| **No.** | **Nombre del Programa** | **Apoyo** | **Total de Beneficiarios** | **Tipo de Recurso** |
| --- | --- | --- | --- | --- |
| (C) | (D) | (E) | (F) | (G) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Los Sujetos Obligados que requisiten este Formato deberán integrar el padrón de beneficiarios.