附件:

广西残疾人福利基金会项目第三方

招标代理机构申请表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、申请机构详细信息** | | | | | | | | | | | |
| **1、申请机构信息** | | | | | | | | | | | |
| 机构全称 |  | | | | | | | | | | |
| 组织类别 | □社会团体 □民办非企业 □其它（请注明 ） | | | | | | | | | | |
| 登记机关(全称） |  | | | 登记时间 | | |  | | | | |
| 登记证编号 |  | | | 地 址 | | |  | | | | |
| 机构负责人姓名 |  | | | 机构负责人职务 | | |  | | | | |
| 机构负责人邮箱 |  | | | 机构负责人电话 | | |  | | | | |
| 主要服务领域及年限 | | | | | | | | | | | |
| 近三年年检情况：（在相应方框内打“√”） | | | | | | | | | | | |
| 合格 基本合格 不合格 未参加 未成立  2022 年度 □ □ □ □ □  2023 年度 □ □ □ □ □  2024 年度 □ □ □ □ □ | | | | | | | | | | | |
| 机构  基本情况 | |  | | | | | | | | | |
| 同类案例 | | 详细资料可附件 | | | | | | | | | |
| **2、专家信息** | | | | | | | | | | | |
| 专家  基本情况 | |  | | | | | | | | | |
| **3、团队介绍** | | | | | | | | | | | |
| 团队负责人信息 | | | | | | | | | | | |
| 姓名 | |  | 性别 | | |  | | 年龄 | |  | |
| 职务 | |  | 学历及专业 | | |  | | 专业资质 | |  | |
| 联系电话 | |  | | | | 电子邮箱 | | |  | | |
| 其他团队成员信息 | | | | | | | | | | | |
| 姓名及职务 | | 性别 | 年龄 | | 学历及专业 | | | | 分工 | | 联系电话 |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
|  | |  |  | | |  | | |  | |  |
| …… | |  |  | | |  | | |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4、服务费收费标准** | | | | |
| 项目类型 | 招标代理方式 | 标准 | 产出（单个项目） | 费用 |
| 委托实施  项目 |  |  |  |  |