**同佳岸慈善基金会项目建议书**

***版本：V3***

***注：本文所有的表格可插入填写，请不要删减内容***

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| **第一部分：项目基本信息** | | | | | | | | | | | | | | | | | |
| **项目名称** | |  | | | | | | | | | | | | | | | |
| **服务地点** | |  | | | | | | | | | | | | | | | |
| **项目周期** | |  | | | | | | | | **项目总预算** | | | | 元 | | | |
| **合作机构** | |  | | | | | | | | | | | | | | | |
| **项目概述**  **（300字内）** | |  | | | | | | | | | | | | | | | |
| **第二部分：申请机构信息** | | | | | | | | | | | | | | | | | |
| **机构名称** | |  | | | | | | | | | | | | | | | |
| **机构类型** | | 1.独立注册民办非企业单位（ ）  2.工商注册的非营利性公益机构（ ）  3.大学、研究所、事业单位批准成立的志愿性或公益性机构（ ）  4.其他（请给予说明） | | | | | | | | | | | | | | | |
| **注册时间** | |  | | | | | | **登记号码** | | | |  | | | | | |
| **机构法人** | |  | | | | | | **法人身份证号码** | | | |  | | | | | |
| **通讯地址** | |  | | | | | | | | | | | | | | | |
| **网址** | |  | | | | | | | | | | | | | | | |
| **官方微信** | |  | | | | | | | | **官方微博** | |  | | | | | |
| **机构人员**  **情况** | | **全职人员** | | | | | | | | 人 | | | | | | | |
| **兼职人员** | | | | | | | | 人 | | | | | | | |
| **志愿者** | | | | | | | | 人 | | | | | | | |
| **机构简介** | |  | | | | | | | | | | | | | | | |
| **曾做项目**  **简介** | | **项目名称** | | | | | | | | **资助方** | | | | | | **资助总额** | |
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| **机构账户信息** | | **开户帐号** | | | |  | | | | | | | | | | | |
| **开户名** | | | |  | | | | | | | | | | | |
| **开户行** | | | |  | | | | | | | | | | | |
| **第三部分：执行团队信息** | | | | | | | | | | | | | | | | | |
| **项目**  **负责人** | | **姓名** |  | | | | | | | | **联系电话** | | |  | | | |
| **职务** |  | | | | | | | | **电子邮箱** | | |  | | | |
| **个人**  **履历** |  | | | | | | | | | | | | | | |
| **项目**  **联系人** | | **姓名** |  | | | | | | | | **联系电话** | | |  | | | |
| **个人**  **履历** |  | | | | | | | | | | | | | | |
| **团队成员**  **简介** | | **姓名** | **年龄** | | | | **学历** | | | | **相关工作经验** | | | | **主要负责工作** | | |
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| **第四部分：项目详细信息** | | | | | | | | | | | | | | | | | |
| **项目背景** | | **1.设计项目的缘由：** | | | | | | | | | | | | | | | |
| **2.项目现状：** | | | | | | | | | | | | | | | |
| **3.立项前的调查准备工作描述：** | | | | | | | | | | | | | | | |
| **项目目标** | | **总目标** | | |  | | | | | | | | | | | | |
| **分目标** | | |  | | | | | | | | | | | | |
| **项目指标** | | **计划服务人数** | | | | | | | 人 | | | | | | | | |
| **计划服务人次** | | | | | | | 人 | | | | | | | | |
| **计划活动次数** | | | | | | | 次 | | | | | | | | |
| **计划与哈行的合作活动次数** | | | | | | | 次 | | | | | | | | |
| **其他指标1** | | | | | | |  | | | | | | | | |
| **其他指标2** | | | | | | |  | | | | | | | | |
| **项目方法/**  **活动内容** | |  | | | | | | | | | | | | | | | |
| **进度安排** | | **时间** | | | **工作内容** | | | | | | | **对应目标** | | | | | **备注** |
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| **项目成效** | |  | | | | | | | | | | | | | | | |
| **项目**  **传播方案** | |  | | | | | | | | | | | | | | | |
| **与哈尔滨银行的合作方案** | |  | | | | | | | | | | | | | | | |
| **风险预估及应对策略** | | **风险预估：** | | | | | | | | | | | | | | | |
| **应对策略：** | | | | | | | | | | | | | | | |
| **项目可持续性及推广性** | |  | | | | | | | | | | | | | | | |
| **项目自我评估方案** | |  | | | | | | | | | | | | | | | |
| **第五部分：项目经费预算** | | | | | | | | | | | | | | | | | |
| **序号** | **品名** | | | **单价** | | | | **数量** | | | **总价** | | **说明和注释** | | | | |
| **1** |  | | |  | | | |  | | |  | |  | | | | |
| **2** |  | | |  | | | |  | | |  | |  | | | | |
| **3** |  | | |  | | | |  | | |  | |  | | | | |
| **4** |  | | |  | | | |  | | |  | |  | | | | |
| **5** |  | | |  | | | |  | | |  | |  | | | | |
| **总计** |  | | | | | | | | | | | | | | | | |
| **机构可提供配套资源** |  | | | | | | | | | | | | | | | | |
| **申请金额** |  | | | | | | | | | | | | | | | | |

**六、请以附件形式提交机构法人登记证书、税务证书扫描件、上一年度财务报告、近3年的财务收支情况报告、曾做相关项目的详细信息等，与本项目建议书一并提交给深圳市同佳岸慈善基金会。**