附件4

“益苗计划”项目申报表

**（适用于首次申报项目）**

申报类型：省级示范项目□ 重点培育项目□

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| 一、项目基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目名称** | | | （请填写项目全称） | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目类别** | | | □阳光助残 □关爱异地务工人员子女 □邻里守望与为老服务  □节水护水与水利公益 □脱贫攻坚 □恤病助医 □环境保护 □应急救援 □禁毒教育与普法宣传□青少年社区矫正□文化宣传 □理论研究 □志愿服务支持平台 □海洋生态文明 □其他领域 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | |  |
| **志愿者招募信息** | | | 招募时间 | | | | | | | 招募人数 | | | | | | | 服务时间 | | | | | | | | 报名方式 | | | |
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| **志愿者招募条件** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施主体** | | | （请填写组织全称，已登记注册的以注册名称为准） | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施主体性质** | | | □团组织 □志愿者协会 □学校 □机关事业单位 □企业  □科研院所 社会组织（□基金会 □社会团体 □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） | | | | | | | | | | | | | | | | | | | | | | | | | |
| **是否在民政部门**  **登记注册** | | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **组织机构代码（统一社会信用代码）** | | | 如无可填“无” | | | | | | 成立时间 | | | | | |  | | | | 邮政编码 | | | | | | |  | | |
| **通讯地址** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2017年度年检结论** | | | 如无可填“无” | | | | | | | | | | | | | 评估等级 | | | | | | | | 如无可填“无” | | | | |
| **有无免税资格** | | | □有 □无 | | | | | | | | | | | | | 项目实施时间 | | | | | | | |  | | | | |
| **曾获何种奖励**  **（限填三个）** | | | （2010年全国先进社会组织） | | | | | | | | | | | | | | | | | | | | | | | | | |
| （XX省先进社会组织） | | | | | | | | | | | | | | | | | | | | | | | | | |
| （XX大赛金奖项目） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二、项目资金情况（单位：元） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **户 名** | | | （如无注册登记，请填写挂靠组织户名） | | | | | | | | | | | | | | | | | | | | | | | | | |
| **开户账号** | | | （如无注册登记，请填写挂靠组织账号） | | | | | | | | | | | | | | | | | | | | | | | | | |
| **开 户 行** | | | （如无注册登记，请填写挂靠组织开户行） | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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）** | | | | | | | | | | |
| （交通补贴） | | | | | | | | | | | | | | | | | | （50元\*20人=1000元） | | | | | | | | | | |
| （志愿者保险） | | | | | | | | | | | | | | | | | | （100元） | | | | | | | | | | |
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| 总计 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 三、项目实施方案 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目申报机构基本情况** | 本单位宗旨、业务范围、历史、活动品牌、荣誉声誉；在志愿服务方面发挥的作用和已有经验。（500字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **需求分析** | 项目要解决的社会问题、问题产生的原因、项目实施的必要性（300字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **受益对象描述** | 清晰界定本项目的服务对象，并提供其数量、基本特征、具体需求或问题状况等信息（100字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目目标及内容** | 简述项目的主要目标、论证过程，以及服务内容与目标实现的关联性（300字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施计划**  **（为实现项目目标，开展服务活动的情况）** | **序号** | | | **开展时间** | | | | **具体服务内容** | | | | | | | | | | | | | | **志愿者人数** | | | | | **服务对象人数** | |
| 1 | | |  | | | |  | | | | | | | | | | | | | |  | | | | |  | |
| 2 | | |  | | | |  | | | | | | | | | | | | | |  | | | | |  | |
| 3 | | |  | | | |  | | | | | | | | | | | | | |  | | | | |  | |
| 4 | | |  | | | |  | | | | | | | | | | | | | |  | | | | |  | |
| **项目实施以来取得的主要成果** | （600字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目创新性分析** | 本项目与同类项目的区别及独特性（200字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目可持续性分析** | 本项目形成组织队伍、运行机制、保障条件等方面的情况（200字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目宣传方案** | （250字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 四、项目执行团队情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目**  **负责人** | 姓名 | | | | | | 性别 | | | | | | | 年龄 | | | | | | | | 工作单位及职务 | | | | | | |
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| 身份证号 | | | | | | 学历 | | | | | | | 专业 | | | | | | | | 联系方式  （办公电话、手机） | | | | | | |
|  | | | | | | （区号+号码） | | | | | | |  | | | | | | | |  | | | | | | |
| 负责人简介及实施同类项目的经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （200字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目**  **联系人** | 姓名 | | | | | | 办公电话 | | | | | | | 手机 | | | | | | | | 工作单位及职务 | | | | | | |
|  | | | | | | （区号+号码） | | | | | | |  | | | | | | | |  | | | | | | |
| **团队**  **核心成员** | 姓名 | | | | | | 职业身份 | | | | | | | 工作分工 | | | | | | | | 联系方式  （办公电话、手机） | | | | | | |
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| **外部支持合作机构、团队信息（限3家）（选填）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称  （20字以内） | 支持事项  （150字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **媒体报道情况** | 序号 | | | | 媒体名称 | | | | | | | 报道链接 | | | | | | | | | | | 报道时间 | | | | | |
| 1 | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |
| 2 | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |
| 3 | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |
| 4 | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |
| **补充资料**  **（案例分析）** | 能够证明以上情况属实的有关资料可上传有关附件（选填，供评委参考） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：申报表中要有详细的经费预算（主要用于必要的交通、物资、餐饮、宣传等）