**新竹縣公民營機構超額進用身心障礙者義務機關(構)**

**設施設備獎助經費申請表**

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| 單位全銜 | | | |  | | | | | | | | | | | | | | | 電 話 |  | | | | | | | |
| 地址 | | | |  | | | | | | | | | | | | | | | 傳 真 |  | | | | | | | |
| 負 責 人 | | | |  | | | | | | | 承 辦 人 | | |  | | | | | 分 機 |  | | | | | | | |
| 申請  年/月 | | 員工人數 | | | | | | | | | | 進用身心障礙者人數 | | | | | | | 可申請金額  超額人數×基本工資×1/2 | | | | | | | 累積金額 | |
| 勞保(人) | | | 公保(人) | | 合計(人) | | | | | 法定人數 | | 實際進用數 | | 超額人數 | | |
| 109/07 | |  | | |  | |  | | | | |  | |  | |  | | | （例）2×21,009×1/2＝a | | | | | | | a | |
| 109/08 | |  | | |  | |  | | | | |  | |  | |  | | | （例）1×21,009×1/2＝b | | | | | | | a+b | |
| 109/09 | |  | | |  | |  | | | | |  | |  | |  | | | （例）3×21,009×1/2＝c | | | | | | | a+b+c | |
| 109/10 | |  | | |  | |  | | | | |  | |  | |  | | | （例）3×21,009×1/2＝d | | | | | | | a+b+c+d | |
| 109/11 | |  | | |  | |  | | | | |  | |  | |  | | | （例）3×21,009×1/2＝e | | | | | | | a+b+c+d+e | |
| 109/12 | |  | | |  | |  | | | | |  | |  | |  | | | （例）3×21,009×1/2＝f | | | | | | | a+b+c+d+e+f | |
| 110/01 | |  | | |  | |  | | | | |  | |  | |  | | | （例）3×22,000×1/2＝g | | | | | | | a+b+c+d+e+f+g | |
| 110/02 | |  | | |  | |  | | | | |  | |  | |  | | | 以下據上類推 | | | | | | | a＋b＋c…. | |
| 110/03 | |  | | |  | |  | | | | |  | |  | |  | | |  | | | | | | |  | |
| 110/04 | |  | | |  | |  | | | | |  | |  | |  | | |  | | | | | | |  | |
| 110/05 | |  | | |  | |  | | | | |  | |  | |  | | |  | | | | | | |  | |
| 110/06 | |  | | |  | |  | | | | |  | |  | |  | | |  | | | | | | |  | |
| 改善事項經費預算：（請附三家廠商估價單與相關產品型錄） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 項 目 | | | | | | 單位 | | 數量 | | | 單價 | | 金 額 | | | | | 品牌、規格 | | | | 材 質 | | | | | 備註 |
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| 申請單位核章 | 申請經費計新台幣： 佰 拾 萬 仟 佰 拾 元正 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填表人(簽名或蓋章)：  未蓋視同不申請 | | | | | | | | | 業務主管(簽名或蓋章)：  未蓋視同不申請 | | | | | | 負責人(簽名或蓋章)：  未蓋視同不申請 | | | | | | | 公司印信：  未蓋視同不申請 | | | | |
| 審 查 結 果 | 同意補助：  1符合補助項目：  2補助金額： | | | | | | | | | | | | | | | 不同意補助：  理由： | | | | | | | | | | | |
| 承辦人 | | | | | | | | 科長 | | | | | | | | 副處長 | | | | | | | 處長 | | | |
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| 申請超額進用身心障礙者義務機關(構)獎助經費(每年7月1日至7月15日止申請前一年下半年度7-12月份至當年度1-6月份之補助)。  資格：義務進用機關(構)單位。  檢附相關文件：  (一)評選階段必備文件：新竹縣公民營機構超額進用身心障礙者義務機關(構)設施設備獎助經費申請表、改善計劃說明及改善設施施工前圖、進用身心障礙者本人之身心障礙者手冊（証明）影本。  (二)後續核銷文件：計劃說明附改善設施圖、廠商完工證明、發票(抬頭為事業單位全銜)正本、申請單位辦理採購時、應依政府採購法及相關規定辦理、施工前中後相片、進用身心障礙者本人之身心障礙者手冊（証明）影本、提供申請期間每月勞工保險局勞工保險費暨附收工資墊償基金提繳費繳款單影本。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 進用身心障礙員工名冊 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | 身份證  統一編號 | | | | 障 別 | | | | 等 級 | | | 身心障礙手冊鑑定日期 | 進用日期 | | | | 離職日期 | | 公(勞)保卡  保險證號碼 | | | | 月 薪 | | 備 註 |
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