

**Application Form**  
**Proposals on Community-based Support Projects for**  
**Persons with Disabilities and their Families (2018-2020)**

1. Name of Project: \_\_\_\_\_
2. Name of Organisation: \_\_\_\_\_
3. Name of Centre: \_\_\_\_\_
4. Centre Address: \_\_\_\_\_
5. Centre Tel. no: \_\_\_\_\_
6. Service Nature: \_\_\_\_\_
7. Project Summary: \_\_\_\_\_  
\_\_\_\_\_
8. Project Rationale & Objectives: \_\_\_\_\_  
\_\_\_\_\_
9. Target Group Served: \_\_\_\_\_  
\_\_\_\_\_
10. Content of Proposed Services/Programmes/Activities: \_\_\_\_\_  
\_\_\_\_\_
11. Proposed Staffing Structure (including roles and responsibilities of each staff), if any:  
\_\_\_\_\_
12. Fee Charging for Services: \_\_\_\_\_  
\_\_\_\_\_
13. Expected Number of Beneficiaries: \_\_\_\_\_  
\_\_\_\_\_
14. Annual Output/Outcome Level with specified Outcome/Output Indicators: \_\_\_\_\_

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15. Service Monitoring and Evaluation Mechanism: \_\_\_\_\_

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16. Required Annual Funding Amount: \_\_\_\_\_

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17. Required Funding Amount for 3 years: \_\_\_\_\_

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18. Information of other Funding Support (please specify the name and amount):

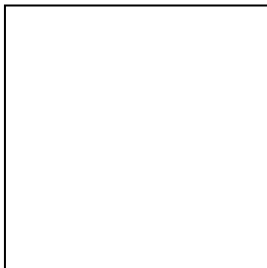
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19. Contact Person of the Project:

- a) Name: \_\_\_\_\_
- b) Post: \_\_\_\_\_
- c) Tel No.: \_\_\_\_\_
- d) Fax No.: \_\_\_\_\_
- e) E-mail address: \_\_\_\_\_

I confirm that all the above information is correct and our organization have met the eligibility criteria for being a qualified applicant#.

Organisation Chop/Stamp/Seal



Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Post Title : \_\_\_\_\_

Organisation : \_\_\_\_\_

Date : \_\_\_\_\_

**Remarks:**

**Each proposal should fulfill the following requirements:**

1. no more than **12 pages** (including annexes and table of contents, if any) in **A4 size**;
2. at least single line spacing with all margins of at least **2.5 cm**;
3. in either English with font size of **12 in Times New Roman** or Chinese with font size of **13 in 新細明體**; and
4. normal character spacing.

**#Eligibility Criteria for being a Qualified Applicant:**

**The applicants for the Projects should be bona-fide non-government and non-profit making organisations with tax-exemption status under Section 88 of the Inland Revenue Ordinance (Chapter 112) with at least five years' experience in operating rehabilitation services.**

**The Social Welfare Department reserves the right of not proceeding to vet the proposal submitted should an applicant fail to comply with the aforesaid page limit and/or prescribed format requirements of the full set of copies of proposal as stated above.**