**CWS-WI-Ver-3/2018-3-27**

**焊接创新平台**

**创新项目申请书**

|  |
| --- |
| 项目名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 申请人： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 依托单位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 推荐人： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 申请日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 一、创新项目申报人基本情况 | | | | | | | | | | | | |
| 申报人姓名 | |  | | | | 出生年月日 | | | |  | | |
| 所在单位 | |  | | | | | | | | | | |
| 单位地址  （邮编） | |  | | | | | | | | | | |
| 职 称 | |  | | | | 办公电话 | | | |  | | |
| E-mail | |  | | | | 手 机 | | | |  | | |
| 二、项目概况 | | | | | | | | | | | | |
| 项目名称 | |  | | | | | | | | | | |
| 一、项目概述  （500字以内） | |  | | | | | | | | | | |
| 二、项目创新目标（200字以内） | |  | | | | | | | | | | |
| 三、项目创新思路及预计创新点  （500字以内） | |  | | | | | | | | | | |
| 四、考核指标  （以专利或原理样机为主，不包括论文） | |  | | | | | | | | | | |
| 五、项目实施计划安排(项目周期最长不超过三年，从项目终审通过之日算起) | |  | | | | | | | | | | |
| 六、项目经费需求预算 | | | | | | | | | | | | |
| 经费预算表 单位：万元 | | | | | | | | | | | | |
| 支出预算明细 | | | | | | | | | | | | |
| 编号 | 支出内容 | | | | | | 金额 | | 备注 | | | |
| 1 |  | | | | | |  | |  | | | |
| 2 |  | | | | | |  | |  | | | |
| **3** |  | | | | | |  | |  | | | |
| **4** |  | | | | | |  | |  | | | |
| **5** |  | | | | | |  | |  | | | |
| **6** |  | | | | | |  | |  | | | |
| **7** |  | | | | | |  | |  | | | |
| **8** |  | | | | | |  | |  | | | |
| **9** |  | | | | | |  | |  | | | |
| **……** |  | | | | | |  | |  | | | |
| 测算依据及说明： | | | | | | | | | | | | |
| 七、推荐专家信息 | | | | | | | | | | | | |
| 推荐人姓名 | | |  | | 职称/职务 | | | | | |  | |
| 所在单位 | | |  | | | | | | | | | |
| 单位地址  （邮编） | | |  | | | | | | | | | |
| 手 机 | | |  | | | E-mail | | | | | |  |
| 八、推荐理由  （150字以内，明确说明创新点） | | |  | | | | | | | | | |
| 专家签名 | | |  | 日期 | | | |  | | | | |