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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Espacio sombreado para uso exclusivo del DAC** | | | | | | | | | | | | | | | | | | | | |
| **CONTRATO NO.** | | | | |  | | | | | | | | | | | | | | | |
| **FECHA DE ACTA DE INICIO:** | | | | |  | | Fecha de terminación según Acta: | | | | | | | | | | |  | | |
| **NOMBRE DEL CONTRATISTA:** | | | | |  | | | | | | | | | | | | | | | |
| **DEPENDENCIA RESPONSABLE:** | | | | |  | | | | | | | | | | | | | | | |
| **CLASE DE CONTRATO:** | | | | | Contrato de Prestación de servicios profesionales | | | | | | ( ) | Contrato de Obra | | | | | ( ) | |  | |
| Contrato de Prestación de servicios de apoyo a la gestión | | | | | | ( ) | Contrato de suministro | | | | | ( ) | |
| Contrato interadministrativo | | | | | | ( ) | Contrato de consultoría | | | | | ( ) | |
| Convenio Interadministrativo | | | | | | ( ) | Contrato de interventoría | | | | | ( ) | |
| Convenio de asociación | | | | | | ( ) | Otro (Cual): | | | | | ( ) | |
| Convenio de Cooperación | | | | | | ( ) |  | | | | | | |  | |
| **Ampliación Garantía única de cumplimiento** | | | | | **No.** | **Clase de garantía.** | | **%** | | | | **tiempo** | | | **Verificación DAC** | | | | | |
| **VALOR** | | | | | **VIGENCIA** |
| 1 |  | |  | | % | |  | Meses (M)/ Años (A) | |  | | | | |  |
| 2 |  | |  | | % | |  | Meses (M)/ Años (A) | |  | | | | |  |
| 3 |  | |  | | % | |  | Meses (M)/  Años (A) | |  | | | | |  |
| 4 |  | |  | | % | |  | Meses (M)/ Años (A) | |  | | | | |  |
| **Aplica** | | ( \_\_ ) | **No Aplica** | ( \_\_ ) | 5 |  | |  | | % | |  | Meses (M)/ Años (A) | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **APROBACIÓN DE GARANTÍAS SEGÚN ACTA DE INICIO.** | | | | | | | | | | | | | | | | | | | | |
| **DOCUMENTOS** | | | | | | | | | | | | Supervisor | | DAC | | Observaciones | | | | |
| **1** | Acta de iniciación. | | | | | | | | | | |  | |  | |  | | | | |
| **2** | Ampliación de la Garantía Única de Cumplimiento (si aplica) | | | | | | | | | | |  | |  | |  | | | | |
| **NOMBRE DEL ABOGADO RESPONSABLE POR PARTE DE LA DEPENDENCIA** | | | | | | | | | | | |  | | | | | | | | |
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| Fecha de recepción en el DAC | | | | | |  | | | Nombre quien recibe DAC | | | | | | | | |  | | |
| Fecha devolución a dependencia segunda (2°) revisión. | | | | | |  | | | Nombre quien recibe Dependencia | | | | | | | | |  | | |
| Fecha retorno al DAC | | | | | |  | | | | | | | | | | | | | | |
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| Aprobación de garantía | | | | | | | | | | | |  | | | | | | | | |
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| **OBSERVACIONES:** | | | | | | | | | | | | | | | | | | | | |
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