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|  |  |  |  |  |  | **U006 - PROGRAMASUBSIDIOS PARA ORGANISMOS DESCENTRALIZADOS ESTATALES** | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |
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| **DATOS DE IDENTIFICACIÓN DEL PROMOVENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Anónimo | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
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| **TIPO DE HECHO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Tipo de Hecho | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Aplicación del Recurso | | | | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  | Uso con otros fines (lucro, político) | | | | | | | | | | | |  |  | |  |  |
|  | Ejecución del Programa | | | | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  | Condicionamiento del Apoyo | | | | | | | | | | |  |  |  | |  |  |
|  | Servicio Ofrecido | | | | |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  | Otros | | | | |  |  |  |  |  |  |  |  |  | |  |  |
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| **LOS HECHOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Datos Generales de los Hechos | | | | | | | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Entidad Federativa | | | | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  | Municipio | | | | | |  |  |  |  |  |  |  |  |  |  | |  |  |
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|  | Localidad | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | Otros | |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
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|  | Fecha de los hechos | | | | | |  |  |  | | | | | | |  | |  | Hora de los Hechos | | | | | | | |  |  |  |  |  | : |  |  |  |  |  | |  |  |
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|  | Lugar Específico de los hechos | | | | | | | |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Narración de los hechos | | | | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
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| **ELEMENTOS DE PRUEBA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Pruebas | | |  | Sí |  |  |  |  | No | |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
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|  | Especificar | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
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|  | Nombre (s) | | |  |  |  |  |  |  |  |  |  |  |  | Teléfono | | | | |  |  |  |  |  | | Domicilio | | | | |  |  |  |  |  |  |  | |  |  |
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|  | Nombre de Quien recibe queja o denuncia | | | | | | | | | | |  |  |  | |  | |  | | | | | | | | | | | | | | | | | | | | |  |  |
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