附件2

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|  | **2023年度国、省重点研发项目市级补助推荐汇总表** |
| 推荐单位：（盖章） |  |  | 联系人： |  |  | 手机： |  |  |
| **序号** | **项目名称** | **申报单位** | **项目负责人姓名** | **身份证号码** | **项目总投入（万元）** | **项目合同资助额（万元）** | **申报期到帐资金（万元）** | **项目执行期** | **项目类别** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |