附件2

**湖北省慈善总会创新项目申报书**

项目名称：

项目类别：

申报主体：

申报日期：2024年 月 日

填报须知

1. 请申报机构根据解释和说明进行认真、准确地填写（填写时请删除解释内容），未涉及事项请填写“无”或者“零”。

2. 存在以下几种情况的，视为无效申报书：

（1）填报不完整的申报书；

（2）无完整的配套资料支撑的申报书；

（3）未在规定时间内按照规定方式递交申报书的。

3. 递交的申报书请注意格式规范、文本整洁。

项目申报书

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **一、项目基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施**  **主体类别** | | | | □民办非企业单位  □社会团体  □基金会 | | | | | | | | | | | | | **申报机构名称** | | | | | （请与公章上的名称完全一致） | | | | | | |
| **项目名称** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目类别** | | | | □老年关怀服务类 □青少年成长支持类  □特殊群体帮扶类 □绿色发展与环保类  □乡村振兴类 □成长赋能类  □其他类 | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施地** | | | |  | | | | | | | | | | | | | **项目周期** | | | | |  | | | | | | |
| **服务对象** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目直接**  **受益人数** | | | |  | | | | | | | | | | | | | **项目间接**  **受益人数** | | | | | （非直接服务对象，服务间接影响的对象） | | | | | | |
| **项目预算**  **（万元）** | | | | **项目总经费** | | | | | | | | | | | | |  | | | | | | | | | | | |
| **申请湖北省慈善总会**  **资助经费** | | | | | | | | | | | | |  | | | | | | | | | | | |
| **自筹经费** | | | | | | | | | | | | | 自筹资金须不低于项目总经费的10％ | | | | | | | | | | | |
| **项目负责人信息**（为缴纳社保的专职人员，**必须与项目实际实施负责人一致**） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | |  | | | | | | | | | | | | | **机构职务** | | | | |  | | | | | | |
| **专业资质** | | | |  | | | | | | | | | | | | | **手机号码** | | | | |  | | | | | | |
| **电子邮件** | | | |  | | | | | | | | | | | | | **居住地址** | | | | |  | | | | | | |
| **项目概况、特点及创新性。** | | | | 说明：高度概括，突出项目特色，不超过500字 | | | | | | | | | | | | | | | | | | | | | | | | |
| **二、机构详细信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **单位名称** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **统一社会**  **信用代码** | | | |  | | | | | | | | | | | | | **地 址** | | | | |  | | | | | | |
| **登记机关** | | | |  | | | | | | | | | | | | | **成立时间** | | | | |  | | | | | | |
| **开 户 行** | | | |  | | | | | | | | | | | | | **开户账号** | | | | |  | | | | | | |
| **法定代表人** | | | | **姓名** | | | |  | | | | | | | | | **机构职务** | | | | |  | | | | | | |
| **手机号码** | | | |  | | | | | | | | | **电子邮箱** | | | | |  | | | | | | |
| **上一年度**  **年检情况** | | | | □合格 □基本合格 □不合格 □因成立不满1年未参加 | | | | | | | | | | | | | | | | | | | | | | | | |
| **财务负责人** | | | |  | | | | | | | | | **联系电话** | | | | | | | | |  | | | | | | |
| **从业人员**  **基本情况** | | | | 专职人员数量： 人（签订劳动合同，缴纳社保）  退休返聘人员数量： 人（签订返聘劳务合同）  兼职人员数量： 人 | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.机构基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **基础信息** | | | | 说明：愿景与使命、业务范围、理事会和执行团队 | | | | | | | | | | | | | | | | | | | | | | | | |
| **执行过的**  **同类项目** | | | | **项目名称** | | | | | | | | **起止时间** | | | | | | **资助总额（元）** | | | | | | | **资助方** | | | |
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| **三、项目详细信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（一）项目背景（项目实施的必要性）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.需求分析** | | | | 说明：根据调研结果做总结性概述，500字以内 | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.受益群体/**  **服务对象分析** | | | | 说明：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，400字以内 | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.项目实施地**  **接纳程度** | | | | 说明：要分析项目实施地所在地对项目的接纳程度（项目将要服务的人群或其相关群体对项目的认可和支持程度，300字以内） | | | | | | | | | | | | | | | | | | | | | | | | |
| **（二）项目方案** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.项目目标** | | | | 说明：预计通过项目实施可达到的具体成效,要求清晰、明确、可实现 | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.项目具体产出和预计成效** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目目标和产出** | | | | | **预计项目实施后该目标达到的量化情况、成效等**（尽量提供数据，量化、明确） | | | | | | | | | | | | | | | **佐证材料/资料来源** (什么样的资料能证明该目标得以实现？从哪里获得这些资料？) | | | | | | | | |
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| **3.项目实施方法** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 说明：针对项目目标产出和需要解决的问题/需求，阐述介入的途径或方式，解决问题的措施和专业方法，300字以内 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.项目实施计划** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **计划开展的服务/活动** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **时间** | | **对应的目标和产出** | | | | | | | | | **服务/活动内容** | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | 名称  目的：  内容：  执行方式方法：  地点：  参与和服务人员：（说明：服务对象、专家、志愿者、社工等）  预期服务人数/人次：  活动频次：  其他事项：  到你们 | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | 名称  目的：  内容：  执行方式方法：  地点：  参与和服务人员：（说明：服务对象、专家、志愿者、社工等）  预期服务人数/人次：  活动频次：  其他事项： | | | | | | | | | | | | | | | | | |
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| **5.风险分析及**  **应对预案** | | | | 说明：分析项目执行中潜在的风险及应对措施，400字以内  （须包括团队风险、安全风险、管理风险等各方面，但不局限于以上方面） | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.项目创新性** | | | | 说明：分析本项目与同类项目的创新突破或优化之处，300字以内 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **项目可**   **持续性** | | | | 说明：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，300字以内 | | | | | | | | | | | | | | | | | | | | | | | | |
| **（三）项目团队介绍** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目负责人信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | |  | | | | | | | **性别** | | | | | | |  | | | | | **年龄** | | |  | | | | |
| **职务** | |  | | | | | | | **学历** | | | | | | |  | | | | | **专业** | | |  | | | | |
| **身份证号** | |  | | | | | | | **政治面貌** | | | | | | |  | | | | | | | | | | | | |
| **办公电话** | |  | | | | | | | **手机号码** | | | | | | |  | | | | | | | | | | | | |
| **邮箱** | |  | | | | | | | **专业资质** | | | | | | |  | | | | | | | | | | | | |
| **联系地址** | |  | | | | | | | | | | | | | | **从业年限** | | | | |  | | | | | | | |
| **本人简历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **自何年月至何年月** | | | **任职单位** | | | | | | | | **职务及主要工作内容** | | | | | | | | | | | | | | | | | |
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| **实施同类项目的经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **时间** | | | **项目名称** | | | | | | | | **承担的主要职责** | | | | | | | | | | | | | | | | | |
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| **项目执行团队成员信息（指机构内部专职人员）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | **性别** | | | **年龄** | | | **学历及专业** | | | | | | | **专业资质** | | | | | | | | | **从业年限** | | | | **项目分工** | |
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| **项目财务人员信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | **职称/资质** | | | | | | | **学历及专业** | | | | | | | | | **专兼职情况** | | | | | | | **联系电话** | | |
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| **外部支持团队信息（指外部督导、专家、志愿者等）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | **性别** | | | **年龄** | | | **学历及专业** | | | | | | | | **专业资质** | | | | | | | | **工作单位** | | | | **项目分工** | |
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| **项目沟通机制** | | | | 项目团队将与项目内部工作人员（内部执行团队及理事会）与外部支持团队通过何种长效的沟通方式以保证项目的实施，300字以内 | | | | | | | | | | | | | | | | | | | | | | | | |
| **四、项目预算** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目总经费合计**  **（元）** | | | | | | **申请湖北省慈善总会资助经费（元）** | | | | | | | | | | | | | | | | | **自筹经费（元）** | | | | | **其它** |
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| 项目预算明细 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经费开支目录 | | | | | | 预算总费用 | | | | | | | | | | | | | | | | | 使用详细说明  （单价、数量、用途） | | | | | |
| **1.人员经费** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| 1.2 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
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| 小计 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| **2.活动经费** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1活动一 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
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| 2.2活动二 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
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| 小计 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| **3.管理经费（不超过项目总预算的10%）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 小计 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| **合计** | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| **五、申报主体承诺** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 自筹资金承诺   我单位申请湖北省慈善总会创新项目，申报项目名称为： ，承诺该项目上线“腾讯公益”平台并在项目周期内自筹资金 元，占项目总经费比例 %，承诺自筹资金在项目中期之前全额到位，未达到自筹资金承诺金额的，同意按主办方要求按比例扣减资助资金。    （二）诚信承诺  我单位承诺：申报书填写信息以及提交的所有配套资料均真实有效；严格履行相关文件要求，按照实施计划、合同约定，确保项目如期完成；积极配合做好项目监管工作；若存在任何欺诈、腐败或其他严重违背诚信原则的行为，愿承担一切相关法律责任。  法定代表人签字：  （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |