

**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) : Heep Hong Society (248)

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 Chief Social Work Officer / D I

(c) Post Director

(d) Total annual staff costs² (including those not under SWD subventions, if applicable) \$ 1,901,777
[1(d) should be equal to or greater than 1(e)] (round up to dollar)

(e) Total annual staff costs under SWD subventions \$ 1,901,777
[1(e)=1(g)(i)+(ii)+(iii)+(iv)] (round up to dollar)

(f) Please specify the months covered if (1)(e) was not incurred for the full year: N/A months

(g) Breakdown of (1)(e)

(i) Salary³ \$ 1,652,120

(ii) Provident Fund \$ 244,710

(iii) Cash Allowance⁴ (please specify if any:) \$ 0

(iv) Non-cash based Benefits⁵ (please specify if any: Insurance) \$ 4,947

Including: Professional Indemnity, Directors and Officers Liability, Medical Insurance

(2) Staff of 2nd Tier¹

(a) Number of staff 1

(b) Comparable rank in civil service Senior Social Work Officer

(c) Post Assistant Director

(d) Total annual staff costs² (including those not under SWD subventions, if applicable) \$ 1,502,240
[2(d) should be equal to or greater than 2(e)] *(round up to dollar)*

(e) Total annual staff costs under SWD subventions \$ 1,502,240
[2(e)=2(f)(i)+(ii)+(iii)+(iv)] *(round up to dollar)*

(f) Breakdown of (2)(e)

(i) Salary³ \$ 1,336,308

(ii) Provident Fund \$ 160,985

(iii) Cash Allowance⁴ (please specify if any:) \$ 0

(iv) Non-cash based Benefits⁵ (please specify if any: Insurances) \$ 4,947

Including: Professional Indemnity, Directors and Officers Liability, Medical Insurance

(3) Staff of 3rd Tier¹

(a) Number of staff 14

(b) Comparable rank in civil service Senior Social Work Officer, Social Work Officer and other non MPS ranks

(c) Post Regional Managers; General Manager (Supportive Learning Project); Senior Physiotherapist, Senior Occupational Therapist; Senior Speech Therapist; Department heads of Accounts, Human Resources, Information Technology, Corporate Development, Communications and Service Coordination Manager

(d) Total annual staff costs² (including those not under SWD subventions, if applicable) \$ 12,213,220
[3(d) should be equal to or greater than 3(e)] *(round up to dollar)*

(e) Total annual staff costs under SWD subventions \$ 9,551,901
[3e=3(f)(i)+(ii)+(iii)+(iv)] *(round up to dollar)*

(f) Breakdown of (3)(e)

(i) Salary³ \$ 8,806,040

(ii) Provident Fund \$ 695,606

(iii) Cash Allowance⁴ (please specify if any:) \$ 0

(iv) Non-cash based Benefits⁵ (please specify if any: nsurances) \$ 50,255

Including: Professional Indemnity, Directors and Officers Liability, Medical Insurance

Part B: Public Disclosure of the Review Report


Our organisation ~~*has disclosed~~ / will disclose (please specify the commencement date: 1 November 2017) 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)

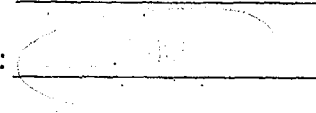
Part C: Declaration by Chairperson

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

Contact Person : Gloria Lee / Anna Chan Signature of Chairperson : 

Title : Financial Controller / Human Resources Manager Name : Henry Au Yeung

Tel. : 3618-6310 / 3618 6301 Tel. : 2776-3111

Email : glorialee@heephong.org Date : 
anna.chan@heephong.org