**浙江省第二届妇女儿童公益服务项目创意大赛申报书**

项 目 名 称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

学 校 名 称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

项目负责人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

填 表 日 期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**浙江省妇女联合会 浙江省教育厅**

**填 表 说 明**

一、申报团队必须保证填写内容的真实性和严肃性。

二、为保证统一规范，请勿对本申报表格式进行修改，用楷体小四字体，行间距为20磅。

三、其他附件请另附纸张。

四、请将各项内容填写完整，没有请填“无”。

五、申报表均须盖章后提交一式五份。

六、本申报表由省妇女儿童服务中心负责监制并解释。

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| **一、项目基本信息** | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | |  | | | | | | | | | | | | | | |
| 项目实施地点 | | | |  | | | | | | 受益人数 | | | |  | | | | |
| 项目周期 | | | |  | | | | | | 项目预算  (万元) | | | |  | | | | |
| 项目类别（请打 □√） | | | | □困难妇女帮扶服务  □困境儿童关爱服务  □妇女阵地建设服务  □其他 | | | | | | | | | | | | | | |
| **二、项目实施方案** | | | | | | | | | | | | | | | | | | |
| 项  目  的  规  划 | 受益群体需求分析（不少于200字） | | | | | |  | | | | | | | | | | | |
| 活动目的及意义 | | | | | |  | | | | | | | | | | | |
| 创新性分析（不少于200字） | | | | | |  | | | | | | | | | | | |
| 可行性分析（不少于200字） | | | | | |  | | | | | | | | | | | |
| 预期效果 | | | | | |  | | | | | | | | | | | |
| 前期准备（进度安排） | | | | | |  | | | | | | | | | | | |
| 项  目  实  施  计  划 | **活动名称** | | | | | | **服务时间** | | **活动内容与形式**（活动形式、活动地点、参与人员及人数/次） | | | | | | | | | **服务**  **频次** |
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| **总计活动次数** | | | | | | | |  | | | | | | | | |  |
| **三、项目团队信息** | | | | | | | | | | | | | | | | | | |
| **1.申报团队信息** | | | | | | | | | | | | | | | | | | |
| 团队名称 | | | | | |  | | | | | | | | | | | | |
| 活动时间 | | | | | |  | | | | | | | 参加人数 | | |  | | |
| 指导老师 | | | | | |  | | | | | | | 指导老师  联系方式 | | |  | | |
| **2.项目负责人信息** | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | | | 性 别 | | |  | | | | 年 龄 | |  | |
| 学 院 | | |  | | | | | 专业及班级 | | |  | | | | 学 号 | |  | |
| 手 机 | | |  | | | | | | | | 邮 箱 | | | |  | | | |
| **3.参与本项目的核心成员信息** | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 性别 | | 年龄 | | | 学号 | | | 专业及班级 | | | | 职责分工 | | 手机 | |
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| **四、项目预算** | | | | | | | | | | | | | | | | | | |
| 项  目  预  算 | |  | | | | | | | | | |  | | | | | | |
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| 共计 | | | | | | | | | |  | | | | | | |
| 带队老  师意见 | | 签名： | | | | | | | | | | | | | | | | |
| 学 校  意 见 | | 签名： （盖章） | | | | | | | | | | | | | | | | |
| 服务地妇联意见 | | 签名： （盖章） | | | | | | | | | | | | | | | | |
| 备 注 | |  | | | | | | | | | | | | | | | | |

注：1.服务地妇联指市、县（市、区）、镇（街道）或村（社区）妇联。

2.项目实施方案的详细内容可另附纸说明。