**ANEXO II**

**PROGRAMA DE COOPERACIÓN INTERINSTITUCIONAL**

**Formulario de Vinculación Comunitaria**

.

|  |
| --- |
| **NOMBRE DE LA ORGANIZACIÓN:** |
| **PROYECTO** (Título)**:** |
| DIRECCION: |
| CP: |
| LOCALIDAD: |
| PROVINCIA: |
| TELEFONO: |
| MAIL: |

**TIPO DE ORGANIZACIÓN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Territorial | Barrial | Social | Política | Micro-emprendimientos populares | Fábricas recuperadas | Municipio | Organización no gubernamental |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **OTRA** |  |

|  |
| --- |
| **ESPECIFICAR TIPO:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERENTE**   |  |  | | --- | --- | | Apellido: |  | | Nombres: |  | | Tipo y número de documento |  | | Celular |  | | Mail: |  | | Cargo |  |   **MIEMBROS QUE PARTICIPAN EN EL PROYECTO**   |  |  | | --- | --- | | Apellido: |  | | Nombres: |  | | Tipo y número de documento |  | | Celular |  | | Mail: |  | | Cargo |  |  |  |  | | --- | --- | | Apellido: |  | | Nombres: |  | | Tipo y número de documento |  | | Celular |  | | Mail: |  | | Cargo |  |  |  |  | | --- | --- | | Apellido: |  | | Nombres: |  | | Tipo y número de documento |  | | Celular |  | | Mail: |  | | Cargo |  |   Desafíos que se pretenden abordar de forma conjunta con la Universidad a partir de la ejecución del proyecto. |

Sello Firma y Aclaración