附件4

山东省中小微企业升级高新技术企业财政补助资金推荐汇总表（孵化载体类）

所在市科技局：（盖章）

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **孵化载体名称** | **运营单位名称** | **孵化载体类型（科技企业孵化器、众创空间、专业化众创空间、大学科技园）** | **省级/国家级** | **所在市** | **2024年度培育的高新技术企业情况** | | | | | | **申请省奖励金额（万元）** |
| **企业名称** | **成立时间** | **入驻时间** | **企业地址** | **注册或变更至孵化载体时间（国家企业信用信息公示系统所显示信息）** | **注册或变更至孵化载体地址（国家企业信用信息公示系统所显示信息）** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **4** |  |  |  |  |  |  |  |  |  |  |  |  |
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