**令和3年度　ここねっと推進助成申請書**

社会福祉法人　国分寺市社会福祉協議会

会　　　　長　　殿

ここねっと推進助成事業実施要綱の規定に基づき、下記の通り申請いたします。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 申請日： | | | | 令和 | |  | | 年 |  | | 月 |  | | 日 |
| ①グループ  ・団体名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ②代　表　者 | | | | | | 氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| 住所 | | | 〒 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEL | | |  | | | | | | | | | | | | | | FAX | | |  | | | | | | | | | | | | | |
| 携帯 | | |  | | | | | | | | | | | | | | Email | | |  | | | | | | | | | | | | | |
| ③連絡責任者  □上記と同じ | | | | | | 氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| 住所 | | | 〒 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEL | | |  | | | | | | | | | | | | | | FAX | | |  | | | | | | | | | | | | | |
| 携帯 | | |  | | | | | | | | | | | | | | Email | | |  | | | | | | | | | | | | | |
| ④設立年月 | | | | | | 昭和 ・ 平成 ・ 令和 | | | | | | | | | | |  | | 年 | |  | | 月 | |  | ⑤会員数 | | | | | | |  | | | | | 名 | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑥申請区分 | | | | | | 日常活動費　・　イベント費　・　立ち上げ費 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑦事 業 名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑧事業の  目的・内容 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑨申請理由 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑩期待される  効　　　果 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑪実施日時 | | | | | |  | 令和 | | |  | | 年 |  | | 月 |  | | 日 | （ |  | | ）～令和 | | | |  | | 年 |  | | 月 |  | | 日 | （ |  | | ） | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | （延べ日数 | | | | |  | | | | | 日間） | | | |
| ⑫実施場所 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ⑬対象 | | | | | | 市民全般 ・ 高齢者 ・ 障がい児 ・ 障がい者 ・ 児童 ・ 青少年 ・ 外国人 ・ その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | （見込み人数 | | | | | |  | | | | | 名 | | （1回あたり | | | | | |  | | | | 名） | | |
| ⑭協力者・  協力団体 | | | | | | なし ・ あり | | | | | | ( |  | | | | | | | | | | | | | | | | | | | | | | | | | | ) |