

**Remuneration Packages for Staff in the Top Three Tiers
of Subvented Non-governmental Organisations**

Review Report for the Reporting Year of 2016-17

(to be completed if not exempt from the Government Guidelines)

To: Director of Social Welfare
(Attn : Subventions Section)
38/F, Sunlight Tower,
248 Queen's Road East
Wan Chai, Hong Kong
Fax No. : 2575 6537

[Please read the explanatory notes before completing this proforma. The completed proforma should reach SWD by 31 October of each reporting year.]

Name of NGO (code) : Hong Kong Sheng Kung Hui Welfare Council Limited (180)

Part A: Remuneration Packages

Information of my staff in the top three tiers -

(1) Staff of 1st Tier¹

- | | | |
|--|----------|--|
| (a) Number of staff | 1 | |
| (b) Comparable rank in civil service | DIR | (Equivalent to Directorate Pay Scale Point 3) |
| (c) Post | DIRECTOR | |
| (d) Total annual staff costs ² (including those not under SWD subventions, if applicable) [1(d) should be equal to or greater than 1(e)] | | \$ 2,641,107.57 <u>(round up to dollar)</u> |
| (e) Total annual staff costs under SWD subventions [1(e)=1(g)(i)+(ii)+(iii)+(iv)] | | \$ 2,112,886.06 <u>(round up to dollar)</u> |
| (f) Please specify the months covered if 1(e) was not incurred for the full year: | | _____ months |
| (g) Breakdown of 1(e) | | |
| (i) Salary ³ | | \$ 1,967,520.00 <u></u> |
| (ii) Provident Fund | | \$ 119,628.96 <u></u> |
| (iii) Cash Allowance ⁴ (please specify if any: Transport Allowance) | | \$ 19,200.00 <u></u> |
| (iv) Non-cash based Benefits ⁵ (please specify if any: Medical & Life Insurance) | | \$ 6,537.10 <u></u> |

Annex II
(Cont'd)

(2) Staff of 2nd Tier¹

| | | |
|--|-------------------------------------|--|
| (a) Number of staff | 4 | |
| (b) Comparable rank in civil service | CSWO, SSWO | |
| (c) Post | DEPUTY DIRECTOR, ASSISTANT DIRECTOR | |
| (d) Total annual staff costs ² (including those not under SWD subventions, if applicable) [2(d) should be equal to or greater than 2(e)] | | \$ 6,150,711.07 <i>(round up to dollar)</i> |
| (e) Total annual staff costs under SWD subventions [2(e)=2(f)(i)+(ii)+(iii)+(iv)] | | \$ 5,078,618.43 <i>(round up to dollar)</i> |
| (f) Breakdown of (2)(e) | | |
| (i) Salary ³ | | \$ 4,369,573.00 |
| (ii) Provident Fund | | \$ 612,103.47 |
| (iii) Cash Allowance ⁴ (please specify if any: Special Allowance) | | \$ 90,360.00 |
| (iv) Non-cash based Benefits ⁵ (please specify if any: Medical & Life Insurance) | | \$ 6,581.96 |

(3) Staff of 3rd Tier¹

| | | |
|--|------------------|---|
| (a) Number of staff | 21 | |
| (b) Comparable rank in civil service | SWO, ASWO | |
| (c) Post | Service Director | |
| (d) Total annual staff costs ² (including those not under SWD subventions, if applicable) [3(d) should be equal to or greater than 3(e)] | | \$ 19,376,565.32 <i>(round up to dollar)</i> |
| (e) Total annual staff costs under SWD subventions [3e=3(f)(i)+(ii)+(iii)+(iv)] | | \$ 16,535,655.50 <i>(round up to dollar)</i> |
| (f) Breakdown of (3)(e) | | |
| (i) Salary ³ | | \$ 14,072,812.99 |
| (ii) Provident Fund | | \$ 1,644,045.07 |
| (iii) Cash Allowance ⁴ (please specify if any: Special Allowance) | | \$ 791,263.57 |
| (iv) Non-cash based Benefits ⁵ (please specify if any: Medical & Life Insurance) | | \$ 27,533.87 |

Part B: Public Disclosure of the Review Report


Our organisation *has disclosed / will disclose (please specify the commencement date: 1 November 2016) the Review Report (only Part A) through one or more of the following channels and will make it available to the public upon request -

(*Please delete as appropriate.)

| Channel of Disclosure | |
|--------------------------------------|--|
| <i>(Please tick as appropriate.)</i> | |
| <input checked="" type="checkbox"/> | Posting the information prominently on the notice board(s) at the Central Administration Unit / Head Office |
| <input type="checkbox"/> | Uploading the information to our website |
| <input type="checkbox"/> | Reporting the information in our Annual Report |
| <input type="checkbox"/> | Publishing the information through special circular(s), newsletter(s) or whatever means (please enclose the copy/copies for reference) |

Part C: Declaration by Chairperson

I declare that the information as provided in Part A and Part B is correct.

| | | | |
|------------------|------------------------------|----------------------------|---|
| Contact Person : | <u>Susan Lui</u> | Signature of Chairperson : |  |
| | <u>Finance Director</u> | Name : | <u>Li Kwok Tung, Donald</u> |
| Title : | <u>25334988</u> | Tel. : | <u>25213457</u> |
| Tel. : | <u>susanlui@skhwc.org.hk</u> | Tel. : | |
| Email : | | Date : | <u>26 OCT 2017</u> |