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| Componente (s) | |  | | | | | | | | | | No. de Folio SURI | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Datos de la Persona Física y/o representante legal No. de Registro SURI. | | | | | | | | | | | | | | | | |  | | | | |
| Nombre |  | | | | | | | | | | | | | | | |  | | | | |
| Nombre (s) – A. Paterno – A. Materno | | | | | | | | | | | | | | | | Fecha de Nacimiento | | | | |
| Clasificación | Indígena | |  | Discapacidad | |  | Estado Civil | | |  | | | Edo. de Nacimiento | | | |  | | | | |
| R.F.C. |  | | | | | CURP | | |  | | | | Género | | | |  | | Edad | |  |
| Domicilio particular |  | | | | | | | | | | | | | | | | | | | | |
| Calle, Número Interior y Exterior | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |  | | | | | | |
| Colonia | | | | | | | Municipio / Delegación | | | | | | | Estado | | | | | | |
| No. INE. |  | | | | | | | Vigencia | | |  | | | | No. Pasaporte | | | | |  | |
| No. Teléfono |  | | | | | | | No. Celular | | |  | | | | C.P. | | | | |  | |
| Cuenta CLABE |  | | | | | | | Banco | | |  | | | | | | | | | | |
| Correo electrónico |  | | | | | | | | | | Acrónimo organización gremial | | | | | | |  | | | |
| Actividad principal | Agrícola | | | |  | Pecuaria | | | |  | | Pesca | |  | | Acuícola | |  | | | |

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| Datos de la Persona Moral No. de Registro SURI. | | | | | | | | | | | | | | | | | | |  | | | | |
| Nombre | | |  | | | | | | | | | | | | | | | |  | | | | |
| Nombre o Razón Social como aparece en el Acta Constitutiva | | | | | | | | | | | | | | | | Fecha de Constitución | | | | |
| Domicilio fiscal actual | | |  | | | | | | | | | | | | | | | | | | | | |
| Calle, Número Interior y Exterior | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | |
| Colonia | | | | | Municipio / Delegación | | | | | | | | | Estado | | | | | | |
| R.F.C. | | |  | | | | | No. Teléfono | | |  | | | | | | C.P. | | | | | |  |
| Cuenta CLABE | | |  | | | | | Banco | | |  | | | | | | | | | | | | |
| Correo electrónico | | |  | | | | | | | | Acrónimo organización gremial | | | | | | | | | | |  | |
| Actividad principal | | | Agrícola |  | Pecuaria | | | |  | | Pesca | | | |  | | | Acuícola | | | |  | |
| Acta constitutiva | | | Constituida conforme a las leyes mexicanas según se acredita en la escritura constitutiva Número \_\_\_\_\_\_\_, de fecha \_\_, de \_\_\_\_\_\_\_\_\_\_\_\_, de \_\_\_\_, otorgada ante la Fe del \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Notario Público Número \_\_, con ejercicio en: Ciudad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, en la Entidad de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | | | |
| Datos del Proyecto | | Productivo | |  | | Estratégico | | | | | | |  | | | Nuevo | | | | |  | | |
| Nombre | |  | | | | | | | | | | | | | | | | | | | | | |
| Ubicación Unidad Productiva | | Anotar domicilio completo | | | | | | | | | | Nombre de la localidad | | | |  | | | | | | | |
| Costo total | |  | | | | | Total apoyo | | | | | | |  | | | | | | | | | |
| Conceptos de apoyo y aportaciones (en pesos) | | | | | | | Federal | | | Estatal | | | | Productor | | | | | | Total | | | |
| 1 |  | | | | | |  | | |  | | | |  | | | | | |  | | | |
| 2 |  | | | | | |  | | |  | | | |  | | | | | |  | | | |
| 3 |  | | | | | |  | | |  | | | |  | | | | | |  | | | |
| 4 |  | | | | | |  | | |  | | | |  | | | | | |  | | | |
| 5 |  | | | | | |  | | |  | | | |  | | | | | |  | | | |
| 6 |  | | | | | |  | | |  | | | |  | | | | | |  | | | |
| 7 |  | | | | | |  | | |  | | | |  | | | | | |  | | | |
| 8 |  | | | | | |  | | |  | | | |  | | | | | |  | | | |
| Totales | | | | | | |  | | |  | | | |  | | | | | |  | | | |

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| Criterios de selección, calificación y dictamen | Aplica SI o NO | Cantidad del Índice | | Puntos |
| Incremento de la producción. |  |  | % |  |
| Valor agregado a la producción. |  |  | % |  |
| Mayor número de empleos directos. |  |  | No. |  |
| Mayor número de beneficiarios directos. |  |  | No. |  |
| Nombre de la localidad / Índice de CONAPO, (grado de marginación). | | | | |
|  |  |  | Grado ° |  |
| Estratificación que corresponde E2, E3, E4, E5. |  |  | Estrato |  |
| Total de puntos obtenidos | | | |  |

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| Anexo del Convenio Específico de Adhesión No. de Folio |  |

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| Relación de Personas Físicas Beneficiarias Directas (Adicionales) | | | | | | | |
| No. | Nombre (s) | Apellido Paterno | Apellido Materno | R.F.C. | CURP | Fecha de nacimiento | Género M-Masculino o F- Femenino |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

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| Relación de Personas Físicas Beneficiarias Directas (Adicionales) | | | | | | |
| No. | Nombre o Razón Social Como Aparece en el Acta Constitutiva | R.F.C | Fecha de Constitución | No. Notaria | No. de Libro | No. de Hoja |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |

El presente documento firmado por el productor y/o su representante legal, forma parte íntegra del Convenio Específico de Adhesión con el número de folio que se indica al inicio del presente.

|  |  |  |
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| Nombre y firma del beneficiario y/o del representante legal |  | Nombre y firma por el FOFAE  Sello oficial u holograma |