**《项目资助申请表》**

*（由慈善基金会工作人员填写）*

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| 申请编号： |  |
| 收到申请日期： |  |
| 项目管理人员: |  |

本表格须以中文及计算机输入填写。

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| **项目名称：** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请捐款总额：** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **捐款用途：** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请团体名称：**  （须与有效法律文件上之名称相符） | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **社会统一信用代码** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 电话: |  | | | | | | | | | | 电邮: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 网址: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 地址: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 微信公号 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 机构注册地址（请注明） | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请团体的法人代表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名: | 先生/女士 | | | | | | | | | | | | | | | | | | | | | | 职衔: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 电话: |  | | | | | | | | | | | | | | | | | | | | | | 电子邮箱: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **申请机构是否正式登记注册为公益组织（民办非企业、社会团体、基金会）？** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **注册类型** | | | |  | | | | | | | | | | | | | | | | | | **登记主管机构** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | 是 | |  | | 否 | | | | **注册编号:** | | | | | | |  | | | | | | | | | | | | | | | **注册层级省市:** | | | | | | | | | |  | | | | | | |
| **可否出示经审计的财务报告？** | | | | | | | | | | | | | |  | | | | | 可以，最近期之报告属于 | | | | | | | | | | | | | | | | | | | 年度 | |  | | | | | 未能提供 | | | |
| **项目负责人** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名: | 先生/女士 | | | | | | | | | | | | | | | | | | | | | | 职衔: | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 办公室电话: | | | |  | | | | | | | | | | | | |  | | | | | | 电邮: | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 办公室传真: | | | |  | | | | | | | | | | | | |  | | | | | | 其他联络电话（如有）: | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **资助项目详情** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目简介（请简要说明具体内容）：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（项目的整体情况，项目缘起，执行项目的期待，现有的资源，运作模式等）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目目标（请简要分点列出）：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **总目标：**  **1.（具体目标1）**  **2. (具体目标2）**  **3．(具体目标3)**  **（需要考虑总目标和具体目标之间的逻辑关系）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目周期：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 由 |  | | | | | | | | | | | | 至 | | | | | | | |  | | | | | | | | | | | | | 共 | | | | | | | | | | 年 月 | | | |
| **项目受惠对象：** (可选多于一项) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 儿童 | | | | | |  | | | 青少年 | | | | | | | | | | | | | |  | | 长者 | | | | | | | | | |  | | | | | | 低收入家庭 | | | | | |
|  | 病人 | | | | | |  | | | 残疾人士 | | | | | | | | | | | | | |  | | 新来港人士 | | | | | | | | | |  | | | | | | 少数族裔 | | | | | |
|  | 灾民 | | | | | |  | | | 其他（请注明）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **预计受惠人数：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目实施地点：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 具体地点（请注明省市县）: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目种类：**（请选择其中一项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 新项目 | | | | | | |  | | | | | 现有项目的延续， | | | | | | | | | | | | 由 | | | | | | | | | | 至 | | | | 完结 | | | | | | | | |
| **项目赞助：**（请选择其中一项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 暂时没有任何赞助 | | | | | | | | | | | |  | | | | | | | 已有赞助者 (赞助者名称) | | | | | | | | | | | | | | | | | (完结日期) | | | | | | | | | | （款额） |
| **项目性质：**(可选多于一项) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 医学研究 | | | | | | | | | | | |  | | | | | | | 教育及交流 | | | | | | | | |  | | | 服务营运 | | | | | | | | | | |  | | | 人道救援 | |
|  | 购买医疗设备 | | | | | | | | | | | |  | | | | | | | 购买个人医护用品 | | | | | | | | |  | | | 手术/药物/复康治疗 | | | | | | | | | | |  | | | 其他\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **项目协作单位：**（请选择其中一项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 有。协作单位名称： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | 没有。 | | | | | |
| **1. 请概述申请团体之历史及使命，以及现时营运之重点计划／活动／服务。（简要分点列出,800字以内）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. 请简单说明募捐项目是响应哪方面的需要或问题。（服务群体的需求分析，500字以内）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. 请具体说明项目内容及执行方法。（分点列出，500字以内）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. 请具体说明项目预计成效。（分点列出，300字以内）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. 请具体说明项目关键效益指针 (KPIs)。（分点列出，500字以内）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. 请具体说明项目成效评估方法。（500字以内）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7. 请简单说明项目鸣谢方式。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **其他附件 : 申请团体最近一起的年报或报告，以及年度审计报告。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |