附件1

**十八届三中全会以来医药卫生体制改革效果评估项目承办申请书**

项 目 申 请 人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

填 表 日 期\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

北京市卫生健康委员会制

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。北京市卫生健康委员会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、本申请书用计算机如实填写，填写前须仔细阅读遴选公告，根据要求填报工作方案，填报内容应简明扼要，突出重点。

二、本申请书的项目经费总额不得超过25.24万元。

三、本申请书应当在2020年7月8日18:00以前，以电子邮件形式报送，电子邮箱：tigai@wjw.beijing.gov.cn。

四、评选结果明确后，请入选单位申请人携带手写签名的纸质版申请书一份，交北京市卫生健康委员会。

**一、项目申请人及主要成员**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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、项目申请人及主要成员三年以内相关研究和工作成果**

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| **主要成果（限填20项）** | **成 果 名 称** | **著作者** | **成果形式** | **发表刊物或出版社** | **发表或出版时间** |
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**三、项目工作方案**

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| **主要内容包括：**  1.项目开展的思路和框架；  2.项目开展所使用的技术手段和方法；  3.项目进度安排；  4.重大战略、发展路径和创新举措。 |

**四、经费报价表**

项目编制经费：

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| --- | --- | --- | --- |
| **序号** | **明细项目** | **金额（万元）** | **费用内容** |
| 1 | 劳务费 |  |  |
| 2 | 专家咨询费 |  |  |
| 3 | 印刷费 |  |  |
|  | 最终报价 |  | |