附件1

2025年南沙区创新主体研发活动规范化及科技服务业发展支撑服务机构申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **申报单位（盖章）：**  填报日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| **一、申报单位基本情况** | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | |  | | | | | | | | | | 统一社会信用代码 | | | | |  | | | |
| 注册地址 | |  | | | | | | | | | | | | | | | | | | |
| 办公地址 | |  | | | | | | | | | | | | | | | | | | |
| 注册时间 | |  | | | | 注册资金  （万元） | | |  | | | | | | | 法 定  代表人 | | | |  |
| 单位联系人 | | 姓 名 | | | |  | | | 职 务 | | | | | | |  | | | | |
| 手机号码 | | | |  | | | 电子邮箱 | | | | | | |  | | | | |
| 单位性质 | | □事业单位　□民办非企业　□国有企业　□民营企业  □社会组织　□高等院校及科研机构　 □协会  □其他 （请注明） | | | | | | | | | | | | | | | | | | |
| **二、服务类型（可多选）** | | | | | | | | | | | | | | | | | | | | |
| □创新主体研发活动规范化支撑服务 | | | | | | | | | | | | | | | | | | | | |
| □科技服务业发展支撑服务 | | | | | | | | | | | | | | | | | | | | |
| **（下表三至六项适用于申报创新主体研发活动规范化支撑服务）** | | | | | | | | | | | | | | | | | | | | |
| **三、基础设施保障情况** | | | | | | | | | | | | | | | | | | | | |
| 固定办公场地 | | | | □有 □无 | | | | | | | | | 信息化平台 | | | | | □有 □无 | | |
| **四、专业能力配备情况** | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | 学历 | | 所学专业 | | | | | 职称 | | | | 相关支撑服务的工作经验 | | | | | | |
|  |  | |  | |  | | | | |  | | | | □有 □无 | | | | | | |
| **五、资质荣誉和质量控制建设情况** | | | | | | | | | | | | | | | | | | | | |
| （一）政府部门或市级行业协会颁发资质 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 名称 | | | | | | 颁发单位 | | | | | | | 颁发时间 | | | | | | |
|  |  | | | | | |  | | | | | | |  | | | | | | |
| （二）政府部门或市级行业协会颁发奖项或感谢信 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 颁发单位 | | | | | | | | | | | | | 颁发时间 | | | | | | |
|  |  | | | | | | | | | | | | |  | | | | | | |
| （三）质量管理体系认证 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 证书名称 | | | | | | 颁发单位 | | | | | | | 颁发时间 | | | | | 有效期 | |
|  |  | | | | | |  | | | | | | |  | | | | |  | |
| **六、案例情况** | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | | | | 委托单位 | | | | | | | 项目执行周期 | | | | | |
|  |  | | | | | | |  | | | | | | |  | | | | | |
| **（下表七至十项适用于申报科技服务业发展支撑服务）** | | | | | | | | | | | | | | | | | | | | |
| **七、基础设施保障情况** | | | | | | | | | | | | | | | | | | | | |
| 固定办公场地 | | | | □有 □无 | | | | | | | | | 信息化平台 | | | | | □有 □无 | | |
| **八、专业能力配备情况** | | | | | | | | | | | | | | | | | | | | |
| （一）专业人员 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | 学历 | | 所学专业 | | | | | 职称 | | | | 相关支撑服务的工作经验 | | | | | | |
|  |  | |  | |  | | | | |  | | | | □有 □无 | | | | | | |
| （二）科技创新智库专家资源 | | | | | | | | | | | □25人及以下 □25-50人 □50人及以上 | | | | | | | | | |
| **九、资质荣誉情况** | | | | | | | | | | | | | | | | | | | | |
| （一）政府部门或市级行业协会颁发资质 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 名称 | | | | | | 颁发单位 | | | | | | | 颁发时间 | | | | | | |
|  |  | | | | | |  | | | | | | |  | | | | | | |
| （二）政府部门或市级行业协会颁发奖项或感谢信 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 颁发单位 | | | | | | | | | | | | | 颁发时间 | | | | | | |
|  |  | | | | | | | | | | | | |  | | | | | | |
| **十、案例情况** | | | | | | | | | | | | | | | | | | | | |
| （一）产业项目 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | | | | 委托单位 | | | | | | | 项目执行周期 | | | | | |
|  |  | | | | | | |  | | | | | | |  | | | | | |
| （二）调研报告 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 报告名称 | | | | | | | 批示日期 | | | | | | | 批示级别 | | | | | |
|  |  | | | | | | |  | | | | | | | □国家级□省级□市级□其他 | | | | | |
| （三）优秀企业宣传活动 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | | | | 委托单位 | | | | | | | 项目执行周期 | | | | | |
|  |  | | | | | | |  | | | | | | |  | | | | | |
| （四）企业榜单遴选及发布 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | | | | 委托单位 | | | | | | | 项目执行周期 | | | | | |
|  |  | | | | | | |  | | | | | | |  | | | | | |
| （五）大型产业对接活动 | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | | | | 委托单位 | | | | | | | 项目执行周期 | | | | | |
|  |  | | | | | | |  | | | | | | |  | | | | | |

备注：1.请申报单位选择对应申报类型的表格内容进行填写；2.可另附页补充相关内容。