“心晴计划”公益服务示范项目

申

报

书

申 报 单 位: （盖章）

申 报 日 期： 年 月 日

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| **一、申报单位情况** | | | | | | | | | | | | | | | | | | | | | |
| **基本 信息** | 单位名称 | | |  | | | | | | | | | | | | | | | | | |
| 通讯地址 | | |  | | | | | | | | | 电话 | | | |  | | | | |
| 户 名 | | |  | | | | | | | | | | | | | | | | | |
| 开户账号 | | |  | | | | | | | | | | | | | | | | | |
| 开户行 | | |  | | | | | | | | | | | | | | | | | |
| 登记机关、登记时间及登记证号 | | | 登记管理机关： | | | | | | | | | | | | | | | | | |
| 业务管理机关： | | | | | | | | | | | | | | | | | |
| 登记时间： | | | | | | | | | | | | | | | | | |
| 登记证号： | | | | | | | | | | | | | | | | | |
| **单位负责人信息** | 姓名 | | | 性别 | 职务 | | | 年龄 | 从业年限 | 学历与专业 | | | | | 职业资格 | | | | | 手机 | |
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| 社会兼职 | | |  | | | | | | 有关荣誉 | | | | |  | | | | | | |
| **项目组成员** | 姓名 | | | 学历及专业 | | | | 职业资格  （社工、心理资质） | | | 专职/  兼职 | | | | 任职  情况 | | | | 手机 | | |
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| 8 |  | | |  | | | | （可自行添加行数） | | |  | | | |  | | | |  | | |
| **注意：项目组成员任职情况一栏，专职的填写机构职务，兼职的填写本职单位工作及职务。** | | | | | | | | | | | | | | | | | | | | | |
| **单位简介（400字以内）** | 业务范围、专业能力、愿景使命、主要资金来源和项目情况、所获荣誉等 | | | | | | | | | | | | | | | | | | | | |
| **专职**  **人数** |  | | | | | | | **兼职**  **人数** | | | |  | | | | | | | | | |
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| **二、项目执行经历** | | | | | | | | | | | | | | | | | | | | | |
| **本单位开展针对妇女儿童心理关爱类公益服务项目的经验（500字以内）** |  | | | | | | | | | | | | | | | | | | | | |
| **执行过的同类项目** | 起止时间 | | | | | 项目名称 | | | | | | | | 项目资金来源 | | | | | 项目资金总额（万元） | | |
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| **三、本项目实施计划** | | | | | | | | | | | | | | | | | | | | | |
| **项目实施**  **区域** | |  | | | | | **项目预计直接受益人数** | | | |  | | | | | | | | | | |
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| **项目概述（400字以内）** |  | | | | | | | | | | | | | | | | | | | | |
| **项目特色（300字以内）** |  | | | | | | | | | | | | | | | | | | | | |
| **需求分析（200字以内）** |  | | | | | | | | | | | | | | | | | | | | |
| **受益群体描述（100字以内）** | 要求清晰界定本项目服务的具体人群，并提供其数量、基本特征、具体需求或问题状况等信息。 | | | | | | | | | | | | | | | | | | | | |
| **项目 目标** | 包括基础性工作的定性目标和定量目标。简要概述项目定性目标；制定具体项目定量目标。 | | | | | | | | | | | | | | | | | | | | |
| **项目实施计划（1000字以内）** | 包括项目实施计划安排、实施地域、时间等。 | | | | | | | | | | | | | | | | | | | | |
| **风险预计与防控方案（300字以内）** | 分析项目执行中可能遇到的困难及应对预案。 | | | | | | | | | | | | | | | | | | | | |
| **四、本项目预算（10万元以内）** | | | | | | | | | | | | | | | | | | | | | |
| **资金预算支出明细** | 序号 | | 预算内容 | | | | | | | | | | | | | 预算金额（元） | | | | | |
| 数量 | | 单价 | | | 小计 |
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|  | | （可自行添加行数） | | | | | | | | | | | | |  | |  | | |  |
| **合计金额** | | | | | | | | | | | | | | |  | | | | | |
| **五、申报单位意见** | | | | | | | | | | | | | | | | | | | | | |
| 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；确认申报书中所列配套资金数额真实有效，来源合法可靠，保证配套资金及时到位；将按法律、法规有关规定，接受项目监管、审计、督导和评估，并承担相应责任。  法定代表人签字： （单位盖章)  年 月 日 | | | | | | | | | | | | | | | | | | | | | |
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附件

证明材料

（按征集公告中“申报方资格要求”所列内容和顺序整理附后，如有其他佐证材料，请一并附上。）

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