

**Annual Progress Report (Scheme B)
Special One-off Grant**

20__ — 20__

1. Particulars of the NGO

Name of NGO : _____

Address of Headquarters : _____

a) Chairperson of the Management Board : _____

Telephone No. / Fax No. : _____

Email Address : _____

b) Head of the NGO : _____

Telephone No./ Fax No. : _____

Email Address : _____

c) Name of Contact Person (other than the Head of NGO, if applicable) : _____

Post : _____

Telephone No. / Fax No. : _____

Email Address : _____

2. Account of Implementation of Human Resources Plan

(Please complete Appendix 1 for a summary of the human resources plan(s) and Appendix 2 for details of respective plan(s))

3. Summary on use of Special One-off Grant (SOG) for the Financial Year 20__-20__

A. Summary of SOG approved and allocated

		\$	\$	
Total SOG approved	a		X	
<u>Less :</u>				
<u>Cumulative SOG allocated</u>				
Total amount allocated in previous year(s)	b	X		
Amount allocated for the year	c	X		
	d = b+c	<u> </u>	X	
Unallocated SOG for subsequent year(s)	e = a-d		<u> </u> <u> </u>	(Note 1)

B. Use of SOG

		\$	\$	<u>Supporting Schedule</u> <i>(Note 2)</i>
Amount allocated for the year <i>[Amount must tally with the "Total Income" under the column of SOG in note 8 of Annual Financial Report]</i>	c		X	
<u>Expenditure</u>				
Salary increment and/or PE above mid-points	f	X		Appendix 2 & 3
Voluntary retirement scheme	g	X		Appendix 2 & 4
Compensation scheme	h	X		Appendix 2 & 5
Staff training and development	i	X		Appendix 2
Other staff-related initiatives (please specify)	j	X		Appendix 2
Total <i>[Amount must tally with the "Total Expenditure" under the column of SOG in note 8 of Annual Financial Report]</i>	k=sum(f to j)		X	
Surplus/(Deficit) for the year	l=c-k		<u> </u> X	(Note 3)
<u>Add:</u>				
Cumulative Surplus/(Deficit) b/f	m		<u> </u> X	
Cumulative Surplus/(Deficit) c/f <i>[Amount must tally with the "Surplus/(Deficit) c/f" under the column of SOG in note 8 of Annual Financial Report]</i>	n=l+m		<u> </u> <u> </u>	(Note 1)

Note :

- (1) Cumulative deficit of SOG c/f must not exceed the balance of unallocated SOG for subsequent year(s).
- (2) Please provide detailed analysis in Appendices.
- (3) If the SOG balance for current financial year is in surplus /(deficit), with a variance of over $\pm 5\%$ of the SOG, allocated for the year [i.e. $\frac{1}{c}$ over $\pm 5\%$], please provide detailed explanation in item C below.

C. Explanation for the surplus / (deficit) in use of SOG for the year

4. Remarks (Any information relevant to the use of SOG)

Signature : _____
Name of Board : _____
Chairperson : _____
Date : _____
Organisation Chop : _____

Points to Note

1. Prior approval from SWD is necessary for any changes in the usage(s) of the grant as specified in the approval.
2. SWD reserves the rights to request for refund of the grant in full, or portion of the grant on pro-rata basis, in case any approved plan is terminated pre-maturely and no alternative plan is put forward for SWD's consideration and approval.

**Annual Progress Report on the use of the Special One-off Grant
Scheme B
20__ — 20__**

Summary of Human Resources Plans

A. Proposed Usage of SOG on Human Resources Plans during the year as stipulated in the Application Form.				
Serial No.	Name of the Plan	Planned Commencement Date	Planned Completion Date	SOG Applied for the Year \$
1.				
2.				
3.				
4.				
5				
6				
Total :				

B. Actual Usage ^(Note 1) of SOG on Human Resources Plans that have taken place during the year.							
Serial No.	(Note 2) Name of the Plan	Actual Commencement Date	Actual Completion Date	SOG Allocated for the Year	Cumulative Expenditure of SOG		
					Opening balance b/f (a)	For the year (b)	Cumulative balance c/f (c) = (a) + (b)
				\$	\$	\$	\$
1.							
2.							
3.							
Total :						<i>(Note 3)</i>	
Reasons for no prior approval from SWD for amendment or replacement of the plan							

C. Abortion of Proposed Human Resources Plan (Please provide information of any proposed plan in Part A which has been aborted. SOG approved on this plan will be clawed back if no other replacement plan is scheduled.)	
Name of the Original Plan	Reasons for Abortion
1.	
2.	

Note :

- (1) Prior approval from SWD is required when there is amendment on the proposed human resources plans as stipulated in the application form.
- (2) Please complete the attached Appendix 2 for a total of _____ plan(s).
- (3) Total amount must tally with (k) in item 3B of the Summary on use of SOG.

Special One-off Grant (Scheme B)

Progress Report on Human Resources Plan

20__ — 20__

(Please provide information of the human resources plan which is implemented as scheduled or amended with justifications, and use separate sheet for individual plan)

1. Name and Serial No. of the Human Resources Plan
(Refer to Part B of Appendix 1) : _____
(For Salary Increment and/or PE above Mid-points, Voluntary Retirement Scheme or Compensation Scheme, please also complete Appendix 3, 4 or 5 where appropriate)

2. Usage (e.g. Staff training and development programmes, staff recognition scheme, voluntary retirement and compensation scheme, salary increment and/or PE above mid-points for Snapshot Staff and improvement of remuneration package for all other staff in subvented services or other staff related initiatives, etc.):

3. Objective (s) : _____

4. No. and Rank of Snapshot Staff Benefited

5. No. and Rank of Non-Snapshot Staff Benefited : _____

6. Implementation Period from _____ (mm/yy) to _____ (mm/yy)

7. Operational Details of the Plan:

A. Description of the Plan (Please use additional sheet if required)

B. Criteria for Selection of Participants (Please use additional sheet if required)

C. Evaluation Result (e.g. mechanism used, meeting of objectives, output and outcome result, participants' satisfaction rate, etc.)

D. Summary of Expenditure

	\$
Total expenditure for the year	X
<u>Less</u> : Amount absorbed from sources other than SOG	X
Amount charged to SOG	<hr/>
<i>[Amount must tally with SOG expenditure for the year, i.e. respective plan in item (b) in Part B of Appendix 1]</i>	K
	<hr/> <hr/>

E. Remarks

8. Contact Person :Mr/Ms/Mrs _____ (Tel: _____)

- *End*-

**Annual Progress Report (Scheme B)
Detailed Description on Use of Special One-off Grant
Salary Increment and/or PE above Mid-points
20__ — 20__**

S/N	Staff Name	Rank	Fraction of Post	Annual Salary Paid \$	Amount Charged to SOG \$
(A) For Snapshot Staff (Note 1)					
Sub-total					
(B) For Non-Snapshot Staff					
Sub-total					
Total					<i>(Note 2)</i>

Note :

(1) Staff was snapshot on 1.4.2000 but re-graded before the reporting year must not be included under Snapshot Staff.

(2) Total amount must tally with 'f' in item 3B of the Summary on use of SOG.

**Annual Progress Report (Scheme B)
Detailed Description on Use of Special One-off Grant
Voluntary Retirement Scheme (VRS)
20__ — 20__**

Description of the VRS : _____

S/N	Staff Name	Rank	Fraction of Post	Salary Point and Monthly Salary before joining VRS		(Note 1) Total Amount of VRS (a) \$	Funding		
							Sources other than SOG (Please specify) (b) \$ Source		SOG (c) = (a) - (b) \$
							Point	\$	\$
(A) For Snapshot Staff									
Sub-total									
(B) For Non-Snapshot Staff									
Sub-total									
Total									<i>(Note 2)</i>

Note :

- (1) Please provide separate working schedule showing the terms of VRS for each staff and how the "Total amount of VRS" is calculated based on such terms.
(2) Total amount must tally with 'g' in item 3B of the Summary on use of SOG.

