张家港市2025年度社会组织

公益创投

项目申请书

项目名称:

申报机构:

申报日期:

张家港市民政局

张家港市社区发展基金会制

**承 诺 书**

本机构保证在张家港市2025年度社会组织公益创投活动期间填报的所有内容及提交的所有资料均真实有效，并承诺在社会组织公益创投活动期间遵守活动规则。如有违犯，则自动取消申报资格并服从主办单位裁决。

申报机构（盖章）：

法人或负责人签名：

年 月 日

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| **一、项目申报机构信息** | | | | | | | |
| **1.机构基本信息** | | | | | | | |
| 机构名称 |  | | | | | | |
| 登记证书发证机关 |  | | 成立时间 | | |  | |
| 机构注册地区 |  | | | | | | |
| 通讯地址 |  | | | | | | |
| 法定代表人姓名 |  | 联系电话 | |  | | | |
| 电子邮箱 |  | | | | | | |
| 工作人员总数 |  | 专职人员数（缴纳社会保险的人员） | |  | 兼职等人数 | |  |
| 评估等级 | 5A□4A□3A□2A□1A□ | 年检结论 | | 2023合格□ 基本合格□不合格□  2024合格□ 基本合格□不合格□ | | | |
| 开户银行 |  | | | | | | |
| 银行帐号 |  | | | | | | |
| 有无免税资格 | 是□否□ | | | | | | |
| 机构简介  （不超过200字） |  | | | | | | |
| 业务范围  （以登记证书为准） |  | | | | | | |

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| **2.机构详细信息** | | | | |
| 本机构执行过的同类服务项目（如有，请简要介绍项目名称、实施地、始末时间、合作方、效果等，每个案例不超过300字，如没有，可不写） | **1.\*\*\*\*\*\*\*项目**  **2、\*\*\*\*\*\*项目**  **3、\*\*\*\*\*\*项目** | | | |
| 获得奖励情况  （表格可根据情况进行增减） | 奖项情况（包括奖项及项目名称等） | | | 时 间 |
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| 合作机构  （如有请填写，表格可根据情况进行增减） | 合作单位名称 | 合作时间 | 合作内容 | 联络人及  联系方式 |
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| **二、申报项目信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.项目基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 项目周期 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 项目落点区域 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 项目服务领域 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 项目受益群体 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 项目受益人数 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 项目联系人 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 项目联系人电话 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 项目申请预算（元） | | | | | | | | | | | 项目总预算 | | | | | | | | 申请预算 | | | | | | 自筹经费 | | | | |
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| **项目概述**（简述项目针对问题，以及通过何种方式达到何种目标，300字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.项目详细信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **需求分析**  （800字以内） | | | 项目所针对的问题或人群需求是什么？问题或需求产生的原因是什么？为什么有必要解决？ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **受益群体描述**（400字以内） | | | 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施目标** | | | 项目完成后期望达成的具体目标  1.  2.  3.  4.  5. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施方案：**为回应本项目问题或需求，实现项目目标，采取哪些方式和途径，开展哪些具体活动。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作阶段 | | | 目标 | | | | | | | | | | | | 具体活动、内容、形式、服务对象等 | | | | | | | | | | | | | | |
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| **项目实施时间表：**重点工作的进度与项目实施时间表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 具体活动 | | | 执行时间 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2025年 | | | | | | | | | | | | | | | | | | | | | | | | 2026年 | | |
| 3月 | 4月 | | | 5月 | | 6月 | | | 7月 | | | | 8月 | | 9月 | | 10月 | | 11月 | | 12月 | | | 1月 | | 2月 |
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| **项目产出及社会效益预期** | | | 1. 项目产出 2. 社会效益 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目成功指标**：通过哪些具体、明确可衡量的指标检验项目目标实施效果、目标达成与否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目目标 | | | | | | | | 成功指标 | | | | | | | | | | | | | 信息/ 资料来源 (什么样的信息或资料能证明该指标得以实现?从哪里获得这些信息/资料？) | | | | | | | | |
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| **项目的创新性：**分析本项目与同类项目的差异性及本项目的独特性（针对问题或需求，项目实施理念、运作模式、解决办法等，有哪些明显的创新性。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目持续运作的可行性分析：**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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **该项目预计得到社会资源的支持情况**（例如政府、社区、企业、学校等给予政策、人力、场地等方面的资源支持） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目风险管理与控制：**可能或已经面临的困难或风险分析，包括政策、技术、人力等方面，以及应对解决的方法。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 风险 | 对项目的危险 | | | | 可能性 | | | | | | | | 后果 | | | | 风险对策 | | | | | | 负责人 | | | | 时间 | | |
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| **项目实施团队：包括项目主要负责人，项目团队及外部支持团队介绍** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目主要负责人介绍** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | | | | 职务 | | | | | |  | | | | | | | 专业/学历 | | | | |  | | | |
| 手机 | |  | | | | | | 电子邮件 | | | | | |  | | | | | | | 从业年限 | | | | |  | | | |
| **从事相关服务项目的工作经历：**  **在本项目中的职责描述：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施团队主要成员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 职务 | | | | 年龄 | | | | 学历及专业 | | | | | | 社工资质 | | | | | 是否有从事此类项目的经验 | | | | | | | 项目分工 | |
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| **项目财务负责人信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | | | | 职务 | | | | | |  | | | | | | | 专业/学历 | | | | |  | | | |
| 手机 | |  | | | | | | 专业职称 | | | | | |  | | | | | | | 从业年限 | | | | |  | | | |
| **外部支持团队成员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 职务 | | | | | | 性别 | | | | | | 年龄 | | | | | | | 专业及资质 | | | | | 项目分工 | | | |
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| **项目经费明细预算表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 详情见excel表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**说明：**

**申请书、预算表及其他材料等请发至张家港市2025年度社会组织公益创投官方邮箱（zjggyct@126.com），其他提交方式无效。**