附件1：

**南通市国资委“十四五”规划前期**

**课题研究申请书**

课题名称: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

课题申请人: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申请人所在单位: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

填表日期: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

南通市人民政府国有资产监督管理委员会制

申请者承诺：

我承诺对本人填写的各项内容的真实性负责，保证没有知识产权争议。南通市国资委有权使用本表所有数据和资料。

申请人（签章）：

年 月 日

### 填　表　说　明

一、基本情况详见《遴选公告》，请认真仔细阅读后填写。

二、本申请书请如实填写，填写前须仔细阅读《南通市国资委“十四五”规划前期研究课题指南》。

三、本申请书一式七份（请加盖单位公章）,通过邮寄方式提交，并同时用电子邮件报送电子版文件（在邮件主题处注明南通市“十四五”规划课题申请字样），以邮戳时间为准。通讯地址：南通市崇川区崇文路2号图书馆大楼2518南通市国资委企业发展改革处；联系人：胡沛，周晓飞；联系电话：0513-59003979，传真：0513-59003970，电子邮箱：ntgzwqyc@163.com。

四、凡递交的申请书及附件概不退还。**一、课题申请人及主要成员**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申请人姓名 | |  | | | | 身份证 | |  |  |  | |  |  |  | |  |  | |  |  | | |  |  |  | | |  |  |  |  |  |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业职称 | |  | | | | 职务 | |  | | | | | | | 研究专长 | | | | | |  | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | 邮政编码 | | | | | | | |  | | | | | | |
| 联系电话 | | 办公 | |  | | | | 移动 | | |  | | | | | | | | | | | 传真 | | |  | | | | | | | |
| E-mail | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系人姓名 | |  | | | | | | | | | E-mail | | | |  | | | | | | | | | | | | | | | | | |
| 联系人电话 | | 办公 | |  | | | | 移动 | | |  | | | | | | | | | | | 传真 | | |  | | | | | | | |
| 主　要　成　员（可附页） | 姓 名 | | 出生  年月 | | 职称 | | 职务 | 工作单位 | | | | | | | | | | 在本课题研究中承担的任务 | | | | | | | | | 联系  电话 | | | | | |
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**二、课题负责人和主要成员近三年完成的与本课题相关的研究成果**

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| **主要研究成果（限填20项）** | **成果名称** | **作者** | **成果形式** | **发表刊物或出版单位** | **完成时间** |
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**三、课题研究方案**

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| **主要内容包括：**1、研究思路和研究框架；2、研究方法；3、研究进度安排；4、主要创新点；5、研究成果转化目标及转化形式；6、其他需要说明的情况。 |

**四、课题经费报价表**

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| --- | --- | --- | --- |
| **序号** | **明细项目** | **金额（万元）** | **费用内容** |
| 1 | 图书资料费 |  |  |
| 2 | 调研差旅费 |  |  |
| 3 | 会议费 |  |  |
| 4 | 印刷费 |  |  |
| 5 | 专家咨询费 |  |  |
| 6 | 其他 |  |  |
|  | 最终报价 |  | |

**五、课题申请人所在单位意见**

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| 申请人所填写的内容是否属实；本单位能否提供完成本课题所需的时间和条件。  单位负责人：  单位公章：  年 月 日 |