编号：\_\_\_\_\_\_\_\_\_\_

**福州大学至诚学院**

**创业孵化园项目申报书**

**项目名称:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

**项目经营范围:\_（填：科研范围或经营范围）\_\_ \_\_**

**项目经营类型:\_\_（填：科研类别或经营类别）\_ \_\_**

**项目负责人:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**项目合作者:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**负责人单位:\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**负责人联系电话: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**

福州大学至诚学院创业孵化园管理办公室

二〇 年 月 日

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| 项目名称 | |  | | | | | | | | | | | 一寸  相片 | | |
| 项目  负责  人 | 姓名 |  | | | | 性别 |  | | 出生年月 | | |  |
| 系别 |  | | | | | 专业 | |  | | | |
| 身份证号码 | | |  | | | | | | 学号 | |  | | | |
| 联系地址 | |  | | | | | | | 电话 | |  | | | |
| 社会实践  经历 |  | | | | | | | | | | | | | | |
| 创业  经历 |  | | | | | | | | | | | | | | |
| 创业项目团队基本信息 | 姓名 | 性别 | | | 系别/年级 | | | 专业 | | | 学号 | | | 联系电话 | |
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| **一、项目的市场前景分析及项目论证(可行性分析):** | | | | | | | | | | | | | | |
| **二、项目的预期效益:** | | | | | | | | | | | | | | |
| **三、项目的资金来源、货物来源及筹划情况:** | | | | | | | | | | | | | | |
| **四、人员分工及项目进度安排:** | | | | | | | | | | | | | | |
| **五、项目运作主要方式:** | | | | | | | | | | | | | | |
| **六、如何正确处理项目经营与学习、生活的关系?（附学习成绩证明）** | | | | | | | | | | | | | | |
| **七、对场地的需求：（面积、水、电及其它配套设施等）** | | | | | | | | | | | | | | | |
| **八、家长意见：（待项目批准后再填）**      签名:  年 月 日 | | | | | | | | | | | | | | | |
| **九、指导老师意见：**  签名:  年 月 日 | | | | | | | | | | | | | | | |
| **十、学院审批意见：**  单位盖章:  年 月 日 | | | | | | | | | | | | | | | |
| 请附上创业团队全体成员的学生证和身份证复印件 | | | | | | | | | | | | | | | |
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