大冶市第四届“爱满铜都”慈善公益创投

项目申请书

项目名称:

申报机构:

申报日期:

大冶市民政局制

**承 诺 书**

本机构保证在大冶市第四届“爱满铜都”慈善公益活动期间填报的所有内容及提交的所有资料均真实有效，并承诺在社会组织公益创投活动期间遵守活动规则。如有违犯，则自动取消申报资格并服从主办单位裁决。

申报机构（盖章）：

法人或负责人签名：

年 月 日

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| **一、项目申报机构信息** | | | | | | | | | | | |
| **1.机构基本信息** | | | | | | | | | | | |
| 机构名称 | |  | | | | | | | | | |
| 登记证书发证机关 | |  | | | | 成立时间 | | |  | | |
| 机构注册地区 | |  | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | |
| 法定代表人姓名 | |  | | 联系电话 | | |  | | | | |
| 电子邮箱 | |  | | | | | | | | | |
| 工作人员总数 | |  | | 专职人员数（缴纳社会保险的人员） | | |  | 兼职等人数 | | |  |
| 具有社会工作专业资质（持证社工或社会工作专业大专及以上学历）的人数 | |  | | | | | | | | | |
| 评估等级 | | 5A□4A□3A□2A□1A□ | | 上年度 年检结论 | | | 合格□ 基本合格□不合格□ | | | | |
| 开户银行 | |  | | | | | | | | | |
| 银行帐号 | |  | | | | | | | | | |
| 有无免税资格 | | 是□否□ | | | | | | | | | |
| 机构简介  （不超过200字） | |  | | | | | | | | | |
| 业务范围  （以登记证书为准） | |  | | | | | | | | | |
| **2.机构详细信息** | | | | | | | | | | | | |
| 本机构执行过的同类服务项目（如有，请简要介绍项目名称、实施地、始末时间、合作方、效果等，每个案例不超过300字，如没有，可不写） | **1.\*\*\*\*\*\*\*项目**  **2、\*\*\*\*\*\*项目**  **3、\*\*\*\*\*\*项目** | | | | | | | | | | | |
| 获得奖励情况  （表格可根据情况进行增减） | 奖项情况（包括奖项及项目名称等） | | | | | | | | | 时 间 | | |
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| 具备开展此类项目所必须的专业技术人员及相关资质（如有请填写，表格可根据情况进行增减） | 人员 | | 资质 | | 经验 | | | | | 联系方式 | | |
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| **二、申报项目信息** | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.项目基本信息** | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 项目周期 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 项目落点区域 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 项目服务领域 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 项目受益群体 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 项目受益人数 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 项目联系人 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 项目联系人电话 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 项目申请预算（元） | | | | | | | | | 项目总预算 | | | | | | | 申请预算 | | | | 配套资金 | | | | |
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| **项目概述**（简述项目针对问题，以及通过何种方式达到何种目标，300字以内） | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.项目详细信息** | | | | | | | | | | | | | | | | | | | | | | | | |
| **需求分析**  （800字以内） | | | 项目所针对的问题或人群需求是什么？问题或需求产生的原因是什么？为什么有必要解决？ | | | | | | | | | | | | | | | | | | | | | |
| **受益群体描述**（400字以内） | | | 要求清晰界定本项目可以服务到的人群，并提供其数量、基本特征、具体需求或问题状况等信息。 | | | | | | | | | | | | | | | | | | | | | |
| **项目实施目标** | | | 项目完成后期望达成的具体目标。  1.  2.  3.  4.  5. | | | | | | | | | | | | | | | | | | | | | |
| **项目实施方案：**为回应本项目问题或需求，实现项目目标，采取哪些方式和途径，开展哪些具体活动。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作阶段 | | | 目标 | | | | | | | | | | | | 具体活动、内容、形式、服务对象等 | | | | | | | | | |
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| **项目实施时间表：**重点工作的进度与项目实施时间表 | | | | | | | | | | | | | | | | | | | | | | | | |
| 具体活动 | | | 执行时间 | | | | | | | | | | | | | | | | | | | | | |
| 2025年 | | | | | | | | | | | | | | | | | | 2026年 | | | |
| 5月 | 6月 | | | 7月 | | | 8月 | | 9月 | | | 10月 | | 11月 | | 12月 | | 1月 | | | 2月 |
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| **项目产出及社会效益预期** | | | 1. 项目产出 2. 社会效益 | | | | | | | | | | | | | | | | | | | | | |
| **项目成功指标**：通过哪些具体、明确可衡量的指标检验项目目标实施效果、目标达成与否 | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目目标 | | | | | | | | 成功指标 | | | | | | | | | | 信息/ 资料来源 (什么样的信息或资料能证明该指标得以实现?从哪里获得这些信息/资料？) | | | | | | |
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| **项目的实效性：**分析本项目在聚焦基层社会治理和服务社会民生，围绕村（社区）热点、难点、痛点等方面将发挥的积极作用。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目持续运作的可行性分析：**分析本项目是否可能形成有效的、持续运作的模式；以及创投支持结束后，项目争取到其他社会资源支持、继续实施的可能性。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **该项目预计得到社会资源的支持情况**（例如政府、社区、企业、学校等给予政策、人力、场地等方面的资源支持） | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目风险管理与控制：**可能或已经面临的困难或风险分析，包括政策、技术、人力等方面，以及应对解决的方法。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 风险 | 对项目的危险 | | | | 可能性 | | | | | | 后果 | | | | 风险对策 | | | | 负责人 | | 时间 | | | |
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| **项目实施团队：包括项目主要负责人，项目团队及外部支持团队介绍** | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目主要负责人介绍** | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | | | | 职务 | | | | |  | | | | | 专业/学历 | | | |  | | |
| 手机 | |  | | | | | | 电子邮件 | | | | |  | | | | | 从业年限 | | | |  | | |
| **从事相关服务项目的工作经历：**  **在本项目中的职责描述：** | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施团队主要成员** | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 职务 | | | | 年龄 | | | | 学历及专业 | | | | 社工资质 | | | | 从事此类项目的经验 | | | | | 项目分工 | |
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| **项目财务负责人信息** | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | | | | 职务 | | | | |  | | | | | 专业/学历 | | | |  | | |
| 手机 | |  | | | | | | 专业职称 | | | | |  | | | | | 从业年限 | | | |  | | |
| **外部支持团队成员** | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 职务 | | | | | | 性别 | | | | | 年龄 | | | | | 专业及资质 | | | | 项目分工 | | |
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| **项目经费明细预算表** | | | | | | | | | | | | | | | | | | | | | | | | |
| 详情见excel表 | | | | | | | | | | | | | | | | | | | | | | | | |

**说明：**

**申请书、调研报告、资质证明材料及其他材料等请发至大冶市第四届“爱满铜都”慈善公益创投指定委托方大冶市社会组织孵化基地邮箱（476756245@qq.com），其他提交方式无效。**