　　　　　　令和　　年　　月　　日

令和７年度地域福祉活動推進プロジェクト(テーマ型募金)助成金交付申請書

社会福祉法人山形県共同募金会会長　様

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| 申　　　　　　請　　　　　　者 | | | | |
| 団体名 |  | | | |
| 代表者職氏名 | 役職名 |  |  |  |
| 団体住所 | 〒 　－ | | | |
| 連絡責任者  氏名・連絡先 |  |  | | |
| TEL |  | FAX |  |
| E-mail |  | | |

令和　　年　　月　　日付け　山形募発第　　　号による助成決定通知書に基づき、下記のとおり助成金の交付を申請します。

記

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| ①助成事業の名称 | | |  | | | | | | | | | | | | | | |
| ②助成事業の事業費 | | | 円 | | | | | | | | | | | | | | |
| ③助成金額 | | | 円 | | | | | | | | | | | | | | |
| ④助成金送金先について | | | | | | | | | | | | | | | | | |
| 金融機関／支店名 | | □銀　　行　 　 □信用金庫  □ゆうちょ銀行　□農　　協 | | | | | | | | | | | □本　店  □支　店  □出張所 | | | | |
| 預金種別／口座番号 | | 預金  種別 | | | □普 通  □当 座 | | 口座番号  （右詰めで記入） |  | |  |  |  |  |  |  |  |  |
|  | |  | | | | | | | | | | | | | | | |
| ⑤助成事業の内容 | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ⑥助成事業の資金計画 | | | | | | | | | | | | | | | | | |
| 収　入　の　部 | 項　　　　　目 | | | | | 金　　額（円） | | | 摘　　要（調達先等） | | | | | | | | |
| 共同募金助成金 | | |  | |  | | |  | | | | | | | | |
| 寄　　付　　金 | | |  | |  | | |  | | | | | | | | |
| 自　己　資　金 | | |  | |  | | |  | | | | | | | | |
| 利用者負担金 | | |  | |  | | |  | | | | | | | | |
| そ　　の　　他 | | |  | |  | | |  | | | | | | | | |
| 収　入　合　計 | | | | |  | | |  | | | | | | | | |
| 支　　　出　　　の　　　　部 | 項　　　　　目 | | | | | 金　　額（円） | | | 摘　　要（算出基礎） | | | | | | | | |
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| 支　出　合　計 | | | | |  | | |  | | | | | | | | |
| ⑦今後の事業等の執行に関するコメント | | | | | | | | | | | | | | | | | |
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