  |  | Radios |  |  |  |  |  |  |  |

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|  |  | Reuniones de Difusión |  |  |  |  |  |  |  |

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|  |  | Otros |  |  |  |  |  |  |  |

2.10.- Medios de Verificación del Proyecto:

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|  |  | Fotocopias de Notas de Prensa |

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| --- | --- | --- |
|  |  | Fotografías |

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|  |  | Grabación de DVD, CD |

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|  |  | Publicaciones de Revista, Libro u otro. |

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|  |  | Videos |

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| 2.11.- Antecedentes del Ejecutor del Proyecto[[6]](#footnote-6): |

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| Ejecutor del Proyecto |

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| Nombre : |  |

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| Apellido: |  |

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| Profesión: |  |

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| Dirección |

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| Nombre de la Calle: |  |

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| N° Dirección: |  |

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| Villa o Población: |  |

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| Comuna: |  |

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| Datos de Contacto |

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| Correo Electrónico: |  |

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| N° de Teléfono: |  |

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| 2.12.- Experiencia de la Organización: | | | | | |
|  | Año |  | Actividad |  | Descripción | |

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**3.- ACTIVIDADES Y LUGARES DONDE SE EJECUTARÁ EL PROYECTO**

**3.1.- ACTIVIDADES Y LUGARES DE EJECUCIÓN DEL PROYECTO**

|  |
| --- |
| ***Instrucciones:*** *Indique los lugares donde se realizarán las actividades más importantes del proyecto (mínimo 3).* ***Las fechas de inicio y término de cada actividad deben estar dentro del periodo señalado en los puntos 2.2 y 2.3.*** |

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| **Actividad N°:** |  |

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| Nombre de la Actividad: |  |

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| Descripción de la Actividad: |  |

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|  | Día |  | Mes |  | Año |  | Hora |

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| Fecha y Hora Referencial de Inicio |  |  |  |  |  |  |  |

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| Fecha y Hora Referencial de Término |  |  |  |  |  |  |  |

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| Tipo de Actividad |  | Pública |  | Privada |

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| Dirección del Lugar de Ejecución de la Actividad |

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| Nombre Calle: |  |

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| Villa o Población: |  |

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| Comuna: |  |

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| Lugar de Referencia: |  |

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| **Actividad N°:** |  |

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| Nombre de la Actividad: |  |

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| Descripción de la Actividad: |  |

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|  | Día |  | Mes |  | Año |  | Hora |

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| Fecha y Hora Referencial de Inicio |  |  |  |  |  |  |  |

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| Fecha y Hora Referencial de Término |  |  |  |  |  |  |  |

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| Tipo de Actividad |  | Pública |  | Privada |

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| Dirección del Lugar de Ejecución de la Actividad |

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| **Actividad N°:** |  |

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| Fecha y Hora Referencial de Término |  |  |  |  |  |  |  |

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| Tipo de Actividad |  | Pública |  | Privada |

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| Dirección del Lugar de Ejecución de la Actividad |

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| Lugar de Referencia: |  |

**4.- COSTO DEL PROYECTO Y FINANCIAMIENTO SOLICITADO**

**4.1.- MONTO TOTAL SOLICITADO PARA EL PROYECTO**

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| --- |
| ***Instrucciones:*** *Ingrese el monto total que tendrá el proyecto, digite solo números. El monto del proyecto no debe superar el monto estipulado en las bases del Fondo Concursable Tradicional.* |

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| --- | --- |
| Monto Total: | $ |

**4.2.- HONORARIOS**

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| --- |
| ***Instrucciones:*** *Identifique el pago de honorarios que se realizará a las personas que participan, señalando la tarea que desarrollarán, el valor mensual y el número de meses. Los gastos de honorarios no pueden superar el porcentaje del monto estipulado en las bases, cuyo monto fue ingresado en el punto anterior. Si su proyecto no tiene gastos de Honorarios, en Descripción escriba "Sin Gasto Honorario", Honorario Mensual "0" y Número de meses "0".* |

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| Descripción del Cargo o Tarea |  | **Honorario Mensual** |  | **Meses** |  | **Monto Total ($)** |

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| Sub Total Honorarios: |  |

**4.3.- OPERACIÓN**

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| ***Instrucciones:*** *Identifique los gastos de operación que tendrá el proyecto, ingrese descripción del gasto, costo unitario y la cantidad. Los gastos operacionales no deben superar el porcentaje indicado en las bases del monto solicitado al fondo. Los gastos en actividades de inauguración, clausura o premiación no deben superar el porcentaje indicado en las bases del monto solicitado al fondo. Asimismo los gastos de imprevistos no deben superar el porcentaje indicado en las bases del total de gastos de operación. Si no hay costos de inauguración y/o imprevistos ingresar valor cero: 0* |

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| --- | --- | --- | --- | --- | --- | --- |
| Descripción del Gasto |  | **Costo Unitario** |  | **Cantidad** |  | **Monto Total ($)** |

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| Cóctel de Inauguración y/o Clausura |  |  |  |  |  |  |

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| Imprevistos |  |  |  |  |  |  |

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| Sub Total Operación: |  |

**4.4.- INVERSIÓN**

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| --- |
| ***Instrucciones:*** *Señale los montos solicitados al fondo para la ejecución del proyecto. Identifique los gastos de inversión que tendrá el proyecto, ingrese descripción del gasto, costo unitario y la cantidad. Los gastos de inversión no puede superar el porcentaje indicado en las bases del monto solicitado al Fondo Regional. Si su proyecto no tiene gastos de Inversión, en Descripción escriba "Sin Inversión", Costo Unitario "0" y Cantidad "0".* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Descripción de la Compra |  | **Costo Unitario** |  | **Cantidad** |  | **Monto Total ($)** |

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| Sub Total Inversión: |  |

**4.5.- RESUMEN**

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| ***Instrucciones:*** *Verifique que los gastos sean correctos y estén dentro de los porcentajes permitidos, luego siga con el registro de aportes de terceros.* |

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| --- | --- | --- | --- | --- |
| Ítem |  | Valor Total ($) |  | Distribución % |

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| Honorarios |  |  |  |  |

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| Monto Total Solicitado |  |  |  |  |

**4.6.- APORTES MONETARIOS AL PROYECTO**

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| ***Instrucciones:*** *Señale los montos aportados para la realización del proyecto. Primero identifique si otras personas o instituciones realizan un aporte monetario al proyecto y el monto que aporta. A continuación señale si su organización realizará un aporte monetario y el monto que aporta. Si no tiene aportes ingrese "0" y en el nombre de persona, organización o institución escriba "sin aportes".* |

**APORTES DE TERCERAS PERSONAS O INSTITUCIONES**

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| --- | --- | --- |
| Nombre de Persona, Organización o Institución |  | **Monto del Aporte ($)** |

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| Monto Total del Aporte: |  |  |

**APORTES DE LA ORGANIZACIÓN**

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| --- | --- | --- |
|  |  | **Monto del Aporte ($)** |
|  |  |  |

1. Escribir el nombre que aparece en el RUT entregado en SII [↑](#footnote-ref-1)
2. Ejemplo: Junta de Vecinos, Club Deportivo, Club de Adulto Mayor, Corporación, Unión Comunal, Fundación, Agrupación Cultural, etc. [↑](#footnote-ref-2)
3. ¿Cuál ha sido la problemática detectada que sustenta la presentación de la iniciativa? ¿Por qué es necesario realizar el proyecto? [↑](#footnote-ref-3)
4. Se deben contestar las siguientes consultas: ¿Qué se quiere hacer?, ¿Cómo se quiere hacer? , ¿Dónde lo quiere hacer?, ¿Cuándo lo quiere hacer?, ¿Cuáles son los productos finales que se logran con la ejecución del proyecto?, ¿Cuál es el impacto cuantificable luego de la ejecución del proyecto? [↑](#footnote-ref-4)
5. Aquellos participantes que se reciben los beneficios del proyecto. [↑](#footnote-ref-5)
6. Recuerde adjunta el Currículum Vitae [↑](#footnote-ref-6)