

Ref. No. -

Date/Time of Receipt-

(For Official Use by SWD)

Social Welfare Department
Application for Grants from the
“Enhancing Employment of People with Disabilities
through Small Enterprise” Project

Important Notes

This application form contains three parts, all sections of which have to be completed clearly with supporting documents wherever required. Please refer to *Chapter 3* of the Guide to the “Enhancing Employment of People with Disabilities through Small Enterprise” Project (the Guide) when completing this form. One soft copy (CD or USB drive) and 3 hard copies of the completed application form and appendices have to be submitted. Only 3 hard copies of the documentary proof are required to be submitted. Soft copies of the form and appendices can be downloaded from <http://www.info.gov.hk/swd>.

Please note that all contents set out in Part I of this application form may be made available for public access on Internet once approval for funding is given to your proposal. If you do not wish certain information to be released, please forward your request and justifications upon submission of your proposal to the “Enhancing Employment of People with Disabilities through Small Enterprise” Project Secretariat, Rehabilitation and Medical Social Services Branch of the Social Welfare Department.

Part I – Data Sheet

1. Organisation	
(A) Organisation Particulars	(B) Contact Person
Name in English :	Name in English :
Name in Chinese :	Name in Chinese :
Registered Address :	Position :
Tel No. :	Address :
Fax No. :	Tel No. :
E-mail Address :	Fax No. :
Homepage :	E-mail Address :
	Homepage :
2. Nature of the proposed business:	
3. Funds Requested from the “Enhancing Employment of People with Disabilities through Small Enterprise” Project:	
HK\$ (Business Preparatory Support Grant at HK\$XXX, Capital Grant at HK\$XXX & Operating Grant at HK\$XXX)	
4. Keywords of the Proposal:	
(Please provide a number of single keywords to facilitate search of the proposal on the Internet.)	

Part II – Proposal Details

1. Concept Summary

(Please describe the business concept with respect to its name of venture, objectives, business/strategic alliances, business plan with operation model including but not limited to the location, venue size, operating hours, target markets/customers and the amount of funding requested.)

English (not more than 200 words):

Chinese (not more than 150 words):

2. Details of the Proposal

(A) Objectives
(Please state in clear and specific terms)

(B) Outcomes
(Please state in clear and specific terms)

(C) Business plan

(D) SWOT analysis of the proposal

3. Implementation Schedule

(Please note that the time span of funding support will normally **not exceed thirty six months**. The business should commence no later than six months after approval of the grant.)

(A) Business Commencement Date (dd/mm/yy):

(B) Contract Completion Date (dd/mm/yy):

(C) Stages of Implementation:

<u>Period</u>	<u>Milestones</u>
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4. Projections for the Proposal

(Please prepare the following projections by using the forms provided in Appendices 1–4)

(A) Projected Income and Expenditure Statement (Appendices 1 and 1a & 1b & 1c).

(B) Projected Cash Flow (Appendix 2 (sheet 1 – 3)).

(C) Projected Manpower (Appendix 3).

(D) Projected Capital Expenditure on Equipment, Fitting-out Works, etc. (Appendix 4).

5. Details of the Project Team:

Project Coordinator:

Name in English :
Name in Chinese :
Position :
Correspondence Address :
Tel No. :
Fax No. :
E-mail Address :
Homepage :

Deputy Project Coordinator:

Name in English :
Name in Chinese :
Position :
Correspondence Address :
Tel No. :
Fax No. :
E-mail Address :
Homepage :

Progress Reports to be prepared by:

Name in English :
Name in Chinese :
Position :
Correspondence Address :
Tel No. :
Fax No. :
E-mail Address :
Homepage :

Other Project Team Member(s):

<u>Name</u>	<u>Task/Responsibility</u>	<u>Remarks</u> (e.g. professional qualifications, experiences relevant to the proposed project)
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6. **Other Collaborating Parties, if any:**
(Please provide the names (in both Chinese and English) of the collaborating parties, the base of their parent agencies/companies (i.e. local/the Mainland/overseas), contribution and mode of participation.)

7. **Other Information in Support of the Application:**
(Please provide leasing agreement such as rental cost, leasing period & etc.)

Part III – Information on Organisation (and its Subsidiary Company)

Before completion of Part III, please read paragraphs 2.3 and 3.4 of the Guide. If the proposed business is created and run by the NGO directly, only the details of the NGO need to be provided below. However, if the NGO intends to do so through a subsidiary company, details of both the NGO and the subsidiary company should be provided below. Where the NGO's subsidiary company is yet to be formed, its details may be provided later but this should be stated.

Particulars/ Information	Organisation	Subsidiary Company
<p>(A) <u>Organisation/Company particulars</u></p> <p>Name in English :</p> <p>Name in Chinese :</p> <p>Year of Establishment :</p> <p>Nature of Business :</p> <p>Main Products/ Services :</p> <p>Registered Address</p> <p>Tel. No.</p> <p>Fax No.</p> <p>E-mail Address</p> <p>Homepage</p> <p>(B) <u>Capital structure</u></p> <p>(a) Date of Incorporation :</p> <p>(b) Capital - Authorised (\$) : Paid-up (\$) : Reserves (\$) :</p>		

Particulars/ Information	Organisation			Subsidiary Company		
(c) Shareholders : (d) Fiscal year end :	<u>Name of Company/ Person</u>	<u>Place of Incorporation/ Residence</u>	<u>% of Shareholding</u>	<u>Name of Company /Person</u>	<u>Place of Incorporation/ Residence</u>	<u>% of Shareholding</u>
(C) <u>Operational Information</u>						
	<u>Name of Company/ Person</u>	<u>Address</u>	<u>Name of Company /Person</u>	<u>Address</u>		
(a) Board of Directors:						
(b) No. of employee -						
- Employed in :						
Hong Kong						
- Employed in :						
Mainland and						
Overseas						
(D) <u>Contact Person of</u>						
<u>Organisation/Company</u>						
Name in English :						
Name in Chinese :						
Position :						
Correspondence						
Address :						
Tel. No. :						
Fax No. :						
E-mail Address :						
Homepage :						

I hereby confirm that:

All factual information provided in this application as well as the accompanying information reflects the status of affairs as at the date of submission. I shall inform the Director of Social Welfare (Attn.: “Enhancing Employment of People with Disabilities through Small Enterprise” Project Secretariat, Rehabilitation and Medical Social Services Branch) immediately if there are any subsequent changes to the above information.

Authorised Signature with

Applicant NGO Chop :

Name of Signatory :

Position :

Name of the Applicant NGO :

Date :
