**“启新·曙新未来”**

**社区矫正社会工作项目征集申报表**

项目名称:

项目类别：

申报单位:

填表日期：

**海曙区社区矫正管理局**

**年 月**

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| **项目名称** |  | | | | | | | | | | |
| **申报单位** |  | | | | | | | | | | |
| **登记证号** | 未登记则填“无” | | | | | | **成立时间** |  | | | |
| **通讯地址** |  | | | | | | **电子邮箱** |  | | | |
| **主要业务范围** |  | | | | | | | | | | |
| **上年度年检结论** |  | | | | | **评估等级** | | | （ ）年（ ）A | | |
| **执行过的同类项目**  **（限填三项）** | 项目名称 | | | | | 执行时间 | | | 资助总额（元） | | |
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| **户名** | 未登记则填“无” | | | | | | | | | | |
| **开户账号** | 未登记则填“无” | | | | | | | | | | |
| **开户行** | 未登记则填“无” | | | | | | | | | | |
| **项目团队介绍** | **姓 名** | **政治面貌** | **专业职称** | | **项目分工** | | | | | **联系电话** | |
| 负 责 人 |  |  |  | |  | | | | |  | |
| 联 系 人 |  |  |  | |  | | | | |  | |
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| **团队人数/党员人数** |  | | | | **是否成立党组织** | | | | |  | |
| **项目时间** | 年 月- 年 月 | | | | | | | | | | |
| **项目主要内容：项目需求背景、受益对象描述，项目运作方式，项目目标结果等（限500字）** |  | | | | | | | | | | |
| **项目可行性：配套资金、工作团队、活动能力等（限500字）** |  | | | | | | | | | | |
| **项目进度安排：项目实施的主要活动内容、时间、地点和详细资金安排** | **时间** | **地点** | | **主要内容** | | | | | | | **资金预算** |
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| **项目特色（创新性、示范性、可推广性）（限500字）** |  | | | | | | | | | | |

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| **时间** | **活动/服务内容** | **社工服务费** | **服务活动经费** | **其他费用** | **合计** |
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| **总计** |  |  |  |  |  |