

(2) <u>Staff of 2nd Tier</u> ¹		
(a) Number of staff	1	
(b) Comparable rank in civil service	Nursing Officer	
(c) Post	Assistant Superintendent	
(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)]		\$ 528,502 <i>(round up to dollar)</i>
(e) Total annual staff costs under SWD subventions [2(e) = 2(f)(i) + (ii) + (iii) + (iv)]		\$ 369,428 <i>(round up to dollar)</i>
(f) Breakdown of (2)(e)		
(i) Salary ³		\$ 359,724
(ii) Provident Fund		\$ 9,704
(iii) Cash Allowance ⁴ (please specify if any:)		\$ 0
(iv) Non-cash based Benefits ⁵ (please specify if any:)		\$ 0
(3) <u>Staff of 3rd Tier</u> ¹		
(a) Number of staff	1	
(b) Comparable rank in civil service	Physiotherapist I	
(c) Post	Physiotherapist I	
(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)]		\$ 977,387 <i>(round up to dollar)</i>
(e) Total annual staff costs under SWD subventions [3e = 3(f)(i) + (ii) + (iii) + (iv)]		\$ 970,813 <i>(round up to dollar)</i>
(f) Breakdown of (3)(e)		
(i) Salary ³		\$ 788,880
(ii) Provident Fund		\$ 126,628
(iii) Cash Allowance ⁴ (please specify if any: bonus)		\$ 55,305
(iv) Non-cash based Benefits ⁵ (please specify if any:)		\$ 0

Part B: Public Disclosure of the Review Report

Our organisation ~~*has disclosed~~ / will disclose (please specify the commencement date: 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 -

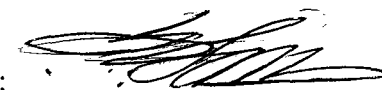
(*Please delete as appropriate.)

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 : Miranda Leung

Signature of Chairperson : 

Title : Accounting Officer

Name : Steve Y.F. Lan

Tel. : 2239 2306

Tel. : 2572 3466

Email : freni@frenihome.org.hk

Date : 30 OCT 2017