**Rencana Kerja Pelaksanaan Pendampingan selama 12 Bulan**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **NO.** | **URAIAN KEGIATAN PENDAMPINGAN** | **PELAKSANAAN PENDAMPINGAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **JANUARI** | | | | **FEBRUARI** | | | | **MARET** | | | | **APRIL** | | | | **MEI** | | | | **JUNI** | | | | **JULI** | | | | **AGUSTUS** | | | | **SEPTEMBER** | | | | **OKTOBER** | | | | **DESEMBER** | | | | **DESEMBER** | | | |
| I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV |
| 1. | Identifikasi Kebutuhan Pelatihan Peserta |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. | Menyusun Rencana Kerja Pelaksanaan Pendampingan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. | Kegiatan Pendampingan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. Bimbingan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. Konsultasi |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. Advokasi |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. Pendataan Data Base Peserta Pelatihan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. | Evaluasi dan Pelaporan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| MENGETAHUI,  Koordinator Tenaga Pendamping  Dinas ………..  xxxxxxxx | Bulan, tgl / bln/th  TENAGA PENDAMPING  xxxxxxxxxxxxx |

**Rencana Kerja Tenaga Pendamping KUMKM Bulan ………… 2023**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **No** | | **URAIAN KEGIATAN** | | | | **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** | **29** | **30** |
| 1 | | Konsultasi/Bimbingan dengan Koordinator | | | |  |  | Sabtu | Minggu |  |  |  |  |  | Sabtu | Minggu |  |  |  |  |  | Sabtu | Minggu |  |  |  |  |  | Sabtu | Minggu |  |  |  |  |  |
| 2 | | Koordinasi & Mobilisasi ke UPT/Dinas kab/kota | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | | Identifikasi Kebutuhan Pelatihan Peserta | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | | Evaluasi Pasca Diklat | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | | Kegiatan Pendampingan | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | 1. Bimbingan | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | b.  Konsultasi | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | c.  Advokasi | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | d.  Pendataan Data Base Peserta Pelatihan | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | | Diklat/Pelatihan/ Bimtek/Webinar | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | | Evaluasi dan Pelaporan | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| MENGETAHUI,  Koordinator Tenaga Pendamping  Dinas Koperasi ……..  xxxxxxx | Kab, tgl/bln/th  TENAGA PENDAMPING  xxxxxxxxxxxx |