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| **OFERTA DE PREVENCIÓN DE RIESGOS ESPECÍFICOS**  **(NOMBRE DE LA ORGANIZACIÓN ALIADA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(NOMBRE DEL PROYECTO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **INFORME DE GESTIÓN MENSUAL # XXX**  **MES XXX DE 201X**  **(FECHA DE ELABORACIÓN) \_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  | | --- | --- | | **DATOS BÁSICOS CONTRATO O CONVENIO** | | | **No. Contrato o Convenio** |  | | **Nombre de la organización aliada** |  | | **Número de NNA participantes** |  | | **Departamento(s)** |  | | **Municipio(s)** |  | | **Fecha inicio** |  | | **Fecha finalización** |  | | **Valor aporte ICBF** | $ | | **Valor aporte contrapartida** | $ | | **Dinero** | $ | | **Especie** | $ | | **Valor total** | $ | | **Objeto del contrato:** | |  |  |  | | --- | --- | | **ADICIÓN** | | | **Fecha de inicio** |  | | **Fecha de finalización** |  | | **Departamento (s) adición** |  | | **Municipio (s) adición** |  | | **Número de NNA adición** |  | | **Valor aporte ICBF** | $ | | **Valor aporte contrapartida** | $ | | **Dinero** | $ | | **Especie** | $ | | **Valor total** | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | |  | **REPORTE DE INDICADORES** | | | | | | |  | | | **#** | **Departamento** | **Municipio** | | **Programación inicial de NNA** | | **NNA atendidos a la fecha** | **Programación inicial de talleres** | | **Talleres ejecutados a la fecha** | **NNA registrados en *Cuéntame*** | **Población**  **migrante**  **atendida** | | |  | xxxxx | xxxx | | xxx | | xxx | xxx | | xxx | xxx |  | | | **Total** | | | |  | |  |  | |  |  | | **GARANTÍA DE DERECHOS** | | | | | | | | | | | | | **Número de derechos identificados como: vulnerados, amenazados e inobservados**  **(acumulado)** | | | | | **Número de gestiones realizadas**  **para la garantía de derechos**  **(acumulado)** | | | **Número de respuestas efectivas**  **(acumulado)** | | | | |  | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |      |  |  |  |  | | --- | --- | --- | --- | | **FORTALECIMIENTO FAMILIAR** | | | | | **Número de encuentros intergeneracionales realizados** | **Número de participantes** | | **Temáticas trabajadas** | |  |  | |  | |  |  | |  | | **DESCRIPCIÓN DE ACCIONES DURANTE EL MES DE EJECUCIÓN** | | | | | **Fortalezas durante la ejecución** | | **- Describir las acciones puntuales por municipio**  **-**  **-** | | | **Lecciones aprendidas** | | **- Describir las acciones puntuales por municipio**  **-**  **-** | | | **Dificultades identificadas durante la ejecución** | | **- Describir las acciones puntuales por municipio**  **-**  **-** | | | **Acciones realizadas para mitigar/superar las dificultades identificadas durante la ejecución** | | **- Describir las acciones puntuales por municipio**  **-**  **-** | | | **Observaciones** | | **- Describir las acciones puntuales por municipio**  **-**  **-** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **OBLIGACIONES GENERALES DEL CONTRATISTA** | | | | | | **Obligaciones (textuales del contrato)** | | **Cumple (sí, no o en ejecución)** | **Actividades realizadas** | **Documento que evidencia el cumplimiento** | **Folio o ruta digital en la que se evidencia el documento** | |  | |  |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **OBLIGACIONES DEL CONTRATISTA EN RELACIÓN CON EL MANEJO ADMINISTRATIVO Y CONTABLE DE LOS BIENES MUEBLES** | | | | | | **Obligaciones (textuales del contrato)** | **Cumple (sí, no o en ejecución)** | **Actividades realizadas** | **Documento que evidencia el cumplimiento** | **Folio o ruta digital en la que se evidencia el documento** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **OBLIGACIONES ESPECÍFICAS DEL CONTRATISTA** | | | | | | **Obligaciones (textuales del contrato)** | **Cumple (sí, no o en ejecución)** | **Actividades realizadas** | **Documento que evidencia el cumplimiento** | **Folio o ruta digital en la que se evidencia el documento** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **OBLIGACIONES DEL CONTRATISTA EN EL MARCO DEL SISTEMA INTEGRADO DE GESTIÓN** | | | | | | **Obligaciones (textuales del contrato)** | **Cumple (sí, no o en ejecución)** | **Actividades realizadas** | **Documento que evidencia el cumplimiento** | **Folio o ruta digital en la que se evidencia el documento** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma del Representante Legal  Nombres y apellidos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  C.C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Nota:**   1. El informe debe incluir adjunto todos los soportes que evidencien el desarrollo de las actividades presentadas en este informe. 2. Describir acciones adicionales que permitieron el desarrollo de las actividades del contrato (reuniones con Alcaldía, articulación con otros aliados, reuniones con regionales y/o con equipo Sede Nacional, etc.). |