**附件1**

# 国家橡塑密封工程技术研究中心

# 开放基金课题申请书

**课题名称：**

**起止年月：**

**申 请 人：**

**所在单位：**

**通讯地址：（请确保正确，获批立项后会邮寄项目确认书）**

**电 话：**

**电子邮件：**

**邮政编码：**

**申请日期：**

1. **简表**

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| **课题名称** | | | |  | | | | | | | **类别** | | |  | **金额** | **万元** | |
| **申**  **请**  **人** | **姓名** | | |  | | | **性别** | |  | | **出生**  **年月** | | |  | **民族** |  | |
| **职称** | | |  | | | **学位** | |  | | **专业** | | |  | | | |
| **所在单位** | **名称** | | |  | | | | | | | **性质** | | |  | | | |
| **所在地** | | |  | | | | | | | **隶属** | | |  | | | |
| **课题组** | | | | **总人数** | | | **高级** | | **中级** | | **博士** | | | **硕士** | **本科** | | **其他** |
|  | | |  | |  | |  | | |  |  | |  |
| **协作单位** | | | |  | | | | | | | **协作**  **人员** | | |  | | | |
| **摘要** | | | |  | | | | | | | | | | | | | |
| **二、研究内容、意义，国内外现状（3000字以内）**  **2.1 研究背景及意义**  **2.2 研究内容**  **2.3 国内外研究现状** | | | | | | | | | | | | | | | | | |
| **三、预期目标和提供成果的方式（限1000字以内）** | | | | | | | | | | | | | | | | | |
| **四、技术路线和措施（限2000字以内）** | | | | | | | | | | | | | | | | | |
| **五、季度工作安排和阶段输出成果** | | | | | | | | | | | | | | | | | |
| **六、申请金额和开支计划** | | | | | | | | | | | | | | | | | |
| **申请总金额（万元）** | | | | | **第一年度（万元）** | | | | | | | | **第二年度（万元）** | | | | |
|  | | | | |  | | | | | | | |  | | | | |
| **主要经费开支计划：**   |  |  |  | | --- | --- | --- | | **支出科目** | **预算（万元）** | **计算依据** | | **一、人员费** |  |  | | **二、设备费** |  |  | | **三、业务费** |  |  | | **1.材料费** |  |  | | **2.燃料动力费** |  |  | | **3.测试化验加工费** |  |  | | **4.会议差旅费** |  |  | | **5.出版/文献/信息传播/知识产权事务费** |  |  | | **四、项目管理费** |  |  | | **合计** |  | **/** | | | | | | | | | | | | | | | | | | |
| **七、申请者简历，已有工作基础及条件**  **7.1申请者简历（须提供学历/学位、职称、已取得的亮点业绩佐证材料）**  **7.2已有工作基础及条件（含申请者所在单位简介）** | | | | | | | | | | | | | | | | | |
| **八、课题组人员情况** | | | | | | | | | | | | | | | | | |
| **序号** | | **姓名** | | | **性别** | | | **学位** | | **职称** | | | **任务分工** | | | | |
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| **九、推荐人及推荐意见（至少须1位具备博士学位或高级职称及以上的推荐人出具推荐意见；博士或高级职称及以上申请者可免此项）** | | | | | | | | | | | | | | | | | |
| **姓名** | | | **职称** | | | **专业** | | | | | | **工作单位** | | | | | |
|  | | |  | | |  | | | | | |  | | | | | |
| **推荐意见**  **推荐人签字：**  **年 月 日** | | | | | | | | | | | | | | | | | |
| **十、申请者所在单位意见：**  **盖 章**  **年 月 日** | | | | | | | | | | | | | | | | | |