**FORMULÁRIO DE CANDIDATURA PARA APOIOS NA ÁREA DA IGUALDADE DE OPORTUNIDADES À COOPERAÇÃO FINANCEIRA**

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**1. IDENTIFICAÇÃO DA ENTIDADE PROMOTORA**

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1. **Designação:**

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| 1. **Morada:**
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| **Código Postal:** |  |  |  |  |  |  |  |  |  | **Localidade:** |  |

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| 1. **Nº de Identificação Fiscal:**
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| 1. **Nº de Identificação Bancária:**
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| **1.5 Identificação do/a Presidente da Entidade Promotora:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 1. **Situação relativa a impostos devidos ao Estado e a contribuições para a Segurança Social:**
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**2. DESIGNAÇÃO DO PROJETO**

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**3. ÁREA TEMÁTICA DO PROJETO**

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**4. LOCAL ONDE SE REALIZARÁ**

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**5. DATA DE REALIZAÇÃO**

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| **De:** |  |  |  |  |  |  |  |  |  |  | **a** |  |  |  |  |  |  |  |  |  |  |  |

**6. NÚMERO TOTAL DE PESSOAS DIRECTAMENTE ABRANGIDAS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sexo:** | **Masculino** |  | **Feminino** |  |

**7. ACTIVIDADES A DESENVOLVER NO ÂMBITO DO PROJECTO**

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**8. PRODUTOS A EDITAR PELO PROJETO**

**9. CUSTO GLOBAL DO PROJETO**

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| --- | --- | --- |
| **Valor:** |  | **€** |

|  |  |  |
| --- | --- | --- |
| **Valor:** |  | **€** |

**10. MONTANTE DO APOIO FINANCEIRO SOLICITADO**

**11. ABRANGÊNCIA DO PROJETO**

1. **Abrangência direta**

Número de pessoas que beneficiam diretamente do Projeto:

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| **Atividade** | **N.º Sexo Masculino** | **N.º Sexo Feminino** | **Total** |
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1. **Abrangência indireta**

Número de pessoas que beneficiam indiretamente do Projeto:

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| **Atividade** | **N.º Sexo Masculino** | **N.º Sexo Feminino** | **Total** |
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**12. INSTRUMENTOS DE AVALIAÇÃO**

(Questionários, fichas de registo de avaliação, e outros)

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**13. IMPACTO DO PROJETO**

1. Ao nível das pessoas diretamente abrangidas:

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1. Ao nível da comunidade em geral:

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**14. EXECUÇÃO FINANCEIRA DO PROJETO**

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| **14.1 Recursos necessários ao desenvolvimento do Projeto** | **Montante €** |
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|  |  |
| **Subtotal** |  |

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| **14.2 Despesas com deslocações** | **N.º** | **Montante €** |
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| **Subtotal** |  |

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| **14.3. Despesas com pessoal destacado para o Projeto** | **N.º** | **% de afetação** | **Montante €** |
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| **Subtotal** |  |

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| **14.4. Aquisição de serviços** | **Montante €** |
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| **Subtotal** |  |

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| **14.5. Outras despesas** | **Montante €** |
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| **Subtotal** |  |

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| **TOTAL DAS DESPESAS COM O PROJECTO** | **€** |

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| **14.6. Fontes de financiamento do projeto** |
| **Entidades** | **Montante €** |
| Entidade Promotora do Projeto  |  |
| Entidades Privadas |  |
| Entidades Públicas |  |
| **Subtotal** |  |

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| **TOTAL / CUSTO GLOBAL DO PROJETO** | **€** |

**15. ANEXO**

a) Estatutos da Entidade Promotora

b) Declarações comprovativas da situação regularizada relativamente a impostos devidos ao Estado e da situação regularizada relativamente a contribuições para a Segurança Social (caso o montante do apoio solicitado seja superior a 5.000,00€.

Data:

A/O Presidente da Direção,

(Assinatura e carimbo)