附件

推荐汇总表

填报市州：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **机构名称** | **服务收入（万元）** | **总资产**  **（万元）** | **服务小巨人企业数量（家）** | **专职人员 （人）** | **专业条件** | **备注** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

注：专业条件按照技术创新、数字化赋能、品牌能力提升、上市融资四类填写。