**CRONOGRAMA DE ACTIVIDADES PSA**

**PROGRAMA SOCIAL Y AMBIENTAL**

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| **Departamento** |  | **Número de Familias** |  |
| **Municipio** |  | **Tipo de Solución** |  |
| **Acta** |  | **Radicado** |  |
| **Localidad** |  | **Presupuesto Total Trabajo Social y Ambiental** |  |

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| **OBJETIVOS ESPECIFICOS** | **ACTIVIDAD** | **TIEMPO DE EJECUCIÓN** | | | | | | | | | | | | | | | | | | | |
| **MES** | | | | **MES** | | | | **MES** | | | | **MES** | | | | **MES** | | | |
| **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |
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FIRMA DEL PROFESIONAL DE TRABAJO SOCIAL

POR PARTE DE LA GERENCIA INTEGRAL