

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Gro. a \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de 2023

**Biol. Alejandro Zepeda Castorena**

**Secretario de Agricultura, Ganadería, Pesca y Desarrollo Rural.**

**P R E S E N T E.**

El (la) que suscribe la presente C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ productor (a) de la cadena agroalimentaria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ radica en la localidad de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, del municipio de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, del estado de Guerrero, se dirige a usted de la manera más atenta, para solicitar su apoyo para la adquisición de los siguientes conceptos:

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| --- | --- | --- | --- | --- | --- |
| **PROGRAMA Y CONCEPTOS DE APOYO SOLICITADOS** | | |  |  |  |
| **Nombre del Programa:** |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Concepto(s) de apoyos** | **Cantidad** | **Valor Unitario** | **Monto de Apoyo Solicitado** | **Aportación del Productor** | **Inversión Total** |
|  |  |  |  |  |  |
| **Total:** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATOS DEL SOLICITANTE** | | |  |  |  |
| Cultivo o Ganado que produce |  |  | **Identidad Cultural** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
|  |  |  |  |  |  |
| **CURP:** |  |  |  |  |  |
| Persona en situación de discapacidad   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  |
|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Si: |  |  | No: |  | |  |  |  |
| **Requisitos específicos para solicitudes pecuarias, de pesca y acuícolas:** | | | |  |  |
|  |  |  |  |  |  |
| **UPP:** |  | **RNPA:** |  |  |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | - |  |  |  | - |  |  |  |  | - |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |  |
| Teléfono fijo: | Celular: | | Correo Electrónico: | | |
|  |  | |  | | |

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Firma del solicitante