附件2 2020年市科技计划专项推荐汇总表

推荐单位：（盖章） 联系人： 手机：

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| **序号** | **项目名称** | **申报单位** | **项目负责人** | **评审领域** | **项目总经费（万元）** | **申请财政经费（万元）** | **备注** |
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**备注栏：**其他需要说明的情况请注明