**Modelo S06. Proyecto (hoja 1/3)**

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| **IDENTIFICACIÓN ENTIDAD SOLICITANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominación | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domicilio | | | |  | | | | | | | | | | | | | | | | | | | | | | Nº CIF | | | |  | | | | | | | |
| Localidad | | | |  | | | | | | | | | | | | | | | | | | | Código Postal | | | | | | |  | | | | | | | |
| Teléfono |  | | | | | | | | | Fax | | | |  | | | | | e-mail | | | |  | | | | | | | | | | | | | | |
| IDENTIFICACIÓN REPRESENTANTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre | | | |  | | | | | | | | | | Apellidos | | | |  | | | | | | | | | | | | | | | | | | | |
| DNI | | | |  | | | | | | | | | | Teléfono | | | |  | | | | | | | | | | | | | | | | | | | |
| Cargo | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECCIÓN A EFECTOS DE NOTIFICACIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dirección | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Código Postal | | | |  | | | | | | Localidad | | | | | | | |  | | | | | | | | Teléfono | | | | |  | | | | | | |
| **PROYECTO O ACTIVIDAD PRESENTADA** *(se recomienda ampliar información en memoria adjunta)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Título | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LUGAR DE REALIZACIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Localidad | | |  | | | | | | | | | | | | | | | | Municipio | | | | | | |  | | | | | | | | | | | |
| Nombre instalación | | | | | |  | | | | | | | | | | | | | Titularidad | | | | | | |  | | | | | | | | | | | |
| Dirección | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Características *(metros cuadrados, baños, accesibilidad, equipamiento, espacios abiertos, cocina…)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TIEMPO DE REALIZACIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duración *(en semanas)* | | | | | | |  | | | | | | | | Fecha inicio | | | |  | | | | | | | Fecha final | | | | | |  | | | | | |
| Días semanales de prestación de servicio *(señalar con aspa a la derecha del día de la semana)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lunes | |  | | | Martes | | | |  | | Miércoles | | | | |  | Jueves | | | |  | Viernes | | | | |  | Sábado | | | | |  | Domingo | | |  |
| Número horas/día | | | | | | | |  | | | | Número horas/semana | | | | | | |  | | | | | Número horas totales | | | | | | | | |  | | | | |
| DESTINATARIOS Y PLAZAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Número medio de plazas ofertadas | | | | | | | | | | | | |  | | | | | | | Varía la oferta según periodo *(seleccionar)* | | | | | | | | | | | | | | | Sí | No | |
| Características destinatarios | | | | | | | | | | | | | Edades extremas por año nacimiento | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Plazas especiales *(discapacitados…)* | | | | | | | | | | | | | Número | | |  | | | | Especialidad | | | | |  | | | | | | | | | | | | |

**Modelo S06. Proyecto (hoja 2/3)**

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| TIPO DE GESTIÓN Y PERSONAL | | | | | | | | | | |
| Tipo de gestión *(señalar con aspa una de las opciones)* | | | | | Gestión directa | |  | Gestión indirecta | |  |
| Razón social de la empresa *(en caso de gestión indirecta)* | | | | |  | | | | | |
| Relación individualizada de personal *(director/educador y educadores o monitores tanto para gestión directa como indirecta)* | | | | | | | | | | |
| Puesto | Categoría profesional | | | | Duración contrato  (en meses) | Tipo de jornada  (nº horas/mes) | | | Costes salariales | |
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| SERVICIOS COMPLEMENTARIOS | | | | | | | | | | |
| Servicio comedor |  | Servicio transporte |  | Otros *(especificar)* | |  | | | | |
| BALANCE ECONÓMICO DEL PROYECTO | | | | | | | | | | |
| RELACIÓN DE GASTOS *(detallar conceptos y gasto)* | | | | | | | | | | |
| Concepto | | | | | | | | | Cantidad | |
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| TOTAL GASTOS | | | | | | | | |  | |
| RELACIÓN DE INGRESOS *(detallar conceptos y gasto)* | | | | | | | | | | |
| Concepto | | | | | | | | | Cantidad | |
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| TOTAL INGRESOS | | | | | | | | |  | |
| TOTAL GASTOS-TOTAL INGRESOS | | | | | | | | |  | |
| SUBVENCIÓN SOLICITADA A ESTA CONVOCATORIA | | | | | | | | |  | |

**Modelo S06. Proyecto (hoja 3/3)**

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| **DATOS DE BAREMACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIMENSIÓN COMARCAL | | | | | | | | | | | | | | | | | | | | | | | | | |
| Se ofertan plazas a usuarios de cualquier municipio de la Hoya de Huesca | | | | | | | | | | | | | | | | | | | | | | | Sí | | No |
| RATIO DE PLAZAS POR MONITOR *(según dispuesto en base 8.b.)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Semana | 1ª | | 2ª | | 3ª | | | | 4ª | | | | 5ª | | 6ª | | | 7ª | 8ª | | | | TOTAL | | |
| Nº Plazas |  | |  | |  | | | |  | | | |  | |  | | |  |  | | | |  | | |
| Nº Monitores |  | |  | |  | | | |  | | | |  | |  | | |  |  | | | |  | | |
| Ratio |  | |  | |  | | | |  | | | |  | |  | | |  |  | | | |  | | |
| RATIO DE PLAZAS POR POBLACIÓN *(según dispuesto en base 8.c.)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nº Medio Plazas | |  | | | | | Padrón municipal | | | | |  | | | | | Ratio | | |  | | | | | |
| DURACIÓN DEL SERVICIO | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nº Total Días lectivos | | | |  | | | | | | | | | | | | | | | | | | | | | |
| AMPLITUD HORARIA DEL SERVICIO *(según dispuesto en base 8.e.)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nº Total Horas Prestadas | | | |  | | Nº Total Días lectivos | | | | | | | |  | | Horario jornada media | | | | | |  | | | |
| SERVICIOS COMPLEMENTARIOS | | | | | | | | | | | | | | | | | | | | | | | | | |
| Servicio de comedor | | | | | | | | Sí | | No | Servicio de transporte | | | | | | | | | | Sí | | | No | |

En , a de de .

Fdo.

(Firma y sello)