附件2

“双工联动”项目申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、项目基本信息** | | | | | | | | | | | | | | | | | | | | | | | |
| 项目名称 | | |  | | | | | | | | | | | | | | | | | | | | |
| 受益对象 | | |  | | | | | | 预计受益人数 | | | | | | | | |  | | | | | |
| 参与志愿者人数 | | | 总人数 | |  | | | 35岁以下人数 | |  | | | | 35岁以上人数 | | |  | | | | 核心团队人数 | |  |
| 参与社工人数 | | | 总人数 | |  | | | 35岁以下人数 | |  | | | | 35岁以上人数 | | |  | | | | 核心团队人数 | |  |
| 申报单位 | | | （请填写组织全称，已登记注册的以注册名称为准） | | | | | | | | | | | | | | | | | | | | |
| 是否注册 | | | 是 □ 否 □ | | | | | | | | | | | | | | | | | | | | |
| 单位性质 | | | 社会团体 □ 基金会 □ 民办非企业 □ 其它 □ | | | | | | | | | | | | | | | | | | | | |
| 业务主管单位 | | | （如没有相关主管单位，可填“无”，以下内容类同） | | | | | | | | | | | | | | | | | | | | |
| 组织机构代码证 | | | 如无可填“无” | | | | 成立时间 | | | | |  | | | | 邮政编码 | | | | | |  | |
| 通讯地址 | | |  | | | | | | | | | | | | | | | | | | | | |
| 2016年度年检结论 | | |  | | | | | | | | | | 评估等级 | | | | | | | 年 级 | | | |
| 有无免税资格 | | |  | | | | | | | | | | 项目实施时间 | | | | | | |  | | | |
| 曾获何种奖励  （限填三个） | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 项目负责人 | | | 姓名 | | | 性别 | | | | | 出生时间 | | | | | | | | 工作单位及职务 | | | | |
|  | | |  | | | | |  | | | | | | | |  | | | | |
| 政治面貌 | | | 办公电话 | | | | | 手机 | | | | | | | | 电子邮箱 | | | | |
|  | | | （区号+号码） | | | | |  | | | | | | | |  | | | | |
| 项目联系人 | | | 姓名 | | | 办公电话 | | | | | 手机 | | | | | | | | 工作单位及职务 | | | | |
|  | | | （区号+号码） | | | | |  | | | | | | | |  | | | | |
| 项目内容  （100字以内） | | | （申报书另附纸张） | | | | | | | | | | | | | | | | | | | | |
| **二、项目实施情况** | | | | | | | | | | | | | | | | | | | | | | | |
| 服务对象人数 | | | | | |  | | | | | | | | | | | | | | | | | |
| 开展活动次数 | | | | | |  | | | | | | | | | | | | | | | | | |
| 志愿服务总时数 | | | | | | （计算公式为活动次数×人数×人均服务时间） | | | | | | | | | | | | | | | | | |
| 三、项目资金情况（单位：元） | | | | | | | | | | | | | | | | | | | | | | | |
| 资金来源 | 项目资金合计 | | | | | | | | | | | | | |  | | | | | | | | |
| 是否有配套资金 | | | | | | | | | | | | | | 有 □ 无 □ | | | | | | | | |
| 配套资金（如有，需填写） | | | | | | | | | | | | | |  | | | | | | | | |
| 其中 | 社会募集资金 | | | | | | | | | | | | |  | | | | | | | | |
| 地方财政资金（含福彩资金） | | | | | | | | | | | | |  | | | | | | | | |
| 自有资金 | | | | | | | | | | | | |  | | | | | | | | |
| 申报资金 | | | | | | | | | | | | | |  | | | | | | | | |
| **申报资金预算支出明细** | | | | | | | | | | | | | | | | | | | | | | | |
| 科目内容 | | | | | | | | | | | | | | | 金额（元） | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | |
| 总计 | | | | | | | | | | | | | | |  | | | | | | | | |
| 四、项目实施计划 | | | | | | | | | | | | | | | | | | | | | | | |
| 项目实施内容  （200字以内） | | | |  | | | | | | | | | | | | | | | | | | | |
| 项目支撑  （项目有关工作是否已经开展过或正在开展，取得了哪些成效，200字以内） | | | |  | | | | | | | | | | | | | | | | | | | |
| 项目解决的问题与社会效益  （200字以内） | | | |  | | | | | | | | | | | | | | | | | | | |
| 预期效果  （200字以内） | | | |  | | | | | | | | | | | | | | | | | | | |
| 项目特色  （创新性、示范性、可推广性，300字以内） | | | |  | | | | | | | | | | | | | | | | | | | |
| 项目进度安排  （项目实施的主要活动内容、时间、地点和详细资金安排，300字以内） | | | |  | | | | | | | | | | | | | | | | | | | |
| 项目宣传方案  （200字以内） | | | |  | | | | | | | | | | | | | | | | | | | |
| 申报单位 | | | | 我单位保证项目申报材料真实、合法、有效，已制定项目实施计划、方案，确保项目如期完成。将按法律、法规有关规定，接受项目监管、审计和评估，并承担相应责任。  法定代表人签字：（单位或挂靠单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | |