省别：

申请单位：

**中国红十字基金会**

**博爱学校项目**

**申 请 书**

□ 新建

□ 改（扩）建

中国红十字基金会 印制

年 月 日

**说 明**

一、博爱学校援建项目的申请单位应为县（市、旗）级教育局或地方人民政府。《博爱学校援建项目申请书》经所在县级、省级红十字会签署意见并加盖公章后报中国红十字基金会（以下简称中国红基会）。

二、本申请书由项目点负责填报（用黑色钢笔或签字笔书写），并保证所有资料的真实性和完整性。对申报资料中出现的虚假、伪造或隐瞒等行为，一经发现，中国红基会保留依法追索救助款的权利。

三、申请人须根据资助金额和地方财政的匹配能力，以有多少钱办多大事为原则，综合考虑学校新建/（改）扩建的方案。

四、项目选址要求：

（一）申请项目点已无法满足教学需求，存在危房或因学生规模扩大，急需新、改（扩）建、修缮等；

（二）申请项目所属公共资产，建成后，任何单位和个人不得侵占、变卖、出租或挪作他用；

（三）项目点10年内无撤校、迁址等计划；

五、在项目选址符合选址要求的前提下，我会将对地方财政支持县级红十字会配套执行经费的项目予以优先考虑。

六、《博爱学校申请书》将作为中国红十字基金会与县级人民政府签署的《博爱学校援建项目协议书》的组成部分。上报后任何内容如需更改，需经中国红十字基金会书面批准。

七、本申请书的递交并不代表可以获得援建，申请资料一经递交不予退回，中国红基会将依据该申请书的内容进行立项审批。

八、本表一式三份，可复印留存，原件报中国红基会一份，报省红十字会一份，县级教育局或地方人民政府自存一份。

九、中国红十字基金会地址：北京市东城区干面胡同53号；邮编：100010；电话：010-85594839 85594835；传真：010-85594838。

**申请项目点基本情况介绍**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 学校名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 建校时间 | | | | | | | | |  | | | | | | | | | | |
| 地 址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | | | | | | |
| 学校性质 | | | □公立 □私立 | | | | | | | | | | | | | 所有权归属 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 负 责 人 | | |  | | | | | | | | | | 职务 | | |  | | | | | | | | | | | | | 联系方式 | | | | | | | | |  | | | | | | | | | | |
| **硬件设施情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 占地面积 | | |  | | | | | | | | 建筑面积 | | | | | | | | | |  | | | | | | | | | | | | 扩充面积 | | | | | | | | | |  | | | | | |
| 幼儿园 栋 间 ㎡ 年建造， 结构，楼房□ 平房□  教学楼 栋 间 ㎡ 年建造， 结构，楼房□ 平房□  教师宿舍 间 ㎡ 年建造， 结构，楼房□ 平房□  学生宿舍 间 ㎡ 年建造， 结构，楼房□ 平房□  操场 ㎡，地面构造 ，配套体育设施  厕所 间 ㎡ 年建造，性质  浴室 间 ㎡ 年建造，性质  其它： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **配套设施情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 课桌配置情况：  教育教学仪器配置情况：  图书室 ㎡，配置图书 册 年配置。  其它： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **师生情况简介** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教职工人数 | | | |  | | | | | | 住校教师数 | | | | | | | | | | | | | | | |  | | | | | | | 住校学生数 | | | | | | | | | | | |  | | | |
| 公办教师数 | | | |  | | | | | | 代课教师数 | | | | | | | | | | | | | | | |  | | | | | | | 代课幼师数 | | | | | | | | | | | |  | | | |
| 统计项 | | 学 前 班 | | | | | | | | | | | | 九年义务教育班级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 类目 | 合计 | 小班 | | | 中班 | | | 大班 | | | | | | 1 | | | 2 | | | | | | 3 | | | | 4 | | | | | 5 | | | | 6 | | | 7 | | | | | 8 | | | 9 | |
| 班数 |  |  | | |  | | |  | | | | | |  | | |  | | | | | |  | | | |  | | | | |  | | | |  | | |  | | | | |  | | |  | |
| 人数 |  |  | | |  | | |  | | | | | |  | | |  | | | | | |  | | | |  | | | | |  | | | |  | | |  | | | | |  | | |  | |
| 教职工情 况 | | 人  数 | | | 年 龄 | | | | | | | | | | 学 历 | | | | | | | | | | | | | | | | | | | | 职 称 | | | | | | | | | | | | | |
| 35以下 | | 36至45 | | | | | | 46以上 | | 本科 | | | 大专 | | | | | | | 中专 | | | 高中 | | | 初中以下 | | | | 中高 | | 小高 | | | | 一级 | | | | | 二级 | | 特级 |
| 校长 | |  | | |  | |  | | | | | |  | |  | | |  | | | | | | |  | | |  | | |  | | | |  | |  | | | |  | | | | |  | |  |
| 园长 | |  | | |  | |  | | | | | |  | |  | | |  | | | | | | |  | | |  | | |  | | | |  | |  | | | |  | | | | |  | |  |
| 教师 | |  | | |  | |  | | | | | |  | |  | | |  | | | | | | |  | | |  | | |  | | | |  | |  | | | |  | | | | |  | |  |
| 幼师 | |  | | |  | |  | | | | | |  | |  | | |  | | | | | | |  | | |  | | |  | | | |  | |  | | | |  | | | | |  | |  |
| 医务人员 | |  | | |  | |  | | | | | |  | |  | | |  | | | | | | |  | | |  | | |  | | | |  | |  | | | |  | | | | |  | |  |
| 保育员 | |  | | |  | |  | | | | | |  | |  | | |  | | | | | | |  | | |  | | |  | | | |  | |  | | | |  | | | | |  | |  |
| 炊事员 | |  | | |  | |  | | | | | |  | |  | | |  | | | | | | |  | | |  | | |  | | | |  | |  | | | |  | | | | |  | |  |
| 其他人员 | |  | | |  | |  | | | | | |  | |  | | |  | | | | | | |  | | |  | | |  | | | |  | |  | | | |  | | | | |  | |  |
| 其它相关内容说明： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目所在地人文、经济情况介绍** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 覆盖人口 | | |  | | | | | | 覆盖范围 | | | | | | | | | | 公里 | | | | | | | | | | | 离中心校 | | | | | | | | 公里 | | | | | | | | | | |
| 当地人均年收入 | | | | | |  | | | | | | | | | | | | | | | | | | 主要经济来源 | | | | | | | | | | | | | |  | | | | | | | | | | |
| 人文、经济情况详述： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目点申请援建理由、规划及设想** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 选址性质 | | | □原址 □迁址 | | | | | | | | | | | | | | | | | | | | | | | | | | 建筑结构 | | | | | | | | |  | | | | | | | | | | |
| 占地面积 | | |  | | | | | | | | | 建筑面积 | | | | | | | | | |  | | | | | | | | | | | | 计划楼层 | | | | | | | |  | | | | | | |
| 申请项目总预算 | | | | | | | | 万元 | | | | | | | | | | | | 申请援建建筑用途 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 地方配套建设资金 | | | | | | | | 万元 | | | | | | | | | | | | 地方配套执行经费 | | | | | | | | | | | | | | | | | | 万元 | | | | | | | | | | |
| 其他文字陈述（附项目点全貌及局部照片若干）：  项目点盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联 系 人 | | |  | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | | | | | | | | QQ | | | |  | | | | | | | | |
| **县级**  **教育局**  **申报意见** | | | （学校是否符合地方总体教育布局，若干年不被撤并？）  负责人：  盖 章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联 系 人 | | |  | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | | | | | | | | QQ | | | |  | | | | | | | | |
| 联系地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | | | |  | | | | | | | | |
| **县级**  **红十字会**  **申报意见** | | | 负责人：  盖 章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联 系 人 | | |  | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | | | | | | | | QQ | | | |  | | | | | | | | |
| 联系地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | | | |  | | | | | | | | |
| **市级**  **红十字会**  **申报意见** | | | 负责人：  盖 章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联 系 人 | | |  | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | | | | | | | | QQ | | | |  | | | | | | | | |
| 联系地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | | | |  | | | | | | | | |
| **省级**  **红十字会**  **审查意见** | | | 负责人：  盖 章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联 系 人 | | |  | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | | | | | | | | QQ | | | |  | | | | | | | | |
| 联系地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | | | |  | | | | | | | | |