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| (Pieczątka jednostki samorządu terytorialnego) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | | (Data) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **WNIOSEK(\*) O UDZIELENIE POMOCY FINANSOWEJ Z BUDŻETU WOJEWÓDZTWA ŁÓDZKIEGO W 2019 ROKU  DLA JEDNOSTEK SAMORZĄDU TERYTORIALNEGO Z PRZEZNACZENIEM NA DOFINANSOWANIE ZADAŃ W ZAKRESIE ZAKUPU SPRZĘTU DLA OCHOTNICZYCH STRAŻY POŻARNYCH, SŁUŻĄCEGO OCHRONIE ŻYCIA, ZDROWIA, MIENIA LUB ŚRODOWISKA PRZED POŻAREM, KLĘSKĄ ŻYWIOŁOWĄ LUB INNYM MIEJSCOWYM ZAGROŻENIEM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **DANE JEDNOSTKI SAMORZĄDU TERYTORIALNEGO UBIEGAJĄCEJ SIĘ O DOFINASOWANIE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Nazwa Jednostki Samorządu Terytorialnego (zgodnie ze statutem): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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| 1. Dokładny adres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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| *Miejscowość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | *Kod pocztowy* | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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| *Ulica* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | *Nr* | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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| *Powiat* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
| 1. Osoba upoważniona do zawarcia umowy: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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| *Imię i nazwisko oraz stanowisko* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
| 1. Dane osoby odpowiedzialnej za przygotowanie wniosku (osoba do kontaktu): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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| *Imię, Nazwisko* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
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| *Nr telefonu* | | | | | |  | |  | | | |  | |  | | |  | | |  | | | |  | | | |  | | | | *E-mail:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
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| 1. Dane dotyczące rachunku bankowego Wnioskodawcy niezbędne do dokonania przelewu: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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| *Nazwa banku prowadzącego rachunek* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
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| *Numer rachunku bankowego* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **TREŚĆ WNIOSKU:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Wnioskowana kwota dofinansowania  (zaokrąglona do pełnych złotych): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
| ………………………….…………………...  (w złotych) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ……………………………………………………………………………………… (kwota słownie) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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| **Przeznaczenie środków finansowych pochodzących z budżetu województwa łódzkiego** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jednostka OSP | | | | | | | | | | Nazwa sprzętu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | KSRG  tak/nie | | | | | | | | | | | | | | | | Cena  jednostkowa  sprzętu | | | | | | | | | | | | | | | Ilość  szt./kpl. | | | | | | | | | | Wartość  (ilość x cena jednostkowa) | | | | | | | | | | Planowany  wkład  własny w zł  **(nie jest obowiązkowy)** | | | | | | | | | | | | | | | | Klasyfikacja  wydatków**(x)** | | | | | | | | | | | | | | | |
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| (x) M – majątkowy (powyżej 10 tys. zł), B – Bieżący ( do 10 tys. zł) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
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| Należy wypełnić w przypadku, gdy jednostka OSP jest spoza KSRG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
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|  | | Wyjazdowość | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | Jednostka aspiruje do włączenia do KSRG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
|  | | 2016 rok | | | | | | | | 2017 rok | | | | | | | | | | | | 2018 rok | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | TAK | | | | | | | | | | | | | | | | | | | | | | NIE | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
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| *Uzasadnienie:* | | | | | | | |  | | | |  | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
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| 1. **Wymagane**   **załączniki:** | | | | | | | | |  | | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | |  | |  | | | |  | |  | | | ***(w przypadku jednostki OSP w KSRG):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | |  | |  | | | |  | |  | | | 1 | | | Opis celowości zakupu wnioskowanego sprzętu, sporządzony i podpisany przez Zarząd danej jednostki OSP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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|  |  | |  | |  | |  | | | |  | |  | | | ***(w przypadku jednostki OSP spoza KSRG):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | |  | |  | | | |  | |  | | | 1 | | | Opis celowości zakupu wnioskowanego sprzętu sporządzony i podpisany przez Zarząd danej jednostki OSP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | |  | |  | | | |  | |  | | | 2 | | | Pisemna opinia właściwego Zarządu Oddziału Powiatowego/Miejskiego OSP dot. zasadności zakupu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | |  | |  | | | |  | |  | | | 3 | | | Dokumenty potwierdzające wystąpienie z wnioskiem o włączenie do KSRG - jeżeli jednostka OSP aspiruje do włączenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |
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\* wniosek należy wypełnić dużymi drukowanymi literami.