

**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): Scout Association of Hong Kong – The Friends of Scouting (596)

Part A: Remuneration Packages

Information of my staff in the top three tiers -

(1) Staff of 1st Tier¹

- | | | |
|--|--|-----------------------------------|
| (a) Number of staff | 4 | <hr/> |
| (b) Comparable rank in civil service | Social Work Officer and Executive Officer II | <hr/> |
| (c) Post | Supervisor and Executive Officer | <hr/> |
| (d) Total annual staff costs ² (including those not under SWD subventions, if applicable)
[I(d) should be equal to or greater than I(e)] | \$3,858,856 | <hr/> <i>(round up to dollar)</i> |
| (e) Total annual staff costs under SWD subventions
[I(e)=I(g)(i)+(ii)+(iii)+(iv)] | \$3,858,856 | <hr/> <i>(round up to dollar)</i> |
| (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 | \$3,350,830.00 | <hr/> |
| (ii) Provident Fund | \$502,632.00 | <hr/> |
| (iii) Cash Allowance ⁴ (please specify if any: Medical Allowance) | \$2,000.00 | <hr/> |
| (iv) Non-cash based Benefits ⁵ (please specify if any: Group Personal Accident Insurance and Group Medical Insurance) | \$3,394.44 | <hr/> |

(2) <u>Staff of 2nd Tier</u> ¹	
(a) Number of staff	<u>20</u>
(b) Comparable rank in civil service	<u>Assistant Social Work Officer</u>
(c) Post	<u>Assistant Social Work Officer</u>
(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)]	<u>\$16,439,382</u> (round up to dollar)
(e) Total annual staff costs under SWD subventions [2(e)=2(f)(i)+(ii)+(iii)+(iv)]	<u>\$15,810,385</u> (round up to dollar)
(f) Breakdown of (2)(e)	
(i) Salary ³	<u>\$14,177,103.00</u>
(ii) Provident Fund	<u>\$1,602,010.00</u>
(iii) Cash Allowance ⁴ (please specify if any: Medical Allowance)	<u>\$14,300.00</u>
(iv) Non-cash based Benefits ⁵ (please specify if any: Group Personal Accident Insurance and Group Medical Insurance)	<u>\$16,972.20</u>
(3) <u>Staff of 3rd Tier</u> ¹	
(a) Number of staff	<u>23</u>
(b) Comparable rank in civil service	<u>Social Work Assistant</u>
(c) Post	<u>Social Work Assistant</u>
(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)]	<u>\$11,806,143</u> (round up to dollar)
(e) Total annual staff costs under SWD subventions [3e=3(f)(i)+(ii)+(iii)+(iv)]	<u>\$8,181,325</u> (round up to dollar)
(f) Breakdown of (3)(e)	
(i) Salary ³	<u>\$7,539,795.50</u>
(ii) Provident Fund	<u>\$610,574.28</u>
(iii) Cash Allowance ⁴ (please specify if any: Medical Allowance)	<u>\$11,437.30</u>
(iv) Non-cash based Benefits ⁵ (please specify if any: Group Personal Accident Insurance and Group Medical Insurance)	<u>\$19,518.03</u>

Part B: Public Disclosure of the Review Report

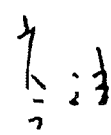
Our organisation ~~*has disclosed~~ / will disclose (please specify the commencement date: 31 Oct 2017) the Review Report (only Part A) through one or more of the following channels and will make it available to the public upon request -

(*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	: <u>Aggie Chan</u>	Signature of Chairperson	: <u></u>
	Acting Executive Officer	Name	: <u>SHUM Man-kwong</u>
Title	: <u>(Friends of Scouting)</u>		
Tel.	: <u>2957 6351</u>	Tel.	: <u>2957 6355</u>
Email	: <u>foseo@scout.org.hk</u>	Date	: <u>30 OCT 2017</u>