**ANEXO II – FORMULÁRIO DE INSCRIÇÃO**

**Equipe**

Informe quais são os profissionais que atuarão no projeto, conforme quadro a seguir (inserir quantas linha forem necessárias):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Nome do profissional/empresa** | **Função no projeto** | **CPF/CNPJ** | **Pessoa negra?** | **Pessoa indígena?** | **Pessoa com deficiência?** | | Ex.: João Silva | Cineasta | 123456789101 | Sim/Não | Sim/Não | Sim/Não | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |