K U E S I O N E R

Profil Kegiatan untuk Penyusunan Analisis Standar Belanja (ASB)
Provinsi Kalimantan Timur

Nama : ....................................................... Nomor Kontak: .................................

SKPD : .........................................................................................................................

Luas Halaman Kantor : ............. m2 ;

Luas Gedung Kantor ***Lantai 1*** : ............. m2 ; Luas Gedung Kantor ***Lantai 2*** :............ m2

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PETUNJUK: Berikut ini adalah nama-nama kegiatan yang akan di ASB, mohon bapak/ibu menuliskan desain kegiatan yang akan di-ASBkan tersebut, sehingga dapat memberikan gambaran terhadap aktivitas (proses) dari kegiatan/pekerjaan yang dimaksudsampai dengan menghasilkan suatu layanan/output tertentu.

CONTOH: **ASB Monitoring danEvaluasi**

* **Definisi***(mohon deskripsikan kegiatan/aktivitas yang dimaksud sehingga memberikan informasiyang memadai terhadap kegiatan tersebut)*

Kegiatan monitoring danevaluasiadalah kegiatan yang bertujuanuntukmengamati perkembangan pelaksanaan rencana kerja dan memastikanapakahpelaksanaandari program/kegiatansesuaidenganrencana.Kegiataninidilakukandenganmengunjungiobjek ataulokasitertentu.

* **Output***(tuliskan output dari layanan kegiatan tersebut)*

DokumenMonev (Laporan)

* **TahapanKegiatan***(mohon dituliskan pentahapan akivitas tersebut secara terstruktur/sistematis dalam rangkaian tertentu sehingga menghasilkan suatu layanan/output.*
1. Rapatpersiapanmonev
2. Pembentukantimmonev (maksimal 5 orang setiap lokasi)
3. Pelaksanaanmonevatau kunjunganlapangan (maksimal kunjungan 3 kali dalam 1 tahun pada lokasi yang sama)
4. Penyusunanlaporanmonev

CONTOH: **ASB KegiatanBersifatSosialisasi**

* **Definisi***(mohon deskripsikan kegiatan/aktivitas yang dimaksud sehingga memberikan informasiyang memadai terhadap kegiatan tersebut)*

Kegiatan yang bertujuanuntukmemberikanpemahamandanatau transfer informasitentangsatuataubeberapatopiksecaralangsung kepadaaparaturataupunkepadamasyarakat.

* **Output***(tuliskan output dari layanan kegiatan tersebut)*

Jumlahpeserta yang memahamitopiksosialisasi (orang)

* **TahapanKegiatan***(mohon dituliskan pentahapan akivitas tersebut secara terstruktur/sistematis dalam rangkaian tertentu sehingga menghasilkan suatu layanan/output.*
1. Rapatpersiapansosialisasi (rapattimterkaitdengankoordinasi)
2. Persiapanbahansosialisasi
3. Pelaksanaansosialisasi (dilaksanakan 1 hari, minimal 6 jam per kegiatan sosialisasi).
4. Penyusunanlaporanhasilsosialisasi

**ASB 01 PelaksanaanAdministrasiPerkantoran**

* **Definisi**

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* **Output**

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* **TahapanKegiatan**

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**ASB 02 PenyediaanPeralatandanKelengkapanSaranadanPrasarana**

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* **Output**

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* **TahapanKegiatan**

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**ASB 03 PemeliharaanPeralatandanKelengkapanSaranadanPrasarana**

* **Definisi**

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* **Output**

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* **TahapanKegiatan**

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**ASB 04 PenyediaanKebutuhanRumahTanggaPimpinan DPRD**

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* **TahapanKegiatan**

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**ASB 05KoordinasidanKonsultasiKelembagaanPemerintah Daerah**

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* **TahapanKegiatan**

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**ASB 06PeningkatanKapasitasSumberDayaAparatur**

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* **Output**

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**ASB 07PenyusunanDokumenPerencanaandanAnggaran**

* **Definisi**

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* **Output**

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* **TahapanKegiatan**

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**ASB 08PenyusunanLaporanPengendaliandanEvaluasiPelaksanaanKegiatan**

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* **Output**

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* **TahapanKegiatan**

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**ASB 9ASB Bersifat Promosi dan Iklan**

Apakah SKPD Bapak/Ibu memiliki kegiatan yang melibatkan media cetak atau elektronik untuk melakukan promosi program atau kegiatan SKPD Bapak/Ibu? **YA/TIDAK** (Coret salah satu)

Jika **YA**, silahkan tuliskan **nama kegiatan** yang dimaksud, **output**, dan **tahapan kegitanny**a:

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* **Output**

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* **TahapanKegiatan**

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**ASB 10BersifatMengadakanAcara**

Apakah SKPD Bapak/Ibumemilikikegiatanmengadakanpameran, lombaberjenjangtingkatkabupaten/kota-provinsi, pagelarankesenian, dankegiatan lain yang bersifatpenyelenggaraanacara?

**YA/TIDAK** (Coret salah satu)

Jika **YA**, silahkan tuliskan **nama kegiatan** yang dimaksud, **output**, dan **tahapan kegitannya**:

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* **Output**

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* **TahapanKegiatan**

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**ASB 11BersifatPengirimanuntukMengikuti Acara**

Apakah SKPD Bapak/Ibumemilikikegiatanmengirimkanperwakilanuntukmengikutipameran, lombaberjenjangtingkatProvinsi – Nasional, pagelarankesenian, dankegiatan lain yang bersifatmengikutiacara yang diadakanpihak lain?

**YA/TIDAK** (Coret salah satu)

Jika **YA**, silahkan tuliskan **nama kegiatan** yang dimaksud, **output**, dan **tahapan kegitannya**:

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* **Output**

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* **TahapanKegiatan**

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Berdasarkan kegiatan di SKPD Bapak/Ibu, apa yang membedakan kegiatan-kegiatan dibawah ini:

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| --- | --- | --- | --- | --- |
|  | **Koordinasi** | **Sosialisasi** | **Monev** | **Bimtek** |
| **Bentuk Kegiatan** |  |  |  |  |
| **Durasi Kegiatan** | Minimal diadakan selama ...... hari, dengan durasi waktu minimal ...... jam per harinya. | Minimal diadakan selama ...... hari, dengan durasi waktu minimal ...... jam per harinya. | Minimal diadakan selama ...... hari, dengan durasi waktu minimal ...... jam per harinya. | Minimal diadakan selama ...... hari, dengan durasi waktu minimal ...... jam per harinya. |
| **Peserta Kegiatan** |  |  |  |  |
| **Narasumber** | Ada / Tidak Ada | Ada / Tidak Ada | Ada / Tidak Ada | Ada / Tidak Ada |
| **Fasilitas***Misal:* *Seminar Kit, Goodie-Bag, dll* |  |  |  |  |