附件1

杭州市青年志愿服务项目大赛申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **\*一、项目基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在省区市（系统） | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 项目类别 | | | | | 乡村振兴□　 文明实践□ 社会治理□ 文化旅游□  法律服务□　　 卫生健康□　 理论宣讲□ 关爱少年儿童□  阳光助残□　 为老助老□　　 应急救援□　 其它领域□ 生态环境□ 共同富裕（专项）□ 数字科技（专项）□ | | | | | | | | | | | | | | | | | | | | | | |
| 受益人（服务对象） | | | | |  | | | | | | | 受益人数 | | | | | | | | |  | | | | | | |
| 项目实施时间 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 学校项目指导老师 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 2024年参与志愿者  人数 | | | | | 总人数 | | |  | | 35岁以下人数 | | | |  | | | 35岁以上人数 | | |  | | | | 核心团队人数 | | |  |
| 招募信息 | | | | | 服务时间 | | | | | 招募人数 | | | | 招募条件 | | | | | | | | | 报名方式 | | | | |
|  | | | | |  | | | | 具备专业资质 | | | | | | | | |  | | | | |
| 申报单位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 是否依法注册 | | | | | 是 □ 否 □ | | | | | | | | | | | | | | | | | | | | | | |
| 申 报 单 位 性 质 | | | | | 团组织、志愿服务组织□ 高校□ 机关事业单位□ 志愿服务团队□ 企业□  社会组织（基金会、社会团体、民办非企业）□ 研究院所□ 其它 □ | | | | | | | | | | | | | | | | | | | | | | |
| 业务主管单位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 组织机构代码（或统一社会信用代码） | | | | |  | | | | | | 成立时间 | | | | |  | | | 邮政编码 | | | | | | |  | |
| 通讯地址 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 有无免税资格 | | | | | 有□ 无□ | | | | | | | | | | | | | | | | | | | | | | |
| 曾获何种奖励  （限填三个） | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **\* 二、项目资金情况 （单位：元）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 开户账号 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 开户行 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 资金来源 | 项目资金预算合计 | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 是否有配套资金 | | | | | | | | | | | | | | 有 □ 无 □ | | | | | | | | | | | | |
| 配套资金数额 | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 其中 | 社会募集资金 | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 地方财政资金（含福彩资金） | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 自有资金 | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 项目申报资金预算 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目支出 | | | | | | | | | | | | | | | 金额（元） | | | | | | | | | | | | |
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| **\*三、项目详细信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1、申报单位基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2、项目背景** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **需求分析** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **受益人描述** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **3、项目方案** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目概述** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目目标** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施**  **情况及计划** | | | 为满足需求，实现项目目标，计划开展的活动和服务 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2024年活动情况 | | | | | | 活动内容、时间 、地点、形式、参与人数等 | | | | | | | | | | | | | | | | | 活动时数 | |
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| **项目实施以来**  **取得的主要成果** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目创新性** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **风险分析及应对预案** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **可持续性** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **4、项目团队情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目负责人信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | |  | | | | 性别 | | | | | |  | | | | | 年龄 | | | |  | | | | | |
| 职务 | | |  | | | | 学历 | | | | | |  | | | | | 专业 | | | |  | | | | | |
| 联系方式 | | |  | | | | 证件类型 | | | | | |  | | | | | 证件号码 | | | |  | | | | | |
| 工作单位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 负责人简介及实施同类项目的经历） | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 外部支持机构、团队信息（限3家）（选填） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 机构、团队名称 | | | 支持事项 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | （150字内） | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | （150字内） | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | （150字内） | | | | | | | | | | | | | | | | | | | | | | | | |
| **媒体报道情况** | | | 序号 | | | 媒体名称 | | | | | | | | 报道名称 | | | | | | | | | | | 报道时间 | | |
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| **补充资料**  **（案例分析）** | | | 上传附件（选填，供评委参考） | | | | | | | | | | | | | | | | | | | | | | | | |