Obrazac za dodjelu sredstava iz Proračuna Županije Posavske za 2024. godinu udrugama osoba s posebnim potrebama

### I. Osnovni podaci

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| **Naziv udruge:** |
| **Adresa:** |
| Tel.:Mob.: | **Fax:** | **e-mail:** |
| Broj žiro-računa udruge i naziv banke: |
| Osoba koja zastupa udrugu: |
| Osnovni podaci o udruzi:**a) kada je osnovana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****b) gdje je registrirana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****c) broj registracije \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****d) ID broj udruge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Broj članova udruge:** | **Broj stalno uposlenih osoba:** | **Broj volontera, ili na drugi način** **angažiranih osoba:** |
| **Područje djelovanja udruge:** |
| **Svrha postojanja udruge (objasnite u nekoliko rečenica):** |
| **Navedite prethodno iskustvo rada vaše udruge i ostvareni rezultati (opcionalno):** |
| **S kojim nevladinim udrugama i/ili državnim institucijama surađujete:** |

##### II. Opis projekta/programa

## Naziv projekta/programa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Poželjno dostaviti zasebni-orginalni projekt)**

**Trajanje projekta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Navesti početak i vrijeme trajanja projekta)**

 **Opis projekta (Potrebno je navesti osnovni cilj, glavne aktivnosti koje značajno doprinose poboljšanju položaja osoba s posebnim potrebama, korisnike projekta i područje provedbe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Opis problema/potreba (Potrebno je ukratko opisati problem/potrebu na koji/u želite utjecati uključujući sljedeće: kako ste uočili problem/potrebu, koje izvore podataka ste koristili, koliko osoba u vašoj okolini ima potrebu za aktivnostima koje nudite, zbog čega je rješavanje ovog problema ili zadovoljavanje potrebe od važnosti za vašu zajednicu): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Ciljevi (Navedite koji su opći i specifični ciljevi projekta/programa):**

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**Aktivnosti (Nabrojite aktivnosti i način njihovog provođenja):**

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**Očekivani rezultati (Nabrojite i opišite što ćete postići na kraju projekta):**

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Ciljna skupina (Navedite tko su korisnici projekta . Navedite očekivani broj korisnika):

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**Evaluacija projekta/programa (Navedite što će biti pokazatelji uspješnosti projekta, koje ćete informacije o postignutom uspjehu prikupljati i na koji način):**

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**Osoba odgovorna za provedbu projekta/programa (Navedite ime i prezime, funkciju, kvalifikaciju i iskustvo):**

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**III. Posebni kriteriji**

**Broj i vrste usluga koje pruža udruga (navesti vrste usluga, tko su korisnici tih usluga).**

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**Broj djece koja imaju stalni,dnevni ili povremeni boravak u udruzi.**

**Navesti korisnike koji koriste usluge dnevnog boravka uz prateće tretmane (treba navesti broj korisnika usluga koji dnevno provode u udruzi, te uz to koriste tretmane pojedinih uposlenika kao što su: logoped, audiolog, defektolog, socijalni radnik, njegovatelj/ica...):**

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**Navesti korisnike koji koriste isključivo pojedinačne tretmane tj. individualne terapije(treba navesti broj korisnika usluga Vaše udruge koji dolaze samo na pojedinačne tretmane pojedinih uposlenika kao što su: logoped, audiolog, defektolog, socijalni radnik, njegovatelj/ica i sl., a koji ne koriste usluge iz prethodnog stavka**

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**Stručni i pomoćni kadar uposlen odnosno angažiran za edukaciju, rehabilitaciju i osnaživanje osoba sa posebnim potrebama (navesti broj uposlenih osoba prema stručnoj spremi uz naznaku poslova koje obavljaju kao i način angažiranja tj. dali je osoba u stalnom radnom odnosu ili je angažirana po nekom drugom osnovu):**

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**Materijalno-tehnička osposobljenost prostora za provođenje planiranih aktivnosti (navesti da li udruga koristi vlastiti objekt ili koristi objekt druge javne ustanove za pružanje svojih usluga te da li udruga pruža usluge ishrane korisnicima tokom boravka u istoj):**

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### IV. Proračun

Ukoliko ste do sada koristili sredstva iz Proračuna Županije Posavske navedite odobren iznos za 2022.g i 2023.g te svrhu korištenja sredstava (specificirati)?

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**Ukupan prihod udruge u protekloj godini: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Tražena sredstva iz Proračuna Županije Posavske u 2024.godini za financiranje/sufinanciranje**

 **(maksimalan iznos do 50% od ukupnih sredstava po javnom pozivu):**

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 Potpis predsjednika/ice udruge:

 **MP**

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