宝安区社区养老服务扶持经费申请表

附件2

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|  |  | | |  |  |  | 申报时间： | | | | |  | | 年 | | 月 | | 日 | |  | |
| 项目类别 | 社区老年人日间照料中心（ | | | | | | ） | | | 社区长者家园（ | | | | | | ） | |  | |  | |
|  |  | | |  |  |  |  | | |  |  | | | | |  | |  | |  | |
|  | 建设经费资助（ | | | ） | |  |  | | | 运营经费补贴（ | | | | | | ） | |  | |  | |
| 申请资助类别 |  | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
|  | 场地租金资助（ | | | ） | |  |  | | |  | | | | | |  | |  | |  | |
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| 项目名称 |  | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
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| 项目地址 |  | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
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| 所在街道 |  | | |  |  |  | 所在社区 | | | |  |  | |  | |  | |  | |  | |
|  |  | | |  |  |  |  | | |  |  |  | |  | | | |  | |  | |
|  | 政府物业（）租赁（）自有（） 其他： | | | | | | | | | | | | | | | | | | |  | |
| 场地来源 | 如为租赁及自有物业，场地所在片区租金指导价为 | | | | | | | | | | | | |  | | 元／月·平 | | | |  | |
|  |  | |  | |
|  | 方米。 | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
|  |  | | | | |  |  | | | | |  | |  | | | |  | |  | |
|  | 场地新建（改扩建） | | | | |  | 万元，装修 | | | | |  | | 万元， | | | |  | |  | |
| 建设投入 |  | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
|  | 设备采购 | | | 万元 | | |  | | |  |  |  | |  | |  | |  | |  | |
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| 建筑面积 | 平方米 | | |  |  | 实际设置床位数 | | | | |  |  | | 张 | |  | |  | |  | |
|  |  | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
|  | 机构名称 | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
| 运营机构 |  | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
| 机构负责人 | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
| 基本信息 |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
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|  |  | | | |  |  |  | | |  |  |  | |  | |  | |  | |  | |
|  | 联系人及联系电话 | | | |  |  |  | | |  |  |  | |  | |  | |  | |  | |
|  |  | | |  |  |  |  | | |  | |  | |  | |  | |  | |  | |
|  | 建设时间： | | | 年 | | 月 | 日至 | | | 年 | | 月 | | 日 | |  | |  | |  | |
| 项目期限 |  | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
|  | 开业运营时间：从 | | |  |  | 年 | 月 | | | 日起 | |  | |  | |  | |  | |  | |
|  |  | | |  |  |  |  | | |  |  |  | |  | |  | |  | |  | |
| 服务人员 | 养老护理员 |  | 人，护士 | | | | |  | 人，医生 | | | |  | |  | | 人， | |  |  |
| 配置情况 | 社工 | 人，其他工作人员 | | | | | | | 人。 | | | |  | |  | |  | |  |  |
|  |  |  |  | | | | |  |  | | | |  | |  | | | |  |  |
|  | 日托看护（ | ） | 全托看护（ | | | | | ） | 膳食服务（ | | | | ） | | 医疗护理（ | | | | ） |  |
|  | 康复保健（ | ） | 家政服务（ | | | | | ） | 陪护服务（ | | | | ） | | 心理咨询（ | | | | ） |  |
| 服务项目 | 交通服务（ | ） | 康乐及文娱活动（ | | | | | | ） | | | |  | |  | |  | |  |  |
|  | 其他（请说明）： | |  | | | | |  |  | | | |  | |  | |  | |  |  |
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| 服务成效 | （包括开业以来的服务人数、开展活动情况等内容） | | | | | | | | | | | | | |  | |  | |  |  |
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|  | 建设经费资助 | | 万元 | | | | | |  | | | |  | |  | |  | |  |
|  |  | |  | | | | | |  | | | |  | |  | |  | |  |
| 申请资助金额 | 运营经费补贴 | | 万元 | | | | | |  | | | |  | |  | |  | |  |  |
|  |  |  | | | | |  |  | | | |  | |  | |  | |  |  |
|  | 场地租金资助 | | 万元 | | | | | |  | | | |  | |  | |  | |  |  |
|  | 服务补贴资助 | | 万元 | | | | | |  | | | |  | |  | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
| 申请人保证以上及所附数据资料真实有效，并承诺遵守相关规定。如有不实或违反有关 | | | | | | | | | | | | | | | | | | | |  |
| 规定，愿承担相关法律责任。 | |  |  | | | | |  |  | | | |  | |  | |  | |  |  |
|  |  |  | 运营机构法定代表人人签名（盖章）： | | | | | | | | | | | | | | | | |  |
|  |  |  |  | | | | |  | 年 | | | |  | | 月 | | 日 | |  |  |
|  |  |  |  | | | | |  |  | | | |  | |  | |  | |  |  |
| 街道办事处 |  |  |  | | | | |  |  | | | |  | |  | |  | |  |  |
| 意见 |  |  |  | | | | | 负责人签名（盖章）： | | | | | | |  | |  | |  |  |
|  |  |  |  | | | | |  |  | | | | 年 | |  | | 月 | | 日 |  |
|  |  |  |  | | | | |  |  | | | |  | |  | |  | |  |  |
| 第三方机构  评估意见 | 评估结果： （附评估报告） | | | | | | | | | | | | | | | | | | |  |
| 区民政局 |  |  |  | | | | |  |  | | | |  | |  | |  | |  |  |
| 意见 |  |  |  | | | | | 负责人签名（盖章）： | | | | | | |  | |  | |  |  |
|  |  |  |  | | | | |  |  | | | | 年 | |  | | 月 | | 日 |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
| 备注 | 提交本申请表时应同时按《宝安区社区养老服务扶持办法》扶持经费  申请要求提供相关材料并附目录清单。 | | | | | | | | | | | | | | | | | | |  |
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