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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. |  |  |  |  |
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| 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. |  |  |  |  |
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| 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. | | |  | |
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| 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. | | |  | |
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| 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** | |  |  |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. |
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