**编号：**

麒麟区2024年“五社联动”社区治理与服务

项

目

申

报

书

项目名称：

**项目类别：**

**项目周期：**

**申报单位：**

**填表日期：**

填表说明

一、本申报书为项目实施的格式合同，申报单位必须保证其真实性和严肃性。项目一经立项，合同即告成立。

二、项目编号由麒麟区社会组织培育基地负责填写。

三、项目名称为"申报单位名称+项目内容概述+项目"，如"××街道/社区空巢老人服务项目"。

四、申报书需一式三份，需将纸质档报送麒麟区民政局。

五、本申报书由麒麟区民政局负责解释。

通讯地址：云南省曲靖市麒麟区南宁街道珍珠街408号（麒麟区民政局社会事务科，联系人：王瑞萍 15974513598，邮箱：410814112@qq.com）

项目申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、项目背景** | | | | | | | | | | | | | | | | | | | |
| （一）社区/街道背景（根据具体实施地点情况撰写） | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| （二）服务对象背景 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **二、需求分析 （必要性、紧迫性）** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **三、项目总目标** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. **分目标（可以往下依次增加表格）** | | | | | | | | | | | | | | | | | | | |
| **总目标** | | **分目标** | | | | **具体服务内容** | | | | | | **数量** | | | | **执行时间** | | | |
|  | |  | | | |  | | | | | |  | | | |  | | | |
|  | | | | | |  | | | |  | | | |
|  | | | |  | | | | | |  | | | |  | | | |
|  | | | | | |  | | | |  | | | |
|  | | | |  | | | | | |  | | | |  | | | |
|  | | | | | |  | | | |  | | | |
|  | | | |  | | | | | |  | | | |  | | | |
|  | | | | | |  | | | |  | | | |
|  | | | | | |  | | | |  | | | |
| （**二）项目策略** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **（三）项目特色（公益性、成效性、保障性、创新性、推广性）** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **四、经费预算（以下格式可自行增减）** | | | | | | | | | | | | | | | | | | | |
| **申报资金预算支出明细** | | | | | | | | | | | | | | | | | | | |
| **支出明细** | | | | | | | | | | | | | | | | | | | |
| **科目** | | | **类别** | | | **明细** | | | **单价** | | | | **数量** | | | | **金额（万元）** | | **备注** |
| 管理费  （15%）  （可用于办公耗材、税费、财务做账、督导、评估等费用） | | |  | | |  | | |  | | | |  | | | |  | |  |
|  | | |  | | |  | | | |  | | | |  | |  |
| 合计 | | | | | | | | | | | | | | | | |  | |  |
| 服务费  （10%）  （可用于活动耗材、交通、网络等费用） | | |  | | |  | | |  | | | |  | | | |  | |  |
|  | | |  | | | |  | | | |  | |  |
|  | | |  | | | |  | | | |  | |  |
| 合计 | | | | | | | | | | | | | | | | |  | |  |
| 人员支持经费（75%）  （可用于工作人员工资、津贴、补贴、社会保险、住房公积金等费用） | | |  | | |  | | |  | | | |  | | | |  | |  |
|  | | |  | | | |  | | | |  | |  |
|  | | |  | | |  | | | |  | | | |  | |  |
| 合计 | | | | | | | | | | | | | | | | |  | |  |
| **总计：** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **五、项目执行中内部管理机制** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **六、预期解决的问题与社会效益** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **七、机构概况** | | | | | | | | | | | | | | | | | | | |
| **（一）机构基本简介** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **业务主管单位** | | | |  | | | | | | | | | | | | | | | |
| **登记证号** | | | |  | | | | **成立时间** | | |  | | | | **法人代表** | | |  | |
| **通讯地址** | | | |  | | | | | | | | | | | | | | | |
| **项目时间** | | | |  | | | | **实施地点** | | | | | |  | | | | | |
| **受益对象** | | | |  | | | | **预计直接受益人数** | | | | | |  | | | | | |
| **曾获何种奖励**  **（限填三个）** | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **户名** | | | |  | | | | | | | | | | | | | | | |
| **开户账号** | | | | |  | | | | | | | | | | | | | | |
| **开户行** | | | | |  | | | | | | | | | | | | | | |
| **（二）项目执行团队** | | | | | | | | | | | | | | | | | | | |
| **姓名** | **在项目中的岗位** | | | | | | **专业资格** | | | **证书图样** | | | | | | | **联系电话** | | |
|  |  | | | | | |  | | |  | | | | | | |  | | |
|  |  | | | | | |  | | |  | | | | | | |  | | |
| **（三）机构资质** | | | | | | | | | | | | | | | | | | | |
| **1.机构资质证书.复印件** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **2.机构荣誉证书** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |

# 项目审批表

|  |  |
| --- | --- |
| 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，确保项目在规定时限内如期完成。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 |
| 审批  意见 | 街道意见：  负责人签名（盖章）：  年 月 日 |
| 专家评审委员会意见：    负责人签名（盖章）：  年 月 日 |
| 区民政局意见：    负责人签名（盖章）：  年 月 日 |

# 资金规范使用保证书

我单位确认申报书中所列预算资金数额严格按照相关文件执行，保障资金规范使用，严格按照项目计划执行预算，定期公示项目资金使用情况，并自愿接受日常监督检查和财务审计。

　法定代表人签字：

（单位盖章)

年 月 日