**佛山市慈善会定向捐赠项目申请表**

**填表说明：**

1．本表格每项内容皆为必填项，请在相应空格填写。

2．在申报表填写过程中，如若表格行数不足，可自行添加行数，但不能改变表格固有结构格式。

3．在申报表填写完成后，请将申报表与相关证明材料打包压缩，**邮件与文件命名皆为“2022年创益合伙人计划佛山市慈善会定向捐赠项目申请＋机构名称”**，**统一发送至邮箱：cyhhr2022＠163.com。**

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| **一、组织基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申报组织名称** | | | | |  | | | | | | | | **组织所在地** | | | | | 佛山市XX区 | | | | | | | | | | | | | | | | | | |
| **组织类别** | | | | | □ 基金会 □社会团体 □ 民办非企业 □ 事业单位 □其他（请注明）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **组织成立日期** | | | | |  | | | | | | | | **组织注册时间** | | | | |  | | | | | | | | | | | | | | | | | | |
| **组织简介** | | | | | （需包括机构使命、服务领域、活动覆盖区域等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **组织治理** | | | | | （需包括组织架构、理事会成员、监事会成员、决策机制等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **制度建设** | | | | | （请在现有制度处标注“■”，并把相关制度以附件形式一并发回）  □章程 □财务管理制度 □志愿者或会员管理制度 □项目管理制度 □其他（请注明） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **组织负责人**  **简介** | | | | | （简单阐述个人基本信息与经历） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **过往获得资助**  **情况** | | | | | **资助项目名称** | | | | | | | **资助单位** | | | | | | | | **起止时间** | | | | | | | | | | | **资助金额** | | | | | |
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| **二、组织财务状况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **财务人员** | | | | | （请在符合选项处标注“■”，并把其资质证明和个人简历以附件形式一并发送）  □全职出纳 □兼职出纳 □全职会计 □ 兼职会计 □ 均无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **是否具有独立**  **公账** | | | | | □ 是 □ 否 | | | | | | | | **开户名** | | | | | 如：佛山市慈善会 | | | | | | | | | | | | | | | | | | |
| **开户银行** | | | | | xx银行xx支行 | | | | | | | | **银行账号** | | | | | 1111111111111111111 | | | | | | | | | | | | | | | | | | |
| **公益捐赠收据** | | | | | □ 可以开具（请附件形式一并发送） □未能开具，情况说明： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **年度审计报告** | | | | | （请将前1个年度财务审计报告以附件形式一并发回，若没有审计报告请说明原因） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **三、示范推广与传播** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **自媒体平台** | | | | | （请在机构现有自媒体平台处标注“■”，并补充相关链接/名字）  □ 官方网站 网络地址：  □ 官方微信 网络地址：  □ 官方微博 网络地址： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **媒体报道** | | | | | （机构是否有被媒体报道，如有，请附上相关链接） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **四、申报项目信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（一）项目基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目名称** | | | | |  | | | | | | | | | | | | | **项目实施地点** | | | | | | | （请具体到区/镇街/社区等） | | | | | | | | | | | |
| **项目周期** | | | | |  | | | | | | | | | | | | | **申请金额** | | | | | | | （单位：元） | | | | | | | | | | | |
| **申请项目类型** | | | | | （请在贵组织所申请的项目类型处打“√”）  □ 耆健悦（为老服务类） □童成长（儿童及青少年服务类） □残康融（助残服务类） □解困顿（救助帮困服务类） □践文明（宣传教育服务类） □ 乐志愿（志愿者队伍建设与服务类） □其他公益类 （请注明）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目概述** | | | | | （不超过300字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请项目的理由和背景** | | | | | （针对什么问题？问题产生原因？为什么有必要解决？服务对象的基本情况及需求？是否经过前期调研？不超过1000字。如有进行相关调研，请以附件形式提交报告） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目受益人群** | | | | | 受益人群  （例如妇女、儿童等，建议具体描述受益人特征） | | | | | | | | | | | | | | 数量（单位：人） | | | | | | | | | | | | | | | | | |
| 直接受益人数 | | | | | | | | | | 间接受益人数 | | | | | | | |
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| **项目总目标** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **细化目标** | | | | | （提示：对总目标的具体化描述，每个分目标应能够呼应总目标，并与需求及问题分析相关联。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（二）项目量化产出及服务成效明细表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **细化目标** | | | **服务内容** | | | | | | | | | | | | | **预期数量** | | | | | | | | | | **预期服务效果** | | | | | | | **评估方法** | | | |
| 目标1：提高老年人的安全意识。 | | | 例：开展安全教育知识讲座 | | | | | | | | | | | | | 例：5场，50人次 | | | | | | | | | | 例：80%接受服务的对象提高了安全意识； | | | | | | | 例：前后测评估 | | | |
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| **（三）主要活动时间表（请在具体活动开展时间的相应月份中打钩“√”）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目年度** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **细化目标** | **服务内容** | | | | **1月** | | **2月** | **3月** | | | | **4月** | | | **5月** | **6月** | | | | **7月** | | | **8月** | | | | | **9月** | | | **10月** | | | | **11月** | **12月** |
|  | **例：长者探访** | | | | **√** | | **√** | **√** | | | |  | | |  |  | | | | **√** | | |  | | | | |  | | |  | | | |  |  |
|  | **例：亲子社区活动** | | | |  | |  | **√** | | | |  | | |  | **√** | | | |  | | |  | | | | | **√** | | |  | | | |  |  |
| **五、项目监测与发展** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目监测与**  **评估** | | | | | （请说明将如何对项目进行监测与评估） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目宣传及推广计划** | | | | | （请简要说明项目将如何向公众推广传播项目理念、活动内容等信息） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目风险管理与控制** | | | | | （请分析项目可能面临的风险及应对方案） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目/机构可持续发展思路** | | | | | （请简述项目下一阶段发展的规划，如第二年、第三年的发展方向、工作目标和设计，不超500字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **六、项目执行团队介绍** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（一）项目负责人信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | | |  | | | | | | | | | | 职务 | | | | | | | | | | |  | | | | | | | | | |
| 学历 | | | | | |  | | | | | | | | | | 专业 | | | | | | | | | | |  | | | | | | | | | |
| 获得专业技术资格证书或技术培训等级证等 | | | | | |  | | | | | | | | | | 社会服务经验年限 | | | | | | | | | | |  | | | | | | | | | |
| 办公电话及移动电话 | | | | | |  | | | | | | | | | | 邮箱 | | | | | | | | | | |  | | | | | | | | | |
| 同类项目实施经验  （200字以内） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（二）项目执行团队成员及具体分工** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 职务 | | | | 学历 | | | | | 专业 | | | | | 资格证 | | | | | | 社会服务经验年限 | | | | | 项目分工（请注明专职/兼职） | | | | | | | 联系电话 | | |
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| （请介绍团队的公益慈善项目运作经验，不超过300字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（三）项目支持团队（如督导、专家等）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 工作单位 | | | | | | 职务 | | | | | | | 学历及专业 | | | | | | | | | | 专业资质 | | | | | | | 项目分工 | | | |
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| **（四）项目合作伙伴** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （在项目实施过程中，有无合作伙伴，如基层政府、社区组织或相关团体等；若有，请列明有哪些具体的合作伙伴，各自在项目中发挥什么作用？） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **七、项目预算明细** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（一）申报创投资金** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【预算编制说明】  1.项目资金不得用于固定资产、缴纳罚款罚金、偿还债务、对外投资、捐赠赞助等与项目无关的支出，项目不设税费（若项目运行所涉及的固定资产购置经费，需另起合同明确双方固定资产归属及权责）；  2.人员经费:指参与到创投项目中的专职及兼职人员等薪酬费用支出，具体包括专职人员薪酬和兼职人员补贴、其他人员费用等，不得超过资助资金的60%；  3.服务经费：指直接用于受益对象和开展社会服务活动的支出，包括物资采购、交通及差旅费、培训费、宣传费用和其他服务费用；  4.行政办公经费：指实施项目中所直接发生的行政办公费用，包括由机构负担的水电费、通讯费、办公设备使用维护费等)、行政人员工资、对外联络费(差旅费、接待费)、机构员工培训费、办公用品等费用，不得超过资助资金的10%；  5.如项目预算超过资助金额标准的，要明确其他经费来源渠道（即自筹链接社会资源经费），并纳入项目财务评估。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **预算项目** | | | | | **预算细项** | | | | | **单价** | | | | | | | **数量** | | | | | | | **合计（元）** | | | | | | | | **占项目总经费**  **百分比** | | | | |
|
| 人员经费 | | | | | 例：专业社工 | | | | | 70000 | | | | | | | 1 | | | | | | | 70000 | | | | | | | |  | | | | |
|  | | | | | 例：社工助理 | | | | | 65000 | | | | | | | 1 | | | | | | | 65000 | | | | | | | |
| 例：服务经费 | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 例：行政办公经费 | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| **合计** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |
| **（二）自筹配套资金（若无可不填）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **预算项目** | | | | **预算细项** | | | | | | | | | | **单价** | | | | | | | **数量** | | | | | | | | | **合计（元）** | | | | | | |
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| **合计** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **申报单位承诺** | | | | | 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： （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |