**PROGRAMA DE TRABAJO**

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| **I.- DATOS DEL QUE RECIBE EL SERVICIO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tipo de Beneficiario: | | | | Persona Física | | | |  | | | Grupo de Trabajo | | | | |  | | | Persona Moral | | | | |  | |  | |
| Nombre de la persona Física, Grupo o persona Moral Beneficiaria del servicio: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Representante del Grupo o Legal de la Organización: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Domicilio: |  | | | | | | | | | | | | Municipio. | | | |  | | | | | | | | | | Localidad | |  | | | | |
| Número Telefónico: | | Local: |  | | | | Celular: | | | |  | | | | | | | | | E-mail: | |  | | | | | | | | | | | |
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| Actividad Principal del Beneficiario: | | | | Agrícola: | |  | | | Ganadera: | | |  | | Pesca y/o Acuacultura: | | | | | | | | |  | Desarrollo Rural: | | | | | | |  |  | |
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| Perfil de los Beneficiarios: | | | | Indígenas: | |  | | | Jóvenes: | | |  | | Mujeres: | | | |  | | Adultos: | | |  | | Adultos Mayores: | | | | |  | |  | |

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| Número de Beneficiarios: | Total: |  | Hombres: |  | Mujeres: |  |  |  |

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| Ubicación: | No. De beneficiarios por comunidad | Nombre de la Comunidad |
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| Características de los beneficiarios a atender: |  |

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| **II.- DATOS DEL EXTENSIONISTA QUE PROPORCIONA EL SERVICIO:** | | | | | | | | | | | | | | | |
| Nombre del Extensionista: | | | | | |  | | | | | | | | | |
| Nivel de Estudios: | | | | |  | | | Nombre de la Licenciatura: |  | | | | | Nombre del Postgrado: |  |
| Domicilio: | |  | | | | | | | | | | | | | |
| Teléfono (s): | | |  | | | | | | | | E-mail: |  | | | |
| Tipo de Servicio que Proporcionara: | | | | | | |  | | | | | | | | |
| Fecha de Inicio: | | | |  | | | | | | Fecha de Conclusión: | | |  | | |
| III.- SITUACION ACTUAL DEL PRODUCTOR, GRUPO DE TRABAJO U ORGANIZACIÓN DE PRODUCTORES (PROCESOS PRODUCTIVOS, TECNOLÓGICOS, ADMINISTRATIVOS, CAPITAL HUMANO, FINANCIERO Y ORGANIZACIONAL) | | | | | | | | | | | | | | | |

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| IV.- PROBLEMÁTICA U OPORTUNIDAD DE MERCADO: |

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| **V.- OBJETIVO DEL SERVICIO:** |

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| **VI.- ESTRATEGIA DE TRABAJO:** |

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| VII.- INNOVACIONES TECNOLOGICAS U ORGANIZACIONALES A LOGRAR (Elaborar con base en los resultados establecidos en el Plan Estratégico del CEIP 2015) |

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| **No.** | **Actividades a lograr con el servicio**  **(Procesos productivos, tecnológicos, administrativos, capital humano, financiero y organizacional)** | **Capacitación** | **Asistencia Técnica** | **Espacio Demostrativo** |
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| VIII.- RESULTADOS ESPERADOS: (Elaborar con base en indicadores establecidos en el Plan Estratégico del CEIP 2015, estos no son limitativos por lo que se pueden adicionar aquellos que se consideren necesario): |

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| **N°** | **Indicador de Resultados** | **Situación inicial en el grupo u organización** | **Resultados esperado acordado entre el PSP y el grupo de trabajo u organización** | **Medio de verificación (evidencias)** |
| **(valor numérico de la situación actual)** | **(qué se espera lograr, valor numérico)** |
| 1.- |  |  |  |  |
| 2.- |  |  |  |  |
| 3.- |  |  |  |  |
| 4.- |  |  |  |  |
| 5.- |  |  |  |  |
| 6.- |  |  |  |  |
| 7.- |  |  |  |  |

# IX.- Cronograma de Actividades: (Elaborar, en apego a las actividades a desarrollar, especificadas en el punto VII):

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| **Actividad** | **Propósito de la Actividad** | **Meta** | **N° Visitas** | **Duración en semanas (SEMANAS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** |
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| Firma de Conformidad y Aprobación del Programa de Trabajo |  | Firma del Extensionista Responsable de la Elaboración y Prestación del Servicio con Base al Programa de Trabajo |  | Firma del Coordinador Territorial Responsable de Seguimiento al Servicio, una vez Autorizado por la CEC. |
|  |  |  |  |  |
| Nombre y firma del representante del Grupo de Productores |  | Nombre y firma del Extensionista |  | Nombre y firma del Coordinador Territorial |