附件：

社会组织确认承接政府职能转移

和购买服务资质申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 社会组织  名称 | |  | | | | 成立时间 | | | |  | | | | 评估  等级 | | | |  |
| 对应政府职能部门 | | |  | | | | | | | | 登记证号 | | | |  | | | |
| 负责人联系方式 | | | 姓名 |  | 电子  邮箱 | | |  | | | | | | | | | | |
| 办公电话 |  | 手机 | | |  | | | | | 传真 | | |  | | |
| 近两年  年检情况 | | |  | | 专职工作人员数 | | | |  | | | 会员数 | | | | |  | |
| 宗旨 | | |  | | | | | | | | | | | | | | | |
| 业务范围 | | |  | | | | | | | | | | | | | | | |
| **近三年承接政府职能转移、授权、委托事项**  **和购买服务项目、款额情况及绩效自评情况** | | | | | | | | | | | | | | | | | | |
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| **申请承接的政府职能转移、授权、委托事项和购买服务项目** | | | | | | | | | | | | | | | | | | |
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| **申请单位具备承接政府职能转移和购买服务的**  **必要条件和优先条件** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **社会组织法定代表人签名：**  （印章）  年 月 日 | | | | | | **业务主管单位审核意见：**  经办人：  （印章）  年 月 日 | | | | | | | | | | | |
| **登记管理机关审批意见** | | | | | | | | | | | | | | | | | |
| （印章）  年 月 日 | | | | | | | | | | | | | | | | | |