*Allegato E*

*delibera Comitato dei Sindaci*

*n. 5 del 17.10.2019*

**PROPOSTA PROGETTUALE**

**(LR 30/98 – DGR. 586/2019) - ANNO 2019.**

**1. Titolo del progetto**

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**2. Associazione o soggetto del privato sociale che opera con e per le famiglie**

|  |  |
| --- | --- |
| Denominazione |  |
| Città |  | Prov. |  |
| Referente |  | Tel |  |
| E-mail |  | Pec |  |

**3. Reti di collegamento**

Indicare il nome e la sede di eventuali altre organizzazioni partner

*1)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*2)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4. Breve sintesi del corso**

Riepilogare sinteticamente i contenuti del corso per genitori.

 Massimo 20 righe

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**5. Obiettivi** (Massimo 20 righe)

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**6. Destinatari finali dell’intervento**

Indicare la tipologia di destinatari previsti ed una stima quantitativa degli stessi

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**7. Modalità di svolgimento del corso**

Durata del corso

Ore mensili \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ore Totali\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Periodo di svolgimento del corso \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sede/i di svolgimento del corso \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Piano dei costi**

Specificare:

1. Costi personale: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Attrezzature e beni strumentali: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Altri costi (promozione delle attività, materiali di consumo…..): €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Con l’indicazione dell’eventuale co-finanziamento a carico del soggetto proponente

Cofinanziamento: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Firma e timbro

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