*Załącznik nr 1*

*do regulaminu przyznawania jednorazowo środków na podjęcie*

*działalności gospodarczej przez Powiatowy Urząd Pracy w Zabrzu*

|  |  |
| --- | --- |
| ADNOTACJA POWIATOWEGO URZĘDU PRACY | |
| NR WNIOSKU | CIRZ.III.631. \_\_\_\_\_\_\_\_\_.2023 |

Zabrze, dnia\_\_\_\_\_\_\_\_\_\_\_\_\_\_2023r.

**WNIOSEK**

**o przyznanie jednorazowych środków na podjęcie działalności gospodarczej**

1. **INFORMACJE O WNIOSKODAWCY:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **IMIĘ I NAZWISKO** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data i miejsce urodzenia** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PESEL** |  |  |  | | |  | | |  | |  | |  | | |  | | |  | |  | | |  | | **NIP** | | |  | |  | | |  | | |  | |  | | | | |  | | |  | | | |  | | | |  | | |  | | |
| **Adres e-mail** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Numer telefonu** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adres zamieszkania** | | | | Ulica i nr lokalu | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Kod pocztowy | | | | | | | |  | | | | | |  | | | **-** | | |  | | | |  | | |  | |
| **Adres do korespondencji** | | | | Ulica i nr lokalu | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Kod pocztowy | | | | | | | |  | | | | | |  | | | **-** | | |  | | | |  | | |  | |
| **Nr konta bankowego**  **Nazwa banku** | | | |  |  | | |  | |  | |  | |  |  | |  | | |  | |  |  | |  | |  |  | |  | | |  | |  |  | |  | | |  | | | |  | | |  | |  | | | |  | | |  | | |  |
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| **(proszę dołączyć dokument potwierdzający posiadanie konta bankowego)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data rejestracji w PUP** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Stan cywilny** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy wcześniej prowadził(a) Pan(i) działalność gospodarczą/rolniczą?\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TAK** | | | | | | | | | | | **NIE** | | | | | | | |
| Rodzaj prowadzonej działalności | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Okres prowadzonej działalności | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przyczyna zakończenia | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy istnieją z tego tytułu zobowiązania wobec ZUS i/lub Urzędu Skarbowego?\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TAK** | | | | | | | | | | | **NIE** | | | | | | | |
| Wnioskodawca, który prowadził wcześniej działalność gospodarczą do wniosku dołącza **aktualne** zaświadczenia z:  ***1) Zakładu Ubezpieczeń Społecznych o niezaleganiu w odprowadzaniu składek* (NA DZIEŃ ZŁOŻENIA WNIOSKU),**  ***2) Urzędu Skarbowego o braku zaległości w zakresie należności podatkowych*** *za okres prowadzenia wcześniejszej działalności* **(NA DZIEŃ ZŁOŻENIA WNIOSKU),**  ***3) Decyzję o wykreśleniu wpisu z ewidencji działalności gospodarczej.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy wobec Wnioskodawcy prowadzone jest postępowanie windykacyjne:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TAK** | | | | | | | | | | **NIE** | | | | | | | |
| **Czy wobec Wnioskodawcy prowadzone jest postępowanie egzekucyjne:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TAK** | | | | | | | | | | **NIE** | | | | | | | |
| **Czy Wnioskodawca posiada zadłużenie z tytułu zajęć sądowych i administracyjnych:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TAK** | | | | | | | | | | **NIE** | | | | | | | |

1. **OPIS PLANOWANEGO PRZEDSIĘWZIĘCIA**

**1. Rodzaj planowanej działalności gospodarczej:**

*(np. usługi budowlane, usługi kosmetyczne, handel książkami, produkcja mebli, projektowanie wnętrz itp.)*

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**2. Symbol podklasy rodzaju prowadzonej działalności, zgodnie z Polską Klasyfikacją Działalności (PKD):**

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| --- | --- |
| **PKD**  **(w formacie: 99.99.Z)** | **Krótki opis symbolu:** |
|  |  |
|  |  |
|  |  |

**(wpis do ewidencji może wskazywać dodatkowe rodzaje wykonywanej działalności)**

1. **Przewidywany termin rozpoczęcia działalności gospodarczej:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

*(proszę określić rok i miesiąc- dokładny termin zostanie wskazany w momencie podpisania umowy o dofinansowanie)*

1. **Opis planowanej działalności gospodarczej:**

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1. **DANE DOTYCZACE PRZYZNANIA ŚRODKÓW I ICH WYKORZYSTANIA**
2. **Wnioskowana kwota środków:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

*(kwota musi być zgodna z przedstawioną specyfikacją wydatków)*

**Słownie:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

1. **Proponowana forma zabezpieczenia zwrotu otrzymanych środków:**

* poręczenie – *poręczyciel osiągający dochód nie niższy niż 4.500 zł brutto, lub dwóch o dochodzie co najmniej 4.200 zł brutto*
* blokada środków zgromadzonych na rachunku bankowym
* inna *(zgodnie z Rozporządzeniem MRPiPS z dnia 14 lipca 2017r. w sprawie dokonywania z Funduszu Pracy refundacji kosztów wyposażenia lub doposażenia stanowiska pracy oraz przyznawania środków na podjęcie działalności gospodarcze*j),   
  proszę podać jaka: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Ostatecznej akceptacji dokonuje Dyrektor Powiatowego Urzędu Pracy w Zabrzu**

**4. Adres prowadzenia planowanej działalności:**

Siedziba: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Miejsce wykonywania działalności: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**5. Tytuł prawny do lokalu, w którym prowadzona będzie działalność gospodarcza:**

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| **Siedziba:** | **Miejsce wykonywania działalności:** |
| □ lokal własny □ umowa użyczenia  □ umowa najmu □ inne | □ lokal własny □ umowa użyczenia  □ umowa najmu □ inne (np. umowa przedwstępna) |
| ***W przypadku posiadania dokumentu potwierdzającego powyższy fakt proszę dołączyć do wniosku kserokopię:***   * + *aktu własności lokalu,*   + *umowy najmu, dzierżawy,*   + *decyzji lokalizacyjnej,*   + *przyrzeczenia wynajmu lokalu wraz z określeniem adresu, powierzchni i kwoty czynszu,*   + *zgody właściciela na prowadzenie działalności gospodarczej w danym miejscu (wraz z dokumentem potwierdzającym własność lokalu, najmu).* | |

inne posiadane pomieszczenia niezbędne do prowadzenia działalności gospodarczej, np. miejsce przechowywania maszyn, urządzeń, narzędzi lub innego sprzętu:

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**6. Czy pod wskazanym w pkt. 4 adresem jest aktualnie prowadzona działalność gospodarcza?\***

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| **TAK** | **NIE** |

* Nazwa firm(y) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Rodzaj działalności \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Zasady ewentualnej współpracy z w/w podmiotem/ami: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**7. Czy wymagana jest opinia sanepidu do rozpoczęcia działalności gospodarczej?**

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| **TAK** | **NIE** |

**8. Stan przygotowania lokalu do prowadzenia działalności:**

Niezbędne prace remontowo – modernizacyjne przystosowujące lokal do prowadzenia działalności gospodarczej (dla lokali użytkowych):

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**9. Czy planowana działalność wymaga szczególnych uprawnień, koncesji, licencji?**

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**10. Informacje dotyczące kwalifikacji Wnioskodawcy związanych z planowaną działalnością** (należy wymienić, opisać   
 i UDOKUMENTOWAĆ):

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| **Wykształcenie** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Doświadczenie zawodowe** *(przydatne do prowadzenia planowanej działalności)* | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Kursy  i szkolenia** *(związane z planowaną działalnością gospodarczą)* | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Inne uprawnienia, certyfikaty**  *(związane z planowaną działalnością)* | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

**11. Informacje dotyczące posiadanych środków niezbędnych do podjęcia działalności:**

1. maszyny i urządzenia (wymienić jakie) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
2. środki transportu (wymienić jakie) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
3. środki pieniężne\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
4. inne – określić jakie (np.: surowce, towary) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**DANE DOTYCZĄCE RYNKU I KONKURENCJI**

1. **Charakterystyka potencjalnych klientów:** (*opis grupy docelowej odbiorców produktów, towarów lub usług)*

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1. **Jakie jest zapotrzebowanie rynku na wskazany rodzaj działalności gospodarczej?**

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1. **Opis konkurencji:** *(należy określić czy w planowanym rejonie działania wnioskodawcy istnieją firmy prowadząc ten sam lub zbliżony rodzaj działalności gospodarczej) .* ***Jeśli tak , proszę wymienić.***

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1. **W jaki sposób planowana działalność będzie konkurencyjna w stosunku do istniejących o podobnym profilu?**

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1. **Plan działań marketingowych** *(należy opisać nośniki reklamy, planowane działania promocyjne, sposób pozyskiwania klientów oraz wejścia na rynek)*

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1. **Czy posiada Pan(i) rozeznanie na temat:**

a) przyszłych dostawców, np. towaru do handlu, części zamiennych lub surowców dla potrzeb produkcji (określić konkretne osoby/firmy)

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b) przyszłych odbiorców produktu/usług (określić konkretne osoby/firmy)

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| **TAK** | **NIE** |

1. **Czy nawiązał(a) Pan(i) kontakt z w/w kontrahentami?\***

**Opis:** (określić konkretne osoby/firmy)\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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| W przypadku nawiązania kontaktu lub zainicjowania współpracy z kontrahentami należy dołączyć np. oświadczenia, promesy  współpracy, umowy przedwstępne, wiadomości e-mail oraz inne dokumenty potwierdzające kontakt i rozeznanie wśród przyszłych odbiorców i usługobiorców. |

1. **Analiza SWOT:**

**1. Wskazanie słabych i mocnych stron oraz szans i zagrożeń:**

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| **Mocne strony** – wewnętrzne czynniki pozytywne  – należy wymienić m. in. atuty swojego pomysłu, zalety proponowanych towarów/usług, charakterystyczne cechy, które odróżniają planowaną działalność od innych podobnych, własne umiejętności, które są niezbędne dla powodzenia przedsięwzięcia. | **Słabe strony** –wewnętrzne czynniki negatywne  – należy wymienić m. in. czynniki, które stanową o przewadze konkurencji, elementy, które powinny zostać usprawnione, błędy, których należałoby się wystrzegać w przyszłości, ograniczenia wynikające z małych zasobów lub niedostatecznych kwalifikacji. |
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| **Szanse** – zewnętrzne czynniki pozytywne  – należy wymienić m.in. zjawiska i tendencje w otoczeniu, które gdy odpowiednio wykorzystane staną się impulsem do rozwoju, szanse wynikające z rozwoju technologii, ze struktury rynku pracy, struktury społeczeństwa, zmian w stylu życia, wzorów społecznych. | **Zagrożenia** – zewnętrzne czynniki negatywne  –należy wymienić m.in. bariery rozwoju firmy wynikające np. z sytuacji makro i mikroekonomicznej, utrudnienia wynikające z przewagi konkurencji, zmiennych warunków na rynku towarów/usług, przeszkody wynikające z sytuacji gospodarczej kraju/Europy/świata. |
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**2. Podsumowanie:**

*(należy zawrzeć informację na temat atrakcyjności, a przede wszystkim realności planowanego przedsięwzięcia i szansy prowadzenia jej w przyszłości)*

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1. **SPECYFIKACJA WYDATKÓW (związanych z wnioskowanym dofinansowaniem):**

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| **Lp.** | **Przedmiot** (rodzaj zakupu) | **Środki własne**  (brutto w zł) | **Środki**  **z dofinansowania**  (brutto w zł) | **Zakupy nowe**  **/używane**  (należy wpisać **N** lub **U**) | **Razem**  (brutto w zł) |
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| **Suma:** | |  |  | **Suma:** |  |

1. **Uzasadnienie wydatków w ramach wnioskowanych środków:**

*(należy opisać do czego służą w/w sprzęty, materiały i usługi oraz w jaki sposób zostaną wykorzystane w planowanej działalności gospodarczej)*

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1. **PRZEWIDYWANE KOSZTY I DOCHODY WYNIKAJĄCEZ TYTUŁU PROWADZENIADZIAŁALNOŚCI GOSPODARCZEJ:**
   * 1. **Analiza przychodów (tabela A):**

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| **L.p.** | **Produkt/usługa** | **Wartość jednostkowa** | **Miesięcznie** | | **Rocznie** | |
| **Ilość** | **Wartość sprzedaży** | **Ilość** | **Wartość sprzedaży** |
| **1** |  |  |  |  |  |  |
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| **3** |  |  |  |  |  |  |
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| **SUMA PRZYCHODÓW:** | |  |  |  |  |  |

\*W przypadku pracy sezonowej w ujęciu miesięcznym należy wykazać miesiące wykazujące najwyższe zyski, natomiast w ujęciu rocznym sumaryczny dochód roczny, który nie koniecznie stanowi iloraz średniomiesięcznych dochodów i ilości miesięcy w roku.

**Komentarz/uzasadnienie ujęcia liczbowego:** *(proszę wskazać m.in. ceny jednostkowe świadczonych usług/sprzedawanych produktów, marżę oraz uzasadnienie podanych wyżej wartości)*

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* + 1. **Analiza kosztów (tabela B):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **L.p.** | **KOSZT W ZŁOTYCH:** | | **MIESIĄC (w zł)** | **ROK (w zł)** |
| **1.** | **Zakup:** | |  |  |
| - surowców, materiałów, części zamiennych | |  |  |
| - towarów (handlowych) | |
| - opakowań | |
| **2.** | **Wynagrodzenie pracowników\*\*** | Ilość osób: |  |  |
|  |
| **3.** | **Koszty wynajmu lokalu** | |  |  |
| **4.** | **Opłaty eksploatacyjne** (np. c.o., światło, woda, gaz) | |  |  |
| **5.** | **Koszty transportu** | |  |  |
| **6.** | **Opłaty telekomunikacyjne** (telefon, Internet) | |  |  |
| **7.** | **Składka ZUS** | |  |  |
| **8.** | **Koszty reklamy, promocji** | |  |  |
| **9.** | **Usługi obce** (np. księgowość zewnętrzna) | |  |  |
| **10.** | **Spłata ewentualnej pożyczki/kredytu firmowego**  **wraz z odsetkami** | |  |  |
| **SUMA KOSZTÓW:** | | |  |  |

* + 1. **Zestawienie przychodów i kosztów:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RODZAJ** | | | **MIESIĄC (w zł)** | **ROK (w zł)** |
| **A** | **PRZYCHODY (tabela A) w zł:** | |  |  |
| **B** | **KOSZTY (tabela B) w zł:** | |  |  |
| **C** | **ZYSK BRUTTO (A-B) w zł:** | |  |  |
| **D** | **PODATEK DOCHODOWY**  **w %:** | **w zł:** |  |  |
| **Forma opodatkowania:** | |
| **E** | **Spłata prywatnych zobowiązań w zł:** | |  |  |
| **ZYSK NETTO [C-(D+E)] w zł** | | |  |  |

**\*\* W przypadku, gdy Wnioskodawca zamierza zatrudnić pracowników.**

**Załącznik nr 1**

**WYPEŁNIA WNIOSKODAWCA**

Oświadczam, że:

* pozostaję w związku małżeńskim / nie pozostaję w związku małżeńskim**\***
* pozostaję we wspólności majątkowej małżeńskiej / nie pozostaje we wspólności małżeńskiej**\***

*(w przypadku rozdzielności majątkowej proszę dołączyć dokument o rozdzielności majątkowej)*

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

(pesel) (imię i nazwisko wnioskodawcy)

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

(data) (czytelny podpis wnioskodawcy)

**WYPEŁNIA WSPÓŁMAŁŻONEK WNIOSKODAWCY**

**w obecności pracownika PUP w Zabrzu**

Ja\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

(imię i nazwisko współmałżonka Wnioskodawcy)

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

(pesel)

**wyrażam zgodę** na ubieganie się o jednorazowe środki na podjęcie działalności gospodarczej przez współmałżonka

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(imię i nazwisko)

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

(data) (czytelny podpis)

**Załącznik nr 2**

*Na podstawie ustawy z dnia 30 kwietnia 2004 r. o postępowaniu w sprawach dotyczących pomocy publicznej   
oraz Rozporządzenia Komisji (UE) nr 1407/2013 z dnia 18 grudnia 2013 r.,w sprawie stosowania art. 107 i 108 Traktatu  
o funkcjonowaniu Unii Europejskiej do pomocy de minimis (Dz. Urz. UE L 352 z 24.12.2013).*

**OŚWIADCZENIE WNIOSKODAWCY O POMOCY DE MINIMIS**

Niniejszym oświadczam, że w okresie dwóch poprzednich lat oraz w bieżącym roku podatkowym przed złożeniem wniosku (właściwe zaznaczyć):

* nie otrzymałem(am) pomocy de minimis,
* otrzymałem(am) pomoc de minimis w łącznej wysokości \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_zł,

słownie: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

co stanowi\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_euro,

słownie: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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**Załącznik nr 3**

**KLAUZULA INFORMACYJNA**

**Zgodnie z art. 13** Ogólnego Rozporządzenia o Ochronie Danych Osobowych z dnia 27 kwietnia 2016 r. (Dz. Urz. UE L 119 z 04.05.2016) **Powiatowy Urząd Pracy w Zabrzu, Plac Krakowski 9, 41-800 Zabrze** informuje, iż jest:

1. Administratorem Pani/Pana danych osobowych,
2. Kontakt z Inspektorem Ochrony Danych: iod@pupzabrze.pl,
3. Pani/Pana dane osobowe przetwarzane będą w celu realizacji ustawowych zadań urzędu – na podstawie art. 6 ust. 1 lit. c ogólnego rozporządzenia o ochronie danych osobowych z dnia 27 kwietnia 2016 r. oraz na podstawie art. 9 ust. 2 lit. g ogólnego rozporządzenia o ochronie danych osobowych z dnia 27 kwietnia 2016 r. – Ustawa z dnia 20 kwietnia 2004 r. o promocji zatrudnienia i instytucjach rynku pracy,
4. Odbiorcami Pani/Pana danych osobowych będą wyłącznie podmioty uprawnione do uzyskania danych osobowych na podstawie przepisów prawa,
5. Pani/Pana dane osobowe przechowywane będą w czasie określonym przepisami prawa, zgodnie z instrukcją kancelaryjną i Jednolitym Rzeczowym Wykazem Akt,
6. Posiada Pani/Pan prawo żądania od administratora dostępu do danych osobowych, prawo do ich sprostowania, prawo do wniesienia sprzeciwu wobec przetwarzania, prawo do przenoszenia danych,
7. Ma Pani/Pan prawo wniesienia skargi do organu nadzorczego jeśli Pani/Pana zdaniem, przetwarzanie danych osobowych Pani/Pana – narusza przepisy unijnego rozporządzenia RODO,
8. Podanie danych osobowych w zakresie wymaganym ustawodawstwem (Ustawa z dnia 20 kwietnia 2004 r.   
   o promocji zatrudnienia i instytucjach rynku pracy) jest obligatoryjne,
9. Pani/Pana dane osobowe nie będą przetwarzane w sposób zautomatyzowany i nie będą profilowane.

**Wyrażam(y) zgodę na przetwarzanie danych osobowych dla celów związanych z wykonywaniem zadań Powiatowego Urzędu Pracy w Zabrzu zgodnie z treścią art. 6 ust. 1 lit. a) oraz art. 9 ust. 2 lit. a) Rozporządzenia o Ochronie Danych Osobowych z dn. 27 kwietnia 2016 r. (Dz.U. UE L 119 z 04.05.2016)**

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**Załącznik nr 4**

**OŚWIADCZENIE WNIOSKODAWCY**

**Oświadczam, że:**

* + - 1. **nie otrzymałem/łam** bezzwrotnych środków Funduszu Pracy lub innych bezzwrotnych środków publicznych   
         na podjęcie działalności gospodarczej lub rolniczej, założenie lub przystąpienie do spółdzielni socjalnej,
      2. **nie posiadałem/łam** wpisu do ewidencji działalności gospodarczej, a w przypadku jego posiadania – przedłożę oświadczenie o zakończeniu działalności gospodarczej w dniu przypadającym w okresie przed upływem co najmniej 12 miesięcy bezpośrednio poprzedzających dzień złożenia wniosku,
         1. symbol i przedmiot planowanej działalności gospodarczej według Polskiej Klasyfikacji Działalności (PKD) na poziomie podklasy, jest inny od działalności zakończonej \*\*\*
      3. **nie podejmę zatrudnienia** w okresie 12 miesięcy od dnia rozpoczęcia prowadzenia działalności gospodarczej,
      4. **nie posiadam** zobowiązania z tytułu zajęć sądowych i administracyjnych lub wobec którego toczy się postępowanie sądowe, egzekucyjne lub windykacyjne dotyczące niespłaconych zobowiązań,
      5. **nie byłem(am) karany(a)** w okresie 2 lat przed dniem złożenia wniosku za przestępstwo przeciwko obrotowi gospodarczemu, w rozumieniu ustawy z dnia 6 czerwca 1997r. – Kodeks karny,
      6. **oświadczam**, iż nie orzeczono w stosunku do mnie kary zakazu dostępu do środków publicznych ,o których mowa w art. 5 ust. 3 pkt 1 i 4 ustawy z dnia 27 sierpnia 2009 r.o finansach publicznych (Dz. U. z 2019 r., poz. 869 z późn. zm.),
      7. **zobowiązuję się do prowadzenia działalności gospodarczej w okresie 12** miesięcy od dnia jej rozpoczęcia oraz nieskładania w tym okresie wniosku o zawieszenie jej wykonywania,
      8. **nie złożyłem(am) wniosku do innego starosty** o przyznanie dofinansowania lub przyznanie jednorazowo środków na założenie lub przystąpienie do spółdzielni socjalnej
      9. w okresie 12 miesięcy poprzedzających złożenie wniosku:

1. **nie odmówiłem(am) bez uzasadnionej przyczyny** przyjęcia propozycji odpowiedniej pracy lub innej formy pomocy określonej w ustawie z dnia 20 kwietnia 2004 r. o promocji zatrudnienia i instytucjach rynku pracy oraz udziału w działaniach w ramach Programu Aktywizacja i Integracja, o którym mowa w art. 62a w/w ustawy,
2. **nie przerwałem(am) z własnej winy** szkolenia, stażu, realizacji indywidualnego planu działania, udziału   
   w działaniach w ramach Programu Aktywizacja i Integracja, o którym mowa w art. 62a w/w ustawy, wykonywania prac społecznie użytecznych lub innej formy określonej w ustawie,
3. **brak było sytuacji, abym po skierowaniu osoba bezrobotna nie podjęła** szkolenia, przygotowania zawodowego dorosłych, stażu, prac społecznie użytecznych lub innej formy pomocy określonej w ustawie,
4. zobowiązuję **się** do przedstawienia wszystkich zaświadczeń o pomocy de minimis, jakie otrzymałem(am) w roku, w którym ubiegam się o pomoc, oraz w ciągu 2 poprzedzających go lat, albo oświadczenia o wielkości pomocy de minimis otrzymanej w tym okresie oraz oświadczenia o wielkości i przeznaczeniu pomocy publicznej otrzymanej w odniesieniu do tych samych kosztów kwalifikujących się do objęcia pomocą, na pokrycie których ma być przeznaczona pomoc de minimis,
5. **wyrażam zgodę na przeprowadzenie wizyt monitorujących** przez Powiatowy Urząd Pracy w miejscu prowadzenia działalności gospodarczej.
6. **zapoznałem(am) się z „Regulaminem przyznawania jednorazowo środków na podjęcie działalności gospodarczej” z dnia 09.08.2023 r.**

**\*\*\*** Bezrobotny, absolwent CIS lub absolwent KIS, który zakończył prowadzenie działalności gospodarczej w okresie obowiązywania stanu zagrożenia epidemicznego albo stanu epidemii, ogłoszonego z powodu COVID­­­­­­­­­­­­­‑19, w związku z wystąpieniem tego stanu, w okresie krótszym niż 12 miesięcy bezpośrednio poprzedzających dzień złożenia wniosku o dofinansowanie, składa oświadczenie, że symbol i przedmiot planowanej działalności gospodarczej według Polskiej Klasyfikacji Działalności (PKD) na poziomie podklasy, jest inny od działalności zakończonej.”;

……………………………………………..………………………………….

(data, czytelny podpis osoby składającej oświadczenie

**DO WNIOSKU NALEŻY DOŁĄCZYĆ:**

* Zgoda współmałżonka (**załącznik nr 1**),
* Uwierzytelnione kopie wszystkich zaświadczeń o pomocy de minimis otrzymanej w okresie 3 lat podatkowych lub oświadczenie o wielkości otrzymanej pomocy w tym okresie lub oświadczenie o nieotrzymaniu pomocy w tym okresie **(załącznik nr 2**),
* Klauzulę informacyjną **(załącznik nr 3** ).
* Oświadczenie Wnioskodawcy (**załącznik nr 4),**
* Formularz informacji przedstawianych przy ubieganiu się o pomoc *de minimis* (dostępny na stronie internetowej www.pupzabrze.pl),
* Kserokopia dokumentu potwierdzającego posiadanie konta bankowego,
* Kserokopie dokumentów potwierdzających posiadanie własnego lokalu z przeznaczeniem na prowadzenie działalności gospodarczej,
* Kserokopie niezbędnych pozwoleń,
* Kserokopie dokumentów potwierdzających wykształcenie Wnioskodawcy,
* Kserokopie dokumentów potwierdzających przebieg pracy zawodowej Wnioskodawcy,
* Kserokopia decyzji o wykreśleniu z ewidencji działalności gospodarczej, zaświadczenia z Zakładu Ubezpieczeń Społecznych o niezaleganiu w odprowadzaniu składek oraz zaświadczenia z Urzędu Skarbowego o braku zaległości w zakresie należności podatkowych (dotyczy Wnioskodawcy, który wcześniej prowadził działalność gospodarczą)
* Inne dokumenty mające związek z planowaną działalnością gospodarczą (np. przyszli kontrahenci),

***Oryginały w/w dokumentów należy przedłożyć do wglądu.***

**Oświadczam(y), że wszystkie informacje zawarte w niniejszym wniosku są zgodne z rzeczywistym stanem faktycznym.**

**Wiarygodność informacji podanych we wniosku i załączonych do niego dokumentach potwierdzam własnoręcznym podpisem.**

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Ja, niżej podpisany/a, niniejszym **oświadczam**, iż:

1. Wyrażam chęć i zgodę na uczestnictwo w projekcie.
2. Zostałem/am poinformowany/a o współfinansowaniu projektu ze środków Europejskiego Funduszu Społecznego Plus w ramach Programu Fundusze Europejskie dla Śląskiego 2021-2027.
3. Znam i spełniam poniższe warunki kwalifikujące mnie do udziału w projekcie tj.:

Jestem osobą bezrobotną zarejestrowaną w PUP Zabrze, znajdująca się w co najmniej jednej z poniższych grup:

* 1. Osobą młodą w wieku 18 – 29 lat,
  2. Osobą znajdująca się w najtrudniejszej sytuacji na rynku pracy tj.:
     + kobietą,
     + osobą w wieku 50 lat i więcej,
     + osobą z niepełnosprawnościami,
     + osobą długotrwale bezrobotną[[1]](#footnote-1),
     + osobą o niskich kwalifikacjach.

1. Zobowiązuję się do:
   * + przestrzegania zasad uczestnictwa w projekcie,
     + aktywnego udziału we wszystkich zaproponowanych formach wsparcia,
     + poddania się specjalistycznym badaniom lekarskim, jeżeli wybrane działanie będzie tego wymagać,
     + wypełnienia ankiet w trakcie oraz po zakończeniu udziału w projekcie,
     + przekazania informacji powodujących konieczność wyłączenia z uczestnictwa w projekcie.
2. **W związku z przystąpieniem do projektu pn. „Aktywizacja osób bezrobotnych zarejestrowanych w Powiatowym Urzędzie Pracy w Zabrzu (I)” oświadczam, że nie otrzymuje jednocześnie wsparcia w ramach innego projektu   
   z  zakresu aktywizacji społeczno – zawodowej, dofinansowanego ze środków EFS+.**
3. Zostałem/am poinformowany/a, iż każda osoba w wieku 18 - 29 lat obligatoryjnie przed rozpoczęciem udziału   
   w  formach wsparcia w projekcie musi wziąć udział w badaniach kompetencji cyfrowych. Badanie zostanie przeprowadzone na podstawie ankiet udostępnionych przez Ministra Rodziny i Polityki Społecznej. Powyższe ankiety będą składane przez osoby bezrobotne zarejestrowane w PUP Zabrze przed uczestnictwem w projekcie bądź też po podpisaniu deklaracji uczestnictwa  (w zależności od indywidualnych potrzeb) w formie papierowej lub elektronicznej pracownikowi urzędu, który będzie weryfikował umiejętności cyfrowe i w razie potrzeby kierował na działania zmierzające do uzupełnienia omawianych kompetencji.
4. Zostałem/am poinformowany/a o obowiązku przekazania informacji dotyczących mojej sytuacji (m.in. status na rynku pracy, udział w kształceniu lub szkoleniu, uzyskaniu kwalifikacji) po zakończeniu udziału w projekcie (do 4 tygodni   
   od  zakończenia udziału) oraz możliwości przyszłego udziału w badaniu ewaluacyjnym.
5. Zostałem/am poinformowany/a o obowiązku dostarczenia w terminie 7 dni kalendarzowych dokumentu potwierdzającego zatrudnienie lub samozatrudnienie w przypadku podjęcia zatrudnienia lub samozatrudnienia w trakcie uczestniczenia w projekcie oraz po jego zakończeniu (do 3 miesięcy od zakończenia udziału).

**Podane wyżej dane są zgodne z prawdą. Zostałem/am pouczony/a o odpowiedzialności za składanie oświadczeń niezgodnych z prawdą. Przyjmuję do wiadomości, że może to podlegać weryfikacji w rejestrach publicznych.**

*Zabrze, dnia:*. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

*Czytelny podpis uczestnika projekt*



**OŚWIADCZENIE O NIEKARALNOŚCI**

**KARĄ ZAKAZU DOSTĘPU DO ŚRODKÓW PUBLICZNYCH**

W związku z przyznaniem wsparcia ze środków Europejskiego Funduszu Społecznego Plus w ramach Programu Fundusze Europejskie dla Śląskiego 2021-2027, w ramach projektu pn. *Aktywizacja osób bezrobotnych zarejestrowanych  
w Powiatowym Urzędzie Pracy w Zabrzu (I)”,* oświadczam, iż nie orzeczono w stosunku do mnie kary zakazu dostępu do środków, o których mowa w art. 5 ust. 3 pkt 1 i 4 ustawy z dnia 27 sierpnia 2009 r. o finansach publicznych (tekst jedn. Dz.U. z 2022 r., poz. 1634).

*Zabrze, dnia:*. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

*Czytelny podpis uczestnika projektu*

1. Osoba długotrwale bezrobotna – osoba bezrobotna pozostająca w rejestrze PUP przez okres ponad 12 miesięcy w okresie ostatnich 2 lat, z  wyłączeniem okresów odbywania stażu i przygotowania zawodowego dorosłych. [↑](#footnote-ref-1)