附件1：

**松江区红十字会项目申报表**

填表日期： 年 月 日

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| **申 报 组 织 信 息** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **组织名称** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **负责人**  **（法人）** | | | | | | **姓名** | | |  | | | | | | | **职务** | | | | | |  | | | |
| **联系电话** | | |  | | | | | | | **微信号** | | | | | |  | | | |
| **组织类别** | | | | | | **□ 社团 □ 民办非企业单位 □ 其他** | | | | | | | | | | | | | | | | | | | |
| **机构代码** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **主要业务**  **范围** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **申请机构**  **简介** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **主 要**  **联 系 人** | | | | | |  | | **联系**  **电话** | | | |  | | | | | | **手机**  **号码** | | |  | | | | |
| **通讯地址** | | | | | |  | | | | | | | **邮政编码** | | | | |  | | | | | | | |
| **电子邮箱** | | | | | |  | | | | | | | **微 信 号** | | | | |  | | | | | | | |
| **申 报 项 目 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项 目 名 称** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **服务对象** | | | | |  | | | | | | | | **实施区域** | | | | | |  | | | | | | |
| **覆盖数量** | | | | |  | | | | | | | | **项目周期** | | | | | |  | | | | | | |
| **项 目 背 景 及 意 义** | （200字以内） | | | | | | | | | | | | | | | | | | | | | | | | |
| **主 要 目 标** | （主要目标即实施项目预期取得的成效，包括受益对象及数量、服务内容及服务次数、解决的社会问题等。150字以内） | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目方案及实施步骤** | （项目方案应与主要目标、分目标相对应。实施步骤应当清晰、具体，并且明确时间节点，明确表述某阶段要完成的具体工作内容。如有独立项目方案可在填写下表的基础上另附页） | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目分目标** | | | **项目实施内容** | | | | | | **实施时间** | | | | | **实施地点** | | | | **受益人数** | | | | **负责人** | | |
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| **人 员 保 障** | （应写明项目实施的人员组成，实施人员应具有相应的项目运作能力。项目运作经历/经验可另附页） | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | | **是否**  **兼职** | **单位** | | | | | | | **职务/技术职称** | | | **项目运作经历/经验** | | | | | | | | **本项目工作职责** |
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| **其 他 资 源** | （包括项目实施场地、设备等各类社会资源的保障情况；如果机构或组织有同类项目的运作经验应在此处注明，并简要介绍项目内容。） | | | | | | | | | | | | | | | | | | | | | | | |
| **项目预算** | **项目分目标** | | **项目实施内容** | | | | **使用明细** | | | | **单价（含计量单位）** | | | | | | **数量** | | | **金额** | | | | **备注** | |
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| **总 计** | | | | | |  | | | | | | | | | | | | | | | | |  | |

**申报组织盖章：**

**日期：**