Línea de crédito

para entidades de la comunidad

**FORMULARIO DE PRESENTACIÓN**

**(Nombre Completo de la Institución)**

1. **Presentación de la solicitud de financiamiento**

**a. Información Institucional**

| Fecha: |  |  |  | | Registro Nro. | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Domicilio legal:  Localidad:    Código Postal: | | | | | | | Domicilio Institucional:  Localidad:  Código Postal: | | |
| Ubicación:  Interior Conurbano | | | | Municipio/s donde actúa: | | | | | |
| Teléfono / Whatsapp: | | | | | | | Fax: | | |
| E-Mail institucional: | | | | | | | | | |
| Página Web: | | | | | | | | | |
| Tipo de organización: (marque sólo una opción) | | | | | | | | | |
| Asociación Civil ( )  Sindicatos ( )  Mutuales ( )  Municipios ( )  Cámaras ( )  Organismo Gubernamental ( ) | | | | | | Fundación ( )  Cooperativa de Servicios ( )  Cooperativa de Trabajo ( )  Consorcio ( )  Cooperativa de Crédito ( )  Federación/Confederación ( ) | | | Agencias de Desarrollo ( )  Cooperativa de Vivienda ( )  Cooperativa de Producción ( )  Cooperativa Agropecuaria ( )  Cooperativa de Trabajo Recuperada ( ) |
| Actividad: | | | | | | | | | |
| Cantidad de trabajadores / miembros/beneficiarios : | | | | | | | | | |
| N° de Matrícula Provincial: Otorgado por: Año:  N° de Matrícula Nacional : Otorgado por: Año: | | | | | | | | | |
| Nº CUIT: | | | | | | | | | |
| Referente / responsable: | | | | | | | | | |
| Cargo / responsabilidad: | | | | | | | | Teléfonos: | |
| E-Mail | | | | | | | | | |
| Referente / responsable: | | | | | | | | | |
| Cargo / responsabilidad: | | | | | | | | Teléfonos: | |
| E-Mail | | | | | | | | | |

**b. Características de la Institución**

**Área de cobertura (Local, Provincial o Regional)**

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**Antecedentes / Breve Historia Institucional**

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**Misión y Visión.**

*Visión*

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*Misión*

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**Objetivos**

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**Principales actividades desarrolladas (últimos años)**

Describir:………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………………………………………

**Personal – profesionales/técnicos/administrativos**

| Nombre y Apellido | Cargo | Tareas | Profesión | Voluntario o  Rentado |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Infraestructura disponible**

1. Edilicia - Local

Propia ( ) Alquilada ( ) En Comodato ( ) Otra ( )

1. Equipamiento

|  | Características |
| --- | --- |
| Computadoras |  |
| Mobiliario |  |
| Maquinarias |  |
| Vehículos |  |
| Terrenos |  |
| Otros |  |

Dirección del local, fábrica o sede base del emprendimiento

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Autoridades, en concordancia con designación de última acta y organigrama de la institución ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………...…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………

**Referencias**

1. Institucionales

| Nombre de Institución | Apellido y nombre del Contacto | Teléfonos | E-Mail |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

1. Bancarias y / o comerciales

| Nombre de Banco y/o Empresa | Apellido y nombre del Contacto | Teléfonos | E-Mail |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

1. **Presentación de la Propuesta**
2. **Descripción del proyecto**

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1. **Descripción de los destinatarios**

**Cantidad de destinatarios finales, a ser atendidos con el crédito originado en Fuerza Solidaria**

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**Perfil de los potenciales destinatarios**

*Caracterización económica*

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*Caracterización social*

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1. **Caracterización de las líneas de crédito a implementar con recursos de FUERZA SOLIDARIA**

| Línea de Crédito. |  |
| --- | --- |
| Destino |  |
| Monto mínimo |  |
| Monto máximo |  |
| Monto Promedio |  |
| Período de gracia (capital y/o intereses) |  |
| Plazo del crédito (máximo, mínimo, promedio)  Frecuencia: sem/quinc/men/sem |  |
| Costo financiero |  |
| Sistema de amortización |  |
| Gastos de otorgamiento / Comisión |  |
| Garantía/s solicitada/s |  |

| Línea de Crédito. | Fuerza Solidaria 1.2 |
| --- | --- |
| Destino |  |
| Monto mínimo |  |
| Monto máximo |  |
| Monto Promedio |  |
| Período de gracia (capital y/o intereses) |  |
| Plazo del crédito (máximo, mínimo, promedio)  Frecuencia: sem/quinc/men/sem |  |
| Costo financiero total |  |
| Sistema de amortización |  |
| Gastos de otorgamiento / Comisión |  |
| Garantía/s solicitada/s |  |

*Amplíe toda información adicional que considere pertinente*

…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………

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1. **Metodología de la operatoria crediticia**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Personal involucrado en la operatoria de crédito**

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**Sistema técnico-administrativo de la gestión de créditos**

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**Asistencia técnica**

*Indicar que acciones de asistencia técnica considera que requiere la institución para el mejor desarrollo del proyecto*

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**Acompañamiento y Seguimiento al emprendedor**

*Describa brevemente la modalidad que tiene la entidad para acompañar a los destinatarios de los préstamos.*

…………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….……………………

**Análisis de Mercado. Competencia**

*Describa los servicios de financiamiento existentes en la localidad de influencia del proyecto.*

…………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….……………………

1. **Antecedentes en operatorias de crédito**

*Deberá ser completado sólo por las instituciones que estén desarrollando operatorias de crédito.*

**Describir la metodología y la operatoria que actualmente está utilizando para dar créditos**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………….……………………

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Cartera Histórica

| Situación de cartera | Monto en $ | Cantidad de créditos |
| --- | --- | --- |
| Cartera Activa |  |  |
| En situación normal |  |  |
|  | | |
| Mora de más de 30 días |  |  |
| De 31 a 60 días |  |  |
| Más de 60 días |  |  |
| Judiciales |  |  |
| Incobrables |  |  |

**3. Solicitud de financiamiento a Fuerza Solidaria**

| Monto Total solicitado: |
| --- |
| Garantía:  Plazo de devolución solicitado (cantidad de meses, período de gracia):  *A ser completado junto al equipo de Fuerza Solidaria:*  Forma de pago: |
| Devolución de intereses:  Devolución del capital:  Periodo total del crédito:  Tasa:  Subsidio de tasa:  Arancel de Otorgamiento: |

Fecha:

Lugar:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Aclaración