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| Strona główna - Powiatowy Urząd Pracy w Olkuszu | | | | | | | | | | | **Powiatowy Urząd Pracy w Olkuszu** | | | | | | | | | | | | | | | | Data wpływu do Urzędu | | | | | | | | | |
| **WNIOSEK PRZEDSIĘBIORSTWA SPOŁECZNEGO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DANE DOTYCZĄCE PRZEDSIĘBIORSTWA SPOŁECZNEGO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa przedsiębiorstwa: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Adres siedziby: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| e-mail: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| NIP: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| REGON: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| KRS lub numer innej ewidencji lub innego rejestru: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Forma prawna prowadzonej działalności: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Dane osoby upoważnionej do reprezentowania i podpisywania umowy: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Stopa procentowa składki na ubezpieczenie wypadkowe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Proponowany okres zatrudnienia osób zagrożonych wykluczeniem społecznym:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Od dnia: | | | | | | | | | | | | | | | | | Do dnia: | | | | | | | | | | | | | | | | | | | |
| **Nazwa banku i numer konta bankowego:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ZAŁĄCZNIKI DO WNIOSKU:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Kserokopia Decyzji Wojewody o uzyskaniu statusu przedsiębiorstwa społecznego, 2. Oświadczenie o otrzymanej pomocy de minimis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data** | | | | | | | | | | | | | | | | | | | **Podpis** | | | | | | | | | | | | | | | | | |
| **Wszystkie załączniki do wniosku będące kserokopiami muszą być poświadczone przez Wnioskodawcę za zgodność z oryginałem, wnioski nieczytelne i niekompletne nie będą rozpatrywane.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPOSÓB ROZPATRZENIA WNIOSKU** wypełnia PUP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 akceptuję do realizacji  🞎 opiniuję negatywnie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis Dyrektora lub osoby upoważnionej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |