附件

全国第十二届残疾人运动会暨第九届特殊奥林匹克运动会公益捐赠合作慈善组织申请表

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| **慈善组织名称** | | | | | |  | | | | | | | | | | | | | | |
| **统一社会信用代码** | | | | | |  | | | | | | | | | | | | | | |
| **单位类别** | | | | | | □基金会 □社会团体 □社会服务机构 | | | | | | | | | | | | | | |
| **成立时间** | | | | | | 年 月 日 | | | | | | | | **评估等级** | | | | □5A □4A □3A | | |
| **联系人** | | | | | |  | | | | | | | | **联系电话** | | | |  | | |
| **电子邮箱** | | | | | |  | | | | | | | | **微信号** | | | |  | | |
| **住所地址** | | | | | |  | | | | | | | | | | | | | | |
| **住所情况** | | | | | | □自有物业 □租赁物业 □无偿使用他人提供物业 | | | | | | | | | | | | | | |
| **用房面积** | | |  | | | | | | | | | | | |
| **法定代表人姓名** | | | | | |  | | | | | | **法定代表人担任职务** | | | | | |  | | |
| **单位会员数**  **（社会团体填写）** | | | | | |  | | | | | | **个人会员数**  **（社会团体填写）** | | | | | |  | | |
| **专职人员数量** | | | | | |  | | | | | | **是否成立党组织** | | | | | | □是 □否 | | |
| **是否有公益税前扣除资格** | | | | | | □是 □否 | | | | | | **是否有公开募捐资格** | | | | | | □是 □否 | | |
| **机构概况（300字以内）** | | | | | | | | | | | | | | | | | | | | |
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| **内设机构管理人员信息** | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | | **性别** | | **内设机构与职务** | | | | | **工作单位及职务** | | | | | | **政治面貌** | | **备注** | |
|  | | | |  | | 例：理事会/监事会/秘书处+会长/监事长/秘书长/部长 | | | | |  | | | | | |  | |  | |
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| **近3年捐赠收入** | | | | | | | | | | | | | | | | | | | | |
| **年份** | | | | | **现金** | | | | | **非现金** | | | | | | **合计** | | | | |
| **2022年** | | | | |  | | | | |  | | | | | |  | | | | |
| **2023年** | | | | |  | | | | |  | | | | | |  | | | | |
| **2024年** | | | | |  | | | | |  | | | | | |  | | | | |
| **近3年公开募捐情况** | | | | | | | | | | | | | | | | | | | | |
| **年份** | | | | | **现金** | | | | | **非现金** | | | | | | **合计** | | | | |
| **2022年** | | | | |  | | | | |  | | | | | |  | | | | |
| **2023年** | | | | |  | | | | |  | | | | | |  | | | | |
| **2024年** | | | | |  | | | | |  | | | | | |  | | | | |
| **近3年用于慈善活动的支出** | | | | | | | | | | | | | | | | | | | | |
| **年份** | | | | | **金额** | | | | | | | | | | | | | | | |
| **2022年** | | | | |  | | | | | | | | | | | | | | | |
| **2023年** | | | | |  | | | | | | | | | | | | | | | |
| **2024年** | | | | |  | | | | | | | | | | | | | | | |
| **近3年重点公益项目介绍** | | | | | | | | | | | | | | | | | | | | |
| **序号** | **项目名称** | | | | | | **内容** | | | | | | | | **地点** | | | **效果** | | |
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| **品牌公益项目案例（1个）** | | | | | | | | | | | | | | | | | | | | |
| 请详细阐述项目背景、执行步骤与方法、项目实施过程中遇到的问题及解决措施、项目成果评估方式与实际成效等内容。 | | | | | | | | | | | | | | | | | | | | |
| **组织或实施项目获政府相关部门及行业表彰、奖励情况** | | | | | | | | | | | | | | | | | | | | |
| **序号** | | **颁发单位** | | | | | | | | | | | | **具体名称** | | | | | | **获得时间** |
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| **近3年中央、省级、市级主流媒体报道（不含转载新闻）** | | | | | | | | | | | | | | | | | | | | |
| **序号** | | | **报道媒体** | | | | | **报道时间** | | | | | **新闻标题** | | | | | | | |
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| **社会组织建设情况** | | | | | | | | | | | | | | | | | | | | |
| （以下为正文内容，仅供参考，不限于此格式。如空间不够，可另附页）  **一、社会组织基本情况**  简要描述社会组织背景、历史概述，社会组织的宗旨目标，发展方向，目前运营情况，会员/合作方发展情况。  **二、社会组织运营管理**  1.社会组织人员配备，包括人员架构图、工作人员数量、工作人员签约及购买社保情况、其中专职人员与退休返聘人员的数量与占比、工作人员资质情况。  2.近三年财务情况，包括资金来源、渠道、收入、公益支出、管理费等。  **三、社会组织履职情况**  社会组织服务内容介绍、业务开展情况，服务或业务成效评价情况。  **四、社会组织资源网络**  社会组织主要资源网络情况介绍。  （备注：请注重报告的简洁度以及报告格式、字体的统一。） | | | | | | | | | | | | | | | | | | | | |
| **开展全国残特奥会公益捐赠工作计划** | | | | | | | | | | | | | | | | | | | | |
| （以下为正文内容，仅供参考，不限于此格式。如空间不够，可另附页）  工作方计划括但不限于项目工作目标、筹款目标金额、本项目配备人员、相关优质捐赠人资源、推进策略及具体推进计划等。 | | | | | | | | | | | | | | | | | | | | |
| **申请人承诺** | | | | | | | | 我单位保证应征材料真实、合法、有效。  法定代表人签字：  （单位盖章）  年 月 日 | | | | | | | | | | | | |