

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

Review Report for the Reporting Year of 2017-18

(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 or email at suenq@swd.gov.hk

[Please read the explanatory notes before completing this form. The completed form should reach SWD by 28 February 2019.]

Name of NGO (code) : The Hong Kong Bodhi Siksa Society, Ltd. (068)

Part A: Remuneration Packages

Information of my staff in the top three tiers -

(1) Staff of 1st Tier ¹¹

- | | |
|---|---|
| (a) Number of staff | <u>1</u> |
| (b) Comparable rank in civil service | <u>ASWO</u> |
| (c) Post | <u>Superintendent</u> |
| (d) Total annual staff costs ¹² (including those not under SWD subventions, if applicable)
[1(d) should be equal to or greater than 1(e)] | <u>\$ 652,806</u>
(round up to the nearest dollar) |
| (e) Total annual staff costs under SWD subventions
[1(e)=1(g)(i)+(ii)+(iii)+(iv)] | <u>\$652,806</u>
(round up to the nearest dollar) |
| (f) Please specify the months covered if (1)(e) was not incurred for the full year: <u> / </u> months | |
| (g) Breakdown of (1)(e) | |
| (i) Salary ¹³ | <u>\$621,720.00</u> |
| (ii) Provident fund | <u>\$31,086.00</u> |
| (iii) Cash allowance ¹⁴ (please specify if any:) | <u>\$0</u> |
| (iv) Non-cash based benefits ¹⁵ (please specify if any:) | <u>\$0</u> |

(2) Staff of 2nd Tier¹¹

(a) Number of staff	6	
(b) Comparable rank in civil service	(1) Social Work Assistant, (2) Accounting Clerk, (3) Physiotherapist, (4) Speech Therapist, (5) Registered Nurse x 2	
(c) Post	(1) Social Work Assistant, (2) Accounting Clerk, (3) Physiotherapist, (4) Speech Therapist, (5) Registered Nurse x 2	
(d) Total annual staff costs ¹² (including those not under SWD subventions, if applicable) [2(d) should be equal to or greater than 2(e)]		\$2,349,099 <i>(round up to the nearest dollar)</i>
(e) Total annual staff costs under SWD subventions [2(e)=2(f)(i)+(ii)+(iii)-(iv)]		\$2,349,099 <i>(round up to the nearest dollar)</i>
(f) Breakdown of (2)(e)		
(i) Salary ¹³		\$2,237,237.73
(ii) Provident fund		\$111,861.88
(iii) Cash allowance ¹⁴ (please specify if any:)		\$0
(iv) Non-cash based benefits ¹⁵ (please specify if any:)		\$0

(3) Staff of 3rd Tier¹¹

(a) Number of staff	17	
(b) Comparable rank in civil service	(1) Welfare Worker x 2, (2) Enrolled Nurse x 7, (3) Dispenser (4) Health Worker x 7	
(c) Post	(1) Welfare Worker x 2, (2) Enrolled Nurse x 7, (3) Dispenser (4) Health Worker x 7	
(d) Total annual staff costs ¹² (including those not under SWD subventions, if applicable) [3(d) should be equal to or greater than 3(e)]		\$5,843,328 <i>(round up to the nearest dollar)</i>
(e) Total annual staff costs under SWD subventions [3(e)=3(f)(i)+(ii)+(iii)-(iv)]		\$5,843,328 <i>(round up to the nearest dollar)</i>

(f) Breakdown of (3)(e)

(i) Salary ¹³¹		\$5,567,276.24
(ii) Provident fund		\$276,051.77
(iii) Cash allowance ¹⁴¹ (please specify if any:)	\$0
(iv) Non-cash based benefits ¹⁵¹ (please specify if any:)	\$0

(4) Any staff in the top three tiers serving their first contract ¹⁶¹ in 2017-18?

**Please tick as appropriate.*

- * Yes *(Please provide supplementary information on the next page and use additional sheet as necessary)*
- * No

(5) Review for changes ¹⁷¹

	<u>2016-17</u> (the year before)	<u>2017-18</u> (the reporting year)
(a) Total annual staff costs under SWD subventions in respect of the top three tiers [(1)(e)+(2)(e)+(3)(e)]	\$8,109,460	\$8,845,233

(b) Please tick and complete the following as appropriate to state the result of your review -

- I have reviewed the remuneration packages of the staff in the top three tiers and **found no changes** in their remuneration as compared with the preceding year.
- I have reviewed the remuneration packages of the staff in the top three tiers and **found changes** in their remuneration as compared with the preceding year. The tier(s) having changes and reasons for such changes are stated below -

(Please use additional sheet as necessary.)

Part B: Public Disclosure of the Review Report

Our organisation ~~*has disclosed~~ / will disclose (please specify the commencement date: 15 March 2019) the Review Report for 2017-18 (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 onto 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 : Mr/ Ms Chung Man Yee

Signature of Chairperson : ~~Chung Man Yee / Superintendent~~ (for)

Title : Superintendent

Name : Mr/ Ms
Abbot Shi Kuan Yun

Tel. No. : 2402 2240

Tel. No. : 2402 2240

Email Address : hkbssic@gmail.com

Date : 28th Feb. 2019.