附件1

**国家小型微型企业创业创新示范基地申报条件**

根据工信部《国家小型微型企业创业创新示范基地建设管理办法》的通知》（工信部企业〔2016〕194号）相关要求，申报国家小型微型企业创业创新示范基地必须满足如下条件：

一、申报国家小型微型企业创业创新示范基地必须具备以下基本条件

（一）经省级中小企业主管部门认定的小型微型企业创业创新（示范）基地；

　　（二）申报主体具有独立法人资格并运营管理本基地，基地成立时间3年以上；

　　（三）目前基地入驻小微企业80家以上，从业人员1500人以上；

　　（四）专职从事创业创新服务的人员不少于10人，其中创业辅导师不少于3人，引入或战略合作的外部专业服务机构不少于5家；

　　（五）服务有特色，业绩突出。为小微企业提供的公益性服务或低收费服务不少于总服务量的20%。

　　二、示范基地申报需同时满足以下运营条件

　　（一）有良好的基础设施条件，有满足入驻企业生产经营、创业孵化、创业创新的场地和服务场所；

　　（二）基地运营主体治理结构完善、内部运营管理体系规范。具有明确的发展规划、年度发展目标和实施方案；

（三）基地具有健全的管理制度、完备的创业创新服务流程、收费标准和服务质量监督保证措施。基地具备清楚、明晰的服务台账（台账内容应包括但不限于：企业服务诉求、提供服务的记录，服务时间、地点、参与的企业及人数，企业对服务的意见反馈等）。

三、示范基地申报需同时具备不少于以下四种服务功能并达到相应的服务能力

（一）信息服务。具有便于入驻企业查询的、开放的信息服务系统；具有在线服务、线上线下联动功能，线下年服务企业/团队100家次以上，年组织开展的相关服务活动6次以上。

（二）创业辅导。为创业人员或入驻小微企业提供创业咨询、开业指导、创业辅导和培训等服务。年服务企业50家次以上。

（三）创新支持。具有知识产权转化或组织技术服务资源的能力，能够进行研发项目、科研成果和资本等多方对接。年组织技术洽谈会和技术对接会6次以上。

（四）人员培训。为创业人员、企业经营者、专业技术人员和员工提供各类培训，年培训300人次以上。

（五）市场营销。组织企业参加各类展览展销、贸易洽谈、产品推介与合作等活动，每年2次以上；组织入驻企业与行业龙头企业的产品对接、合作交流等活动，每年2次以上。

（六）投融资服务。提供融资信息、组织开展投融资推介和对接等服务。年服务企业30家次以上，组织融资对接会4次以上。

（七）管理咨询。为企业提供发展战略、财务管理、人力资源、市场营销等咨询服务，年服务企业20家次以上。

（八）专业服务。为企业提供法律咨询及援助、代理会计、专利申请、审计、评估等服务，年服务企业20家次以上。

以上服务能力和次数的要求含基地引入的第三方专业机构的服务。

附件２

**示范基地的申报主体需提交下列材料**

（一）国家小型微型企业创业创新示范基地申请报告（见附件3）。

（二）运营主体的法人证书和营业执照副本（复印件）。

（三）上一年度与本基地相关的专项审计报告。

（四）土地、房屋的不动产权证书（或租赁合同）复印件。

（五）开展相关服务的证明材料（通知、照片、总结等）。

（六）省级小型微型企业创业创新（示范）基地认定文件（复印件）。

（七）基地主要管理人员、服务人员和创业辅导师名单及相应的资质证明材料。

（八）基地典型服务案例（不超过3000字，可附照片）。

（九）能够证明符合申报条件的其他材料。

（十）对申报材料真实性的声明（加盖申报单位公章）。

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| 附件3 |
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| **国家小型微型企业创业创新示范基地** |
| **申请报告** |
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| 申请单位名称： （盖章） |
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| 填报日期： 年 月 日 |
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| 工 业 和 信 息 化 部 制 |
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| 申请报告主要内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一、国家小型微型企业创业创新示范基地申请表(附表1） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二、管理和服务人员名单及职称情况一览表（附表2） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 三、服务的中小企业名单及服务评价表(80家以上)(附表3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 四、基地申请相关情况说明（请另附说明材料） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （一）申请单位的基本情况（包括：创立发展沿革、 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 发展目标、目前的基本情况）； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （二）基地内中小企业发展情况和服务需求情况； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （三）基地管理运营情况（包括：主要管理制度、人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 员激励、能力提升、品牌建设、可持续发展等）； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （四）近年来的服务情况（包括：主要服务内容、服 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 务对象、规模以及服务收费情况，是否为小微企业提供公 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 益性或低收费服务）； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （五）基地服务特色（包括：具有示范性的特色服务） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （六）主要服务业绩及基地内中小企业健康发展的贡 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 献（包括：服务效果自测情况或典型案例）； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （七）下一步发展设想。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 附表1 | | | | | | | |  | | | | | |  | | | |  | | |  | | | | |  | | |  | |  | | | | |  |  | | | |  | | | |
| **国家小型微型企业创业创新示范基地申请表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请单位（公章）： | | | | | | | |  | | | | | | | | | | | | | | | | | | 单位：万元、人、平方米、家 | | | | | | | | | | | | | | | | | | |
| **基本情况** | | 单位名称 | | | | | |  | | | | | | | | | | | 基地名称 | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 注册资本 | | | | | |  | | | | | | | | | | | 法人代表(负责人) | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 成立时间 | | | | | |  | | | | | | | | | | | 省级基地认定时间 | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 网 址 | | | | | |  | | | | | | | | | | | | | | | | 主管部门 （指导部门） | | | | | | | | | | | |  | | | | | | | | |
| 联系人 | | | | | |  | | | | | | | | | | | | | 联系电话 | | | | | | | |  | | | | | | | | | | | | | | | |
| 创业基地面积 | | | | | | 规划面积 | | | | | | | | | |  | | | | | | | | | | | 建筑面积 | | | | | | | |  | | | | | | | |
| 自 有 | | | | | |  | | | | | | | 租 用 | | | | |  | | | | | 公共服务场所 | | | | | |  | | | | | | | |
| 申报单位从业人员数量 （截至201８年12月31日） | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 服务人员 | | | | | | | | | |  | | | | | | | | | | | | | | 创业辅导师 （省级中小企业主管部门认定或持证） | | | | | | | | | | | | | | | |  | | |
| 引入外部专业服务机构数量 | | | | | | | | | |  | | | | | | | | | | | | | | 入驻企业数量 | | | | | | | | | | | | | | | |  | | |
| **运营情况** | | 基地为入驻企业提供办公、生产、服务场所（列举） | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基地信息化基础设施 | | | | | | | | | | 光纤接入情况 | | | | |  | | | | 宽带带宽 | | | | |  | | | | | 无线信号覆盖情况 | | | | | | | |  | | | | | |
| 经营情况 | | | 年 份 | | | | | | | 资产 总额 | | | | | 营业 收入 | | | | 入驻企业数 | | | | | 其中：小微企业数 | | | | | 小微企业占入驻企业比例 | | | | | | | | 基地内企业从业人数 | | | | | |
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| 是否具备基地发展规划（具体材料请以附件形式提供） | | | | | | | | | |  | | | | | | | | | 基地年度发展目标（可另附说明材料） | | | | | | | | | |  | | | | | | | | | | | | | |
| 是否具备基地管理规章制度（具体材料请以附件形式提供） | | | | | | | | | |  | | | | | | | | | 基地服务项目收费标准（可另附说明材料） | | | | | | | | | |  | | | | | | | | | | | | | |
| **合作服务 机构情况** | | 合作服务机构名称 | | | | | | | | | | | | | | | | 主要服务内容 | | | | | | | | | | | | | 签订协议时间 | | | | | | | | | | | | | |
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| **服务功能情况** | | 主要服务内容 | | | | | | | | | | | | | | | | 服务规模 | | | | | | | | | | | | | 服务收入占年营业收入比例 | | | | | | | | | | | | | |
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| 是否为入驻入驻企业提供信息服务及简况 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否为企业提供创业辅导及简况 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否为入驻企业提供创新支持及支持简况 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否为入驻企业提供人员培训及培训简况 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否组织市场营销活动及活动简况 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否为入驻企业提供投融资服务 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否为入驻企业提供管理咨询服务及服务简况 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基地为入驻企业给提供的其他专业服务情况 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **示范性自述 （不超过400字）** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 注：1具体服务机构及服务内容可自行添加行 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 国家小型微型企业创业创新示范基地申请示范点自述应当参照《国家小型微型企业创业创新示范基地建设管理办法》中申报的示范条件进行列举 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 附表2 | | | | | | | |  | | | |  | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | | | |
| **管理和服务人员名单及职称情况一览表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 姓名 | | | | | 性别 | | | | 年龄 | | | 学历 | | | | | | 职务 | | | | | 职称 | | | | | | 主要工作内容 | | | | | | | | | |
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| 注：含创业辅导师 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 附表3 | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | |
| **国家小型微型企业创业创新示范基地入驻企业评价表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 企 业 名 称 | | | 法人代表 | | | | 入驻时间 | | | | | 从业 人数 | | | | | 联系电话 | | | 接受服务内容 | | | | | 服务评价 | | | | | | | | | | | | | | | |
| 很满意 | | | | 基本满意 | | | 不满意 | | | | | | | | |
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| **国家小型微型企业创业创新示范基地** |
| **推荐表** |
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| 申请单位名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 所在省（区、市）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 填报日期： 年 月 日 |
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| **推荐单位组织测评情况（随机抽取，不少于10家）** | | | | | | | | | | | |
| 测评方法 | | □上门拜访 □电话询问 □网络互动 □书面征求 □其他 | | | | | | | | | |
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| 抽样企业名称 | | 被访人员姓名 | 职务 | 联系电话 | 接受服务内容 | 所接受服务是否符合企业需求 | | | 对所受服务的总体评价 | | |
| 很符合 | 一般 | 不符合 | 很满意 | 基本满意 | 不满意 |
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| 企业对创业创新基地的 具体评价及意见 | |  | | | | | | | | | |
| **专家组评审意见** | | | | | | | | | | | |
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| 专家姓名 | | 职务/职称 | 工作单位 | | | | | | | 签字 | |
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| **省级中小企业主管部门推荐意见：** | | | | | | | | | | | |
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