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| **PARA USO EXCLUSIVO DE CST / PRTSC USE ONLY**Proyecto / Project #\_\_\_\_\_\_\_\_\_\_\_\_\_ MIP # [ ]Sección de Fondos / Fund Section # \_\_\_\_\_\_\_\_\_\_\_\_\_ MIP # [ ]CFDA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Proyecto Interno / Internal Project [ ] Proyecto Externo / External Project [ ] Fain # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **TIPO DE ORGANIZACIÓN / Type of Organization**[ ]  Gobierno / Government[ ]  Municipio / Municipality [ ]  Sin fines de lucro / Non Profit[ ]  Educación Pública Superior / Public Higher Education[ ]  Otro / Other**Unique Entity Identifier**   |

**PROPUESTA DE PROYECTO DE SEGURIDAD EN LAS CARRETERAS PARA EL AÑO FISCAL**

***(HIGHWAY SAFETY PROJECT FOR FISCAL YEAR)***

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| **SECCIÓN A: INFORMACIÓN GENERAL***(*PARA SER COMPLETADO POR EL SOLICITANTE*)****SECTION A: GENERAL INFORMATION****(TO BE FILLED BY APPLICANT)* |
| 1. Título del Proyecto *(Project Title)*:  | 2. Nombre de la organización del Solicitante*(Name of Applicant Organization)*: |
| 3. Dirección de la Organización del solicitante  *(Address of Applicant Organization)*: | 4. Nombre de la persona de contacto en la Organización  *(Name of Contact Person for the Organization)*:  |
| 5. Teléfono y fax de la persona de contacto *(Telephone and Fax Number of Contact Person)*: Tel:  Fax:  |
| 6. Localidad del Proyecto *(Location of Project)*:  |
| 7. Seguro Social Patronal *(Tax ID Number)*:  | 8. Tipo de Solicitud *(Type of Application)*:[ ]  Inicial [ ]  Continuación Año  *(Initial)* *(Continuation)* *(Year)* |
| **SECCIÓN B: FIRMAS** *(*REFERIRSE A LA HOJA DE INSTRUCCIONES*)*NOTA: LA FIRMA EN ESTA SECCIÓN IMPLICA QUE LA ORGANIZACIÓN O INSTITUCIÓN HA SOMETIDO OFICIALMENTE LA PRESENTE PROPUESTA***SECTION B: SIGNATURES****(REFER TO INSTRUCTION SHEET)**NOTE: BY SIGNING BELOW, THE ORGANIZATION OR INSTITUTION IS OFFICIALLY SUBMITTING THIS PROPOSAL* |
| **B.1 - DIRECTOR DE PROYECTO DE LA ORGANIZACIÓN*****B.1 - ORGANIZATION PROJECT DIRECTOR*** |
| Nombre *(Name)*: | Título *(Title)*:  | Fecha [mes/día/año] *(Date [m/d/y]):*March 9, 2020 |
| Firma *(Signature)*: | Dirección *(Address)*:  |
| Teléfono *(Phone number)*:  | Fax: | Correo electrónico *(Email)*:  |
| **B.2 - COORDINADOR DE PROYECTO DE LA ORGANIZACIÓN*****B.2 - ORGANIZATION PROJECT COORDINATOR*** |
| Nombre *(Name)*: | Título *(Title)*:  | Fecha [mes/día/año] (Date [m/d/y]):March 9, 2020 |
| Firma *(Signature)*: | Dirección *(Address)*:  |
| Teléfono (Phone number): | Fax: | Correo electrónico (Email):  |
| **B.3 - OFICIAL FINANCIERO DE LA ORGANIZACIÓN*****B.3 - ORGANIZATION FINANCIAL OFFICER*** |
| Nombre *(Name)*: | Título *(Title)*:  | Fecha [mes/día/año] *(Date [m/d/y]):* March 9, 2020 |
| Firma *(Signature)*: | Dirección *(Address)*:  |
| Teléfono (Phone number): | Fax: | Correo electrónico *(Email)*:  |
| **B.4 - FONDOS SOLICITADOS*****B.4 - REQUESTED FUNDING*** |
| **MONTO TOTAL DEL PROYECTO *(TOTAL PROJECT AMOUNT)*:**  |  |
| **SECCIÓN C: DESCRIPCIÓN NARRATIVA DEL PROYECTO***(*PARA SER COMPLETADO POR EL SOLICITANTE*)****SECTION C: NARRATIVE DESCRIPTION OF PROJECT****(TO BE FILLED BY APPLICANT)* |
| C.1 - Establecimiento del problema. **Ser específico. Incluya toda información que justifique el problema. Buen análisis, datos estadísticos de choques, fatalidades, entre otros.***(Statement of Problem.* ***Be specific. Include all necessary information)*:**Click here to enter text. |
| C.2 - Solución propuesta. **Incluir la solución al problema detalladamente y acorde al problema propuesto.***(Proposed solution.* ***Include a statement of the solution proposed)*:**Click here to enter text. |

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| **SECCIÓN D: PLAN DE ACCIÓN***(*HACER UN LISTADO DE TODAS LAS METAS Y OBJETIVOS. REFIÉRASE A LAS INSTRUCCIONES PARA LA ELABORACIÓN DE METAS, OBJETIVOS, ESTRATEGIAS Y MEDIDAS DE DESEMPEÑO*)****SECTION D: ACTION PLAN****(LIST ALL GOALS AND OBJECTIVES. REFER TO INSTRUCTIONS FOR THE CONSTRUCTION OF GOALS, OBJECTIVES, STRATEGIES AND PERFORMANCE MEASURES)* |
| **Meta *(Goal)*:** Click here to enter text. |
| **Objetivo #1 (Objective #1):** Click here to enter text. |
| **Estrategias *(Strategies)*** | **Medidas de Desempeño** ***(Performance Measures)*** | **Trimestre Completado*****(Quarter Completed)*** |
| Oct-Dic*Oct-Dec* | Ene-Mar*Jan-Mar* | Abr-Jun*Apr-Jun* | Jul-Sep*Jul-Sep* |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| **Objetivo #2 *(Objective #2)*:** Click here to enter text. |
| **Estrategias *(Strategies)*** | **Medidas de Desempeño *(Performance Measures)*** | **Trimestre Completado*****(Quarter Completed)*** |
| Oct-Dic*Oct-Dec* | Ene-Mar*Jan-Mar* | Abr-Jun*Apr-Jun* | Jul-Sep*Jul-Sep* |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| **Objetivo #3 *(Objective #3)*:** Click here to enter text. |
| **Estrategias *(Strategies)*** | **Medidas de Desempeño *(Performance Measures)*** | **Trimestre Completado*****(Quarter Completed)*** |
| Oct-Dic*Oct-Dec* | Ene-Mar*Jan-Mar* | Abr-Jun*Apr-Jun* | Jul-Sep*Jul-Sep* |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| **Objetivo #4 *(Objective #4)*:** Click here to enter text. |
| **Estrategias *(Strategies)*** | **Medidas de Desempeño *(Performance Measures)*** | **Trimestre Completado*****(Quarter Completed)*** |
| Oct-Dic*Oct-Dec* | Ene-Mar*Jan-Mar* | Abr-Jun*Apr-Jun* | Jul-Sep*Jul-Sep* |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| **Objetivo #5 *(Objective #5)*:** Click here to enter text. |
| **Estrategias *(Strategies)*** | **Medidas de Desempeño *(Performance Measures)*** | **Trimestre Completado*****(Quarter Completed)*** |
| Oct-Dic*Oct-Dec* | Ene-Mar*Jan-Mar* | Abr-Jun*Apr-Jun* | Jul-Sep*Jul-Sep* |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| **Objetivo #6 *(Objective #6)*:** Click here to enter text. |
| **Estrategias *(Strategies)*** | **Medidas de Desempeño *(Performance Measures)*** | **Trimestre Completado*****(Quarter Completed)*** |
| Oct-Dic*Oct-Dec* | Ene-Mar*Jan-Mar* | Abr-Jun*Apr-Jun* | Jul-Sep*Jul-Sep* |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |
| Click here to enter text. | Click here to enter text. | [ ]       | [ ]       | [ ]       | [ ]       |

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| **SECCIÓN E: PRESUPUESTO DETALLADO***(*REFERIRSE A LA HOJA DE INSTRUCCIONES*)****SECTION******E: BUDGET DETAILED****(REFER TO INSTRUCTION SHEET)* |
| **E.1 - COSTOS DEL PERSONAL *(*EMPLEADOS*)******E.1 - PERSONNEL COSTS*** |
| **E.1.1 - Puesto *(Position)*** | **E.1.2 - Salario *(Salary)*** |
|  | **Mensual *(Monthly)*** | **Anual *(Annually)*** |
| 1- Click here to enter text. |       |       |
| 2- Click here to enter text. |       |       |
| 3- Click here to enter text. |       |       |
| 4- Click here to enter text. |       |       |
| 5- Click here to enter text. |       |       |
| 6- Click here to enter text. |       |       |
| 7- Click here to enter text. |       |       |
|  | **TOTAL DE COSTOS MENSUALES *(TOTAL MONTHLY COST)*:**      | **TOTAL DE COSTOS ANUALES *(TOTAL ANNUAL COST)*:**      |
|  |
| **E.1.3 - Beneficios Marginales *(Fringe Benefits)***Beneficios Federales o Estatales. Favor indicar por ciento para cada uno *(Federal or State benefits. Specify rate for each one)* | **E.1.4 - Costo de los Beneficios Marginales al Personal** ***(Personnel Fringe Benefits Costs)*** |
| **Tipo *(Type)*** | **Porciento *(Rate)* %** | **Mensual *(Monthly)*** | **Anual *(Annually)*** |
| 1- Seguro Social *(Social Security)* ***Incluye salario y bono de navidad*** |  |       |       |
| 2- Plan de Retiro *(Retirement)* |  |       |       |
| 3- Incapacidad *(Workers Comp)* *(*CFSE*)****Incluye salario y bono de navidad*** |  |       |       |
| 4- Desempleo *(Unemployment)****Hasta $7,000 por empleado*** |  |       |       |
| 5- Seguro Médico *(Health Insurance)* |  |       |       |
| 6- Bono de Navidad *(Christmas Bonus)* |  |       |       |
| 7- Seguro Choferil *(Driver’s Insurance)* |  |       |       |
| 8- Otro *(Other):*Click here to enter text. |  |       |       |
|  | **TOTAL DE COSTOS MENSUALES *(TOTAL MONTHLY COSTS)*:**      | **TOTAL DE COSTOS ANUALES *(TOTAL ANNUAL COSTS)*:**      |
| **E.1.5 - Total de Costos del Personal** ***(Total Personnel Costs)*** |       |       |
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| **E.2 - SERVICIOS PROFESIONALES / CONTRATISTAS *(CONTRACTUAL SERVICES)****(*REFERIRSE A LA HOJA DE INSTRUCCIONES / *REFER TO INSTRUCTION SHEET)* |
| **E.2.1 - Servicio contractual a ser ofrecido** ***(Contractual Service to be Provided)***Nombre y breve descripción de los servicios que llevará a cabo cada contratista *(State name and a brief description of services for each Contract)* | **E.2.2 - Costo de Servicios Profesionales/Contratistas*****(Cost of Contractual Services)****(*Monto total por contratista / *Total amount per Contract)* |
| 1- Click here to enter text. |       |
| 2- Click here to enter text. |       |
| 3- Click here to enter text. |       |
| 4- Click here to enter text. |       |
| 5- Click here to enter text. |       |
| 6- Click here to enter text. |       |
| 7- Click here to enter text. |       |
| 8- Click here to enter text. |       |
| 9- Click here to enter text. |       |
| 10- Click here to enter text. |       |
| **E.2.3 - Costo total de Servicios Profesionales / Contratistas *(Total Contractual Services Costs)*:** |       |
|  |
| **E.3 - COSTO DE MATERIALES Y SUMINISTROS *(SUPPLIES COSTS)****(*REFERIRSE A LA HOJA DE INSTRUCCIONES / *REFER TO INSTRUCTION SHEET)* |
| **E.3.1 - Materiales de Oficina *(Office Supplies)****(*Enumerar cada artículo / *List items)* | **E.3.2 - Costo de Materiales de Oficina** ***(Cost of Office Supplies)****(*Monto total por artículo / *Total amount per item)* |
| 1- Click here to enter text. |       |
| 2- Click here to enter text. |       |
| 3- Click here to enter text. |       |
| 4- Click here to enter text. |       |
| 5- Click here to enter text. |       |
| 6- Click here to enter text. |       |
| 7- Click here to enter text. |       |
| 8- Click here to enter text. |       |
| 9- Click here to enter text. |       |
| 10- Click here to enter text. |       |
| 11- Click here to enter text. |       |
| 12- Click here to enter text. |       |
| 13- Click here to enter text. |       |
| 14- Click here to enter text. |       |
| 15- Click here to enter text. |       |
| **E.3.3 - Costo Total de Materiales de Oficina** ***(Total Office Supplies Costs)*:** |       |
|  |
| **E.3.4 - Materiales Educativos *(Educational Supplies)****(*Enumerar cada artículo, de necesitar más espacio use anejo / *List ítems, if need more space attach a list)* | **E.3.5 - Costo de Materiales Educativos*****(Cost of Educational Supplies)****(*Monto total por artículo / *Total amount per item)* |
| 1- Click here to enter text. |       |
| 2- Click here to enter text. |       |
| 3- Click here to enter text. |       |
| 4- Click here to enter text. |       |
| 5- Click here to enter text. |       |
| 6- Click here to enter text. |       |
| 7- Click here to enter text. |       |
| 8- Click here to enter text. |       |
| 9- Click here to enter text. |       |
| 10- Click here to enter text. |       |
| 11- Click here to enter text. |       |
| 12- Click here to enter text. |       |
| 13- Click here to enter text. |       |
| 14- Click here to enter text. |       |
| 15- Click here to enter text. |       |
| 16- Click here to enter text. |       |
| **E.3.6 - Costo Total de Materiales Educativos*****(Total Educational Supplies Costs):*** |       |
| **E.3.7 - Costo Total de Materiales y Suministros*****(Total Supplies Costs):*** |       |
| **E.4 OTROS COSTOS DIRECTOS *(OTHER DIRECT COSTS)***REFERIRSE A LA HOJA DE INSTRUCCIONES *(REFER TO INSTRUCTION SHEET)* |
| **E.4.1 - Equipos *(Equipments)***Indicar la cantidad y si el equipo será comprado *(*C*)* o alquilado *(*A*)*. Referirse a la hoja de instrucciones (*Indicate quantity and if the equipment is for Purchase (C/P) or Rent (A/R). Refer to instruction sheet)* | **E.4.2 - Costo de los Equipos** ***(Equipment Cost)*** |
| **EQUIPO** | ***(*C/*P)*** | ***(*A/*R)*** |  |
| 1- Click here to enter text. | [ ]  | [ ]  |       |
| 2- Click here to enter text. | [ ]  | [ ]  |       |
| 3- Click here to enter text. | [ ]  | [ ]  |       |
| 4- Click here to enter text. | [ ]  | [ ]  |       |
| 5- Click here to enter text. | [ ]  | [ ]  |       |
| 6- Click here to enter text. | [ ]  | [ ]  |       |
| 7- Click here to enter text. | [ ]  | [ ]  |       |
| **Costo Total de los Equipos *(Total Equipment Costs)*:**  |       |

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| **E.4.3 - Mantenimiento y/o Reparación** ***(Maintenance and/or Repair)***Seleccionar con una “X” y proveer breve descripción(*Use “x” to select and provide a brief description)* | **E.4.4 - Costo de Mantenimiento y/o Reparación*****(Cost of Maintenance and/or Repair)*** |
| [ ]  Equipo *(Equipment)*Click here to enter text. | Total de mantenimiento y/o reparación de equipos *(Total Maintenance/Repair of Equipment)*:      |
| [ ]  Vehículo *(Vehicle)*Click here to enter text. | Total de mantenimiento y/o reparación de vehículos *(Total Maintenance/Repair of Vehicles)*:      |
| **E.4.5 - Viajes *(Travels)***Marcar con una “X” y proveer breve descripción de los viajes requeridos (*Use “x” to select and provide a brief description)* | **E.4.6 - Costo de los Viajes*****(Cost of Travels)*** |
| [ ]  Dentro de PR *(Local)*Click here to enter text. | Costo total de viajes dentro de PR*(Total local travel cost)*:       |
| [ ]  Fuera de PR *(Outside of PR)*Click here to enter text. | Costo total de viajes fuera de PR *(Total out of PR Cost)*:       |
| **Costo Total de Viajes *(Total Travel Cost)*:** |       |
| **E.4.7 - Adiestramientos *(Trainings)****(*Indicar el título y el propósito de los adiestramientos*(State the training title and the main purposes)* | **E.4.8 - Costo de Adiestramientos*****(Cost of Trainings)*** |
| 1- Click here to enter text. |       |
| 2- Click here to enter text. |       |
| 3- Click here to enter text. |       |
| 4- Click here to enter text. |       |
| 5- Click here to enter text. |       |
| **Costo Total Adiestramientos *(Total Training Costs)*:**  |       |
| **E.4.9 - Otros Costos Directos *(Other Direct Costs)***Referirse a la hoja de instrucciones *(Refer to instruction sheet)* | **E.4.10 - Monto de Otros Costos Directos** ***(Cost of Other Direct Costs)*** |
| 1- Tiempo Extra *(Overtime)* |       |
| 2- Estipendios *(Stipends)*  |       |
| 3- Otro *(Other):* Click here to enter text. |       |
| 4- Otro *(Other):* Click here to enter text. |       |
| 5- Otro *(Other):* Click here to enter text. |       |
| 6- Otro *(Other):* Click here to enter text. |       |
| **Monto Total de Otros Costos Directos:** ***(Total of Other Direct Costs)*:**  |       |
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| **E.5 - COSTOS INDIRECTOS *(INDIRECT COSTS)***Referirse a la hoja de instrucciones *(Refer to instruction sheet)* |
| **E.5.1 - Costos Indirectos *(Indirect Costs)*** | **E.5.2 - Monto de Costos indirectos*****(Costs for Indirect Costs)*** |
| 1-Click here to enter text.  |       |
| 2- Click here to enter text. |       |
| 3- Click here to enter text. |       |
| 4- Click here to enter text. |       |
| 5- Click here to enter text. |       |
|  |  |
| **Monto Total de Costos Indirectos *(Total Indirect Costs):*** |       |
|  |
| **SECCIÓN F: CONTINUIDAD DEL PROYECTO**(REFERIRSE A LA HOJA DE INSTRUCCIONES)***SECTION******F: PROJECT CONTINUATION****(REFER TO INSTRUCTION SHEET)* |
| Click here to enter text. |

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| **SECCIÓN G: RESUMEN PRESUPUESTARIO**(REFERIRSE A LA HOJA DE INSTRUCCIONES)***SECTION G: BUDGET SUMMARY****(REFER TO INSTRUCTION SHEET)* |
| **PROYECTOS EXTERNOS *(EXTERNAL PROJECTS)*****Project Number:** |
|  | **ORIGEN DE LOS FONDOS *(SOURCE OF FUNDS)*** | **APROBACIÓN *(APPROVAL)***PARA USO EXCLUSIVO DE PRTSC(*FOR PRTSC USE ONLY)* |
| **Estatal / Local** | **Fondos Federales** |
| **FONDOS SOLICITADOS SEGÚN CATEGORÍA PRESUPUESTARIA / GL *(REQUESTED FUNDING BY BUDGET CATEGORY / GL)*** | **Cantidad *(Amount)*** | **Cantidad *(Amount)*** | **Cantidad Aprobada** *(Approved Amount)* | **Cantidad Adelantada***(Advanced Amount)* | **Balance** *(Balance)* | **Comentarios** *(Comments)* |
| Salario *(Salary)* | 9001 |       |       |       |       |       |  |
| Seguro Social *(Social Security)* | 9021 |       |       |       |       |       |  |
| Plan de Retiro *(Retirement)* | 9081 |       |       |       |       |       |  |
| Incapacidad *(Worker’s Compensation)* | 9101 |       |       |       |       |       |  |
| Desempleo *(Unemployment)* | 9061 |       |       |       |       |       |  |
| Seguro Médico *(Health Insurance)* | 9121 |       |       |       |       |       |  |
| Bono de Navidad *(Christmas Bonus)* | 9041 |       |       |       |       |       |  |
| Bono de Verano *(Summer Bonus)* | 9051 |       |       |       |       |       |  |
| Seguro Choferil *(Driver’s Insurance)* | 9203 |       |       |       |       |       |  |
| Contratistas *(Contractual Services)* | 9401 |       |       |       |       |       |  |
| Materiales de Oficina *(Office Supplies)* | 9445 |       |       |       |       |       |  |
| Materiales Educativos *(Educational Supplies)* | 9523 |       |       |       |       |       |  |
| Equipos *(Equipment)* | 9441 |       |       |       |       |       |  |
| Mant. y Reparación de Equipos *(Maint and Repair of Equipment)* | 9423 |       |       |       |       |       |  |
| Mant. y Reparación de Vehículos *(Maint. And Repair of Vehicles)* | 9425 |       |       |       |       |       |  |
| Viajes dentro de PR *(Local Travels)* | 9486 |       |       |       |       |       |  |
| Viajes fuera de PR *(Out of PR Travels)* | 9491 |       |       |       |       |       |  |
| Adiestramientos *(Trainings)* | 9463 |       |       |       |       |       |  |
| Tiempo Extra (*Overtime)* | 9007 |       |       |       |       |       |  |
| Estipendios *(Stipends)* | 9015 |       |       |       |       |       |  |
| Otro *(Other)* | 9703 |       |       |       |       |       |  |
| **TOTAL** |       |       |       |       |       |  |

|  |  |
| --- | --- |
| **CANTIDAD TOTAL DEL PROYECTO *(TOTAL PROJECT AMOUNT)*** |       |

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| --- |
| Este anejo deberá completarse si solicita compra de equipos. Estas peticiones deben someterse en orden de prioridad y deben incluir las especificaciones, justificaciones de la necesidad y el costo de cada uno.*(This attachment shall be completed if requesting the purchase of equipment. These requests are to be submitted in priority order and must include specifications, justification of need, and cost)* |
| **JUSTIFICACIÓN PRESUPUESTARIA - COMPRA DE EQUIPOS*****BUDGET JUSTIFICATION - EQUIPMENT PURCHASES*** |
| Organización del Solicitante *(Applicant’s Organization)*: Click here to enter text. |
| Título del Proyecto *(Project Title)*: Click here to enter text. | Fecha actual *(Date Prepared)*: Click here to enter a date. |
| **Descripción del equipo** ***(Description of equipment)*** | **Cantidad *(Amount)*** | **Costo / unidad *(Cost per ítem)*** | **Costo Total *(Total Cost)*** | **Justificación *(Justification)*** |
| 1- Click here to enter text. |       |       |       | Click here to enter text. |
| 2- Click here to enter text. |       |       |       | Click here to enter text. |
| 3- Click here to enter text. |       |       |       | Click here to enter text. |
| 4- Click here to enter text. |       |       |       | Click here to enter text. |
| 5- Click here to enter text.  |       |       |       | Click here to enter text. |
| 6- Click here to enter text. |       |       |       | Click here to enter text. |
| 7- Click here to enter text. |       |       |       | Click here to enter text. |
| 8- Click here to enter text. |       |       |       | Click here to enter text. |
| 9- Click here to enter text. |       |       |       | Click here to enter text. |
| 10- Click here to enter text. |       |       |       | Click here to enter text. |
| 11- Click here to enter text. |       |       |       | Click here to enter text. |
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| 13- Click here to enter text. |       |       |       | Click here to enter text. |
| 14- Click here to enter text. |       |       |       | Click here to enter text. |
| 15- Click here to enter text. |       |       |       | Click here to enter text. |
| 16- Click here to enter text. |       |       |       | Click here to enter text. |