

攜手扶弱基金 (恆常部分 — 第十三輪申請)
Partnership Fund for the Disadvantaged
(Thirteenth Round Regular Portion Application)

申請表格 Application Form

重要事項 Important Notes :

1. 必須填妥申請表格內每頁的每一部分。Must fill out every part of all pages in the application form.
2. 請核取適切的方格。Please select the boxes as appropriate.
3. 遞交申請時必須夾附所需文件。Must attach the required documents when submitting an application.

- 3.1 申請表格正本 Original copy of the application form
- 3.2 由機構董事會主席簽署的「申請機構聲明及同意書」The “Declaration and Consent of the Applicant Organisation” duly signed by the Board Chairperson of your organisation
- 3.3 儲存已填妥的申請表格的電腦光碟
Compact disc copy of the completed application form
- 3.4 伙伴商業機構就其捐贈款額及性質的書面證明 (如已收捐款, 請夾附商業機構簽發的支票副本及發給商業機構的收據) Written confirmation of the amount and nature of the contributions issued by partnering business corporation(s) (If the donation has been received, please attach copy(ies) of cheque(s) issued by the business corporation(s) and copy(ies) of receipt(s) issued to the business corporation(s))
- 3.5 商業機構的商業登記證副本或由商業機構成立和管理的慈善信託或慈善基金的登記文件、證明文件及其他背景資料(包括其資金來源) Copy(ies) of Business Registration Certificate of the partnering business corporation(s), proof and document(s) on the set-up and management of the charitable trust(s)/foundation(s) with information on the background of the trust(s)/foundation(s) (including their source(s) of funding)
- 3.6 商業機構捐贈實物的折算金額和相關報價表 (如適用) Translation of contributions in kind into monetary terms and relevant quotations (If applicable)

3.7 – 3.12 項只適用於目前並非受社會福利署(社署)資助的非政府福利機構

Points 3.7 – 3.12 are only for applicant organisations currently not receiving subventions from Social Welfare Department (SWD)

- 3.7 機構背景, 包括宗旨、歷史、經費來源、主要提供的福利服務等的單張或簡介
Leaflet or brief background about the applicant welfare NGO, including the mission, history, source of operating expenses, core services provided, etc.
- 3.8 有關註冊文件的影印本 Copy(ies) of relevant registration documents
- 3.9 機構董事會成員名單 Name list of the Board of Directors
- 3.10 機構管理架構圖 Organisation chart
- 3.11 機構組織章程的詳細資料 Organisation’s constitution or Articles of Association
- 3.12 機構以申請日期計算過去十八個月內經審計的帳目 Audited accounts of the organisation not earlier than 18 months before the date of the application

請將申請表格及相關文件送交或郵遞至：

香港灣仔愛群道44號戴麟趾夫人訓練中心3樓311室 社會福利署 攜手扶弱基金秘書處

Please send the application form and related documents to :

The Secretariat of Partnership Fund for the Disadvantaged, Social Welfare Department,
Room 311, 3/F, Lady Trench Training Centre, 44 Oi Kwan Road, Wan Chai, Hong Kong

攜手扶弱基金 (恆常部分 — 第十三輪申請)
申請書確認回條

Partnership Fund for the Disadvantaged
(Thirteenth Round Regular Portion Application)
Acknowledgement of Receipt of Application

第一部分 Part I

致: ABC Association
To: ABC 機構

(機構中英文名稱 Name of Organisation in Chinese & English)

由 攜手扶弱基金秘書處
From: The Secretariat of Partnership Fund for the Disadvantaged (PFD)

計劃名稱 (中文) 太陽計劃 2020
Project Title (English) Sunshine Project 2020

檔案編號 Ref No. SWD/COR/PFD/13/ (此欄供本署填寫 For office use only)

秘書處已收到你的申請書。有關申請結果將另行通知。

The Secretariat has received your application. We will notify you of the result of your application when it is available.

接收申請日期 Application received on: (此欄供本署填寫 For office use only)

攜手扶弱基金秘書處蓋印
PFD Secretariat Chop:

(如申請表格以郵遞方式遞交，請填寫第二部分。Please complete Part II if the application form is sent by post.)

第二部分 Part II

董事會主席姓名 Name of Board Chairperson: CHAN Tai-man

總辦事處地址 Address of Headquarters: Room 1, 10/F, ABC Centre,
33 Causeway Bay Street,
Hong Kong

1. 申請機構資料

Particulars of Applicant Organisation

此欄供本署填寫
For office use
only -

機構名稱(中文):	ABC 機構	<input type="checkbox"/> Checked
Name of Organisation (English):	ABC Association	SWD/COR/PFD /13/____
機構行政總裁/總幹事姓名		
Name of Head of Organisation:	LEE Tai-yan	
總辦事處地址 Address of Headquarters:	Room 2, 10/F, ABC Centre, 33 Causeway Bay Street, Hong Kong	
電話號碼 Telephone No.:	2345 6789	
電郵地址 E-mail Address:	lty@abc.org.hk	

2. 擬提供的福利服務計劃

Proposed Welfare Project

2.1 服務計劃負責人 Responsible Project Officer

姓名 Name:	Ms WONG Ting-ting	<input type="checkbox"/> Checked
職位/所屬單位 Post/ Office:	Project Manager, Elderly Division	
電話號碼 Telephone No.:	2345 6789	
電郵地址 E-mail Address:	wt@abc.org.hk	
地址 Address:	Room 3, 10/F, ABC Centre, 33 Causeway Bay Street, Hong Kong	

2.2 基本資料 Basic Information

服務計劃名稱(中文):	太陽計劃 2020	<input type="checkbox"/> Checked
Project Title (English):	Sunshine Project 2020	
計劃開始及結束日期	June 2020 至 May 2022	
Date of Commencement and Completion:	2 (年/Years) 0 (月/Months)	
計劃時期 Duration of Project:	(男 Male) 50 % : (女 Female) 50 %	
受惠對象性別比例 ^{註1}		
Gender Ratio of Beneficiaries ^{Note 1} :	Room 3, 10/F, ABC Centre, 33 Causeway Bay Street, Hong Kong	
推行計劃的服務單位名稱/地址		
Name(s)/Address(es) of Service Unit(s):		

2.3 服務範圍 Service Programme

- | | | |
|--|--|----------------------------------|
| <input checked="" type="checkbox"/> 安老服務 | Elderly Services | <input type="checkbox"/> Checked |
| <input type="checkbox"/> 家庭及兒童福利服務 | Family & Child Welfare Services | |
| <input type="checkbox"/> 康復及醫務社會服務 | Rehabilitation & Medical Social Services | |

^{註1} 申請機構籌備活動時須考慮性別主流化及參考相關資料，詳情可登入勞工及福利局網頁：
<http://www.lwb.gov.hk/chi/home/index.htm>

Note 1 Applicant organisations are advised to make reference to gender mainstreaming and related information in arranging activities for the beneficiaries. For details, please refer to the website of the Labour and Welfare Bureau: <http://www.lwb.gov.hk/eng/home/index.htm>

- 青年及感化服務 Youth & Corrections Services
- 為其他弱勢社群提供的服務 Services for Other Disadvantaged Groups

2.4 推行計劃的地區 Location(s)/District(s) of the Project

- | | |
|---|--|
| <input type="checkbox"/> 東區 Eastern District | <input checked="" type="checkbox"/> 深水埗區 Sham Shui Po District |
| <input checked="" type="checkbox"/> 灣仔區 Wan Chai District | <input type="checkbox"/> 荃灣區 Tsuen Wan District |
| <input type="checkbox"/> 中西區 Central & Western District | <input type="checkbox"/> 葵青區 Kwai Tsing District |
| <input type="checkbox"/> 南區 Southern District | <input type="checkbox"/> 屯門區 Tuen Mun District |
| <input type="checkbox"/> 離島區 Islands District | <input type="checkbox"/> 元朗區 Yuen Long District |
| <input type="checkbox"/> 觀塘區 Kwun Tong District | <input type="checkbox"/> 沙田區 Sha Tin District |
| <input type="checkbox"/> 黃大仙區 Wong Tai Sin District | <input type="checkbox"/> 大埔區 Tai Po District |
| <input type="checkbox"/> 西貢區 Sai Kung District | <input type="checkbox"/> 北區 North District |
| <input type="checkbox"/> 九龍城區 Kowloon City District | <input type="checkbox"/> 全港性 Territory-wide |
| <input type="checkbox"/> 油尖旺區 Yau Tsim Mong District | |

 Checked

2.5 受惠人士 Target Beneficiaries

類別 (可選多於一項) Type (may select more than one option)	人數 No. of Beneficiaries	只選一項 主要受惠人士 Select one Major Beneficiary Type
<input type="checkbox"/> 青年/中學生 Youth/Secondary Students	_____	<input type="checkbox"/>
<input type="checkbox"/> 兒童/小學生 Children/Primary Students	_____	<input type="checkbox"/>
<input type="checkbox"/> 婦女 Women	_____	<input type="checkbox"/>
<input checked="" type="checkbox"/> 家庭 Families	200	<input type="checkbox"/>
<input type="checkbox"/> 少數族裔 Ethnic Minorities	_____	<input type="checkbox"/>
<input type="checkbox"/> 殘疾人士 Persons with Disabilities	_____	<input type="checkbox"/>
<input type="checkbox"/> 新來港人士 New Arrivals	_____	<input type="checkbox"/>
<input checked="" type="checkbox"/> 長者 Elderly Persons	300	<input checked="" type="checkbox"/>
<input type="checkbox"/> 更生人士 Ex-offenders	_____	<input type="checkbox"/>
<input type="checkbox"/> 失業人士 Unemployed Persons	_____	<input type="checkbox"/>
<input type="checkbox"/> 義工 Volunteers	_____	<input type="checkbox"/>
<input type="checkbox"/> 公眾人士 General Public	_____	<input type="checkbox"/>
<input type="checkbox"/> 其他 Others	_____	<input type="checkbox"/>
總數 Total	500	

 Checked

甄選受惠人士的準則:

Selection criteria for target beneficiaries:

300 elderly persons with dementia or symptom of declining memory who comes from low income families (i.e. below 75% of Median Monthly Domestic Household Income), and 200 family carers.

2.6 計劃目的 Project Objectives

- (1) to sustain the cognitive functioning and emotional well-being of elderly persons with dementia or symptoms of declining memory through art and music training; and
- (2) to enable the carers to acquire practical skills in taking care of the elderly persons with dementia or declining memory through carers training

 Checked

2.7 財政預算總表 Proposed Budget Summary

收入來源 Source of Income			款項 Amount and Nature (\$)		總數 Total (\$)	%	<input type="checkbox"/> Checked
來自 From	1	間商業贊助 Business Sponsorship(s)	現金 Cash	535,473	535,473	50	
			實物 ^{註2} In Kind ^{Note 2}				
申請機構支付的款額 Applicant Organisation's Contribution							
其他收入 Other Income (請填寫 2.7(ii)項 Please complete item 2.7(ii))							
申請基金款額 Amount of Fund Sought					535,472	50	
總收入 Total Income					1,070,945	100	

(總收入應與 2.8(iv) 項的總開支相符 Total Income here should be the same as Total Expenditure in item 2.8(iv))

(i) 折算實物價值 Estimation of In Kind Value :

物品 Items	參考價值 ^{註2} Price Referred ^{Note2}	報價 ^{註3} Quotations ^{Note 3}					<input type="checkbox"/> Checked
		Q1	Q2	Q3	Q4	Q5	
1.							
2.							

(ii) 其他收入 (如適用) Other Income (if applicable) :

收入項目 Income Items		計算程式 Calculation Details	總數 Total (\$)	<input type="checkbox"/> Checked <input type="checkbox"/> Supported
1.				
2.				
總數 Total				

^{註2} 折算捐贈實物價值時，請依《常用傢具及設備價目表》
([https://www.swd.gov.hk/storage/asset/section/562/en/PLCFE_2019_\(by_categories\)_cleaned_copy.pdf](https://www.swd.gov.hk/storage/asset/section/562/en/PLCFE_2019_(by_categories)_cleaned_copy.pdf)) 的「單價」為參考價值。

Note 2 Please provide "Price Referred" for contributions in kind according to the "Unit Price" of "Price List of Common Furniture and Equipment" (PLCFE)
([https://www.swd.gov.hk/storage/asset/section/562/en/PLCFE_2019_\(by_categories\)_cleaned_copy.pdf](https://www.swd.gov.hk/storage/asset/section/562/en/PLCFE_2019_(by_categories)_cleaned_copy.pdf)).

^{註3} 如捐贈實物不在《常用傢具及設備價目表》內，申請機構須為不超過 50,000 元的單項物品取得最少兩份書面報價，而超過 50,000 元的單項物品則須取得最少五份書面報價。所有書面報價須由申請機構行政總裁/總幹事簽署核證。

Note 3 If contributions in kind are not covered in PLCFE, the applicant organisation has to seek and provide at least two written quotations for single item of a value not exceeding \$50,000 and at least five written quotations for single item of a value exceeding \$50,000. All written quotations should be certified by the Head of the applicant organisation.

2.8 預算開支詳情 Details of Estimated Expenditure

(i) 人手支出 Staffing Cost

職位名稱 Post Title	#月薪(包括強積金) #Monthly Salary (including MPF)(\$)	受聘時期(月) Employment Duration (month)	預算 Budget (\$)	<input type="checkbox"/> Checked <input type="checkbox"/> Supported
1. 0.6 Project Officer (Registered Social Worker)	25,790/month x 0.6 x1.05 (MPF 5%)	24	389,945	<input type="checkbox"/> Checked <input type="checkbox"/> Supported
2.				<input type="checkbox"/> Checked <input type="checkbox"/> Supported
總數 Total (A)			389,945	<input type="checkbox"/> Checked <input type="checkbox"/> Supported

#薪金實際加幅一般不應高於按年公務員薪酬的調整幅度。Actual salary adjustment should not be higher than the Civil Service Pay Adjustment of the respective financial year.

職位 1 Post 1: 學歷 Qualification: <u>Diploma or above in social work</u> 相關工作經驗(年) Relevant working experience (year): <u>3</u> 工作範圍 Job Duties: <ul style="list-style-type: none"> - to plan and implement the project programmes and activities; - to provide counselling and support services to elderly persons and carers; - to liaise with the welfare organisations for recruitment of participants; and - to monitor budget, conduct evaluation and prepare reports. 	<input type="checkbox"/> Checked
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職位 2 Post 2: 學歷 Qualification: _____ 相關工作經驗(年) Relevant working experience (year): _____ 工作範圍 Job Duties: _____	<input type="checkbox"/> Checked
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(ii) 行政支援開支 Administration Overheads

(不超過計劃總開支 10% not exceeding 10% of the Total Project Expenditure)

行政支援開支項目 Items covered by Administration Overheads	預算 Budget (\$) (B)	<input type="checkbox"/> Checked <input type="checkbox"/> Supported
1. 服務計劃的籌劃及管理、工作協調及質素保證 Service planning and management, coordination and quality assurance	100,000	<input type="checkbox"/> Checked <input type="checkbox"/> Supported
2. 人力資源管理 Human resource management		
3. 帳目管理及財務監控 (包括核數費) Accounting management and financial monitoring (including audit fee)		
4. 風險責任管理、內部審計及管控 (包括勞工保險) Risk management, internal audit and compliance (including employees' compensation insurance)		
5. 公共關係、伙伴協作、企業傳訊及服務推廣 Public relations, partnership, corporate communication and		

	publicity		
6.	辦公及活動場所與器材設施提供、日用消耗品補給 Office/ Project venue, equipment and facilities, and consumables		
7.	資訊科技設施供應及技術支援 Information technology facilities and support		

(iii) 活動支出 Programme Expenses

- 如活動多於一項，包括沒有任何開支項目的活動，請複製表格範本。Please copy and insert template if more than one activity is planned including those without expenditure item.
 - 請將小額活動開支歸納為一項不多於5,000元的開支項目，並於「理據/詳細說明」扼要描述開支內容。Please categorise small amount expenses into one expenditure item not exceeding \$5,000 and give brief description of spending in respective "Justifications/Elaboration".
- * 請展示計算程式。如開支項目涉及聘用導師、教練等人手，請提供有關人士的資歷及相關工作經驗要求。Please illustrate calculation details of each expenditure item. The required qualification and relevant work experience of staff such as tutors and coaches, if applicable, should be provided.

活動一 Activity 1 :		<input type="checkbox"/> Checked						
名稱 Name :	Expressive Art and Music Groups	<input type="checkbox"/> Supported						
目的 Purpose :	<ul style="list-style-type: none"> - To sustain the cognitive functioning of the elderly persons and enhance their emotional well beings; and - To help the elderly persons to express thoughts and emotions through art/music media. 							
內容 Content :	<p>200 sessions of training comprising art and music activities, such as painting, drawing, playing music instruments, singing, will be provided for elderly persons with dementia or symptom of declining memory with a view to sustain their cognitive functioning and emotional well-being.</p> <p>10 classes of training will be provided by the Project Officer in parallel for 200 carers (20 carers per class) with a view to enable the carers to make use of expressive art and music to enrich the daily living of the elderly persons with dementia and ease their emotional distress.</p> <p>The Project Officer will also conduct psycho-social assessment to the participating elderly persons and their family; and render support service as appropriate.</p>							
服務對象及參與活動總人數 Target & Total no. of Participants in Activity :	300 elderly persons with dementia or symptom of declining memory; and 200 carers of elderly persons with dementia							
班/組數 No. of Classes/Groups :	<table border="0"> <tr> <td>20 groups for elderly persons;</td> <td>每班/組人數 No. of Beneficiaries per Class/Group :</td> <td>15 elderly persons per group;</td> </tr> <tr> <td>10 classes for carers</td> <td></td> <td>20 carers per class</td> </tr> </table>	20 groups for elderly persons;	每班/組人數 No. of Beneficiaries per Class/Group :	15 elderly persons per group;	10 classes for carers		20 carers per class	
20 groups for elderly persons;	每班/組人數 No. of Beneficiaries per Class/Group :	15 elderly persons per group;						
10 classes for carers		20 carers per class						
每班/組節數 No. of Sessions per Class/Group :	<table border="0"> <tr> <td>10 sessions for elderly persons;</td> <td>每節時數 No. of Hours per Session :</td> <td>1.5 hours</td> </tr> <tr> <td>1 session for carers</td> <td></td> <td></td> </tr> </table>	10 sessions for elderly persons;	每節時數 No. of Hours per Session :	1.5 hours	1 session for carers			
10 sessions for elderly persons;	每節時數 No. of Hours per Session :	1.5 hours						
1 session for carers								
預算 Budget Breakdown:								
開支項目 Expenditure Items (包括聘用額外人手或活動物資 including additional manpower and	單項價格 (註明所用單位)/ Unit Cost (Please state the parameter)	數量 Quantity	預算 Budget (\$)	理據/詳細說明* Justifications/Elaborations*	<input type="checkbox"/> Checked			

activity materials)		(\$)				
1.	Instructor fee	\$600 per session	200 sessions	120,000	The instructor should possess relevant certificate on dementia care with five years' relevant experience in teaching music/art to elderly. (\$400 per hour x 1.5 hour per session x 10 sessions x 20 groups)	<input type="checkbox"/> Supported
2.	Teaching assistant fee	\$225 per session	200 sessions	45,000	The teaching assistant should possess DSE Certificate and 2 years' relevant working experience to support the instructor in each session. (\$150 per hour x 1.5 hour per session x 10 sessions x 20 groups)	<input type="checkbox"/> Supported
3.	Training materials and refreshments	\$2,500 per group	20 groups	50,000	Training materials such as drawing pens and paper (\$45 x 300 persons), small towels (\$10 x 300 persons), simple musical instrument (\$500 x 7), drinks and snacks (\$10 per person x 15 persons x 200 sessions)	<input type="checkbox"/> Supported
總數 Total (C)				215,000		<input type="checkbox"/> Checked <input type="checkbox"/> Supported

活動二 Activity 2:		<input type="checkbox"/> Checked
名稱 Name :	Art/Music Appreciation Activities for Elderly Persons and Carers	<input type="checkbox"/> Supported
目的 Purpose :	<ul style="list-style-type: none"> - to provide opportunities for the elderly persons to express thoughts and emotions through art/music appreciation; - to widen the exposure of the elderly persons and their carers; - to enhance the relationship of the elderly persons and their carers; and - to reduce the carers' stress. 	
內容 Content :	40 sessions of outdoor activities related to art/ music will be provided for elderly persons and their carers to expand the exposure of the elderly persons and provide varied kinds of stimulation to sustain their cognitive functioning	
服務對象及參與活動總人數 Target & Total no. of Participants in Activity :	200 elderly persons with dementia or symptom of declining memory; and their 200 carers	
班/組數 No. of Classes/Groups :	10 groups	
	每班/組人數 No. of Beneficiaries per Class/Group :	20 elderly persons and 20 carers

每班/組節數 No. of Sessions per Class/Group :	4 sessions	每節時數 No. of Hours per Session :	4 hours		
預算 Budget Breakdown:					
開支項目 Expenditure Items (包括聘用額外人手或活動物資 including additional manpower and activity materials)	單項價格 (註明所用單位)/ Unit Cost (Please state the parameter) (\$)	數量 Quantity	預算 Budget (\$)	理據/詳細說明* Justifications/ Elaborations*	<input type="checkbox"/> Checked <input type="checkbox"/> Supported
1. Coach rental	\$2,000 per round-trip	40 sessions	80,000	\$2,000 per round-trip x 10 groups x 4 sessions	<input type="checkbox"/> Supported
2. Admission fee	\$110 per person	1,600 persons	176,000	Tentative activities e.g. concert/art gallery, day-camp, visit, geological-park, etc. (\$110 per person x 40 persons x 40 sessions)	<input type="checkbox"/> Supported
3. Programme Materials	\$1,000 per session	40 sessions	40,000	Programme materials such as drawing materials (\$45 per person x 400 persons), snacks and drinks (\$10 per person x 40 persons x 40 sessions), souvenirs (\$10 per person x 400 persons), first aid kits and cleansing consumables (\$200 x 10 groups)	<input type="checkbox"/> Supported
4. Allowance for volunteers	\$50 per volunteers	200 volunteers	10,000	More intensive manpower support is required for the dementia persons and their carers (\$50 per volunteer x 5 volunteers per session x 40 sessions)	<input type="checkbox"/> Supported
總數 Total (C)			306,000		<input type="checkbox"/> Checked <input type="checkbox"/> Supported

活動三 Activity 3:		<input type="checkbox"/> Checked <input type="checkbox"/> Supported
名稱 Name :	Talks for Carers	
目的 Purpose :	To equip carers with better understanding of dementia, its symptoms, and practical approaches in handling behavioural and psychological issues.	
內容 Content :	16 sessions of talks will be provided for the carers of elderly persons with dementia with a view to support the carers in taking care of the elderly persons with dementia.	
服務對象及參與活動總人數 Target & Total no. of Participants in Activity :	200 carers	
班/組數 No. of	4 groups	每班/組人數 No. of 50 carers

Classes/Groups :		Beneficiaries per Class/Group :			
每班/組節數 No. of Sessions per Class/Group :	4 sessions	每節時數 No. of Hours per Session :	3 hours		
預算 Budget Breakdown:					
開支項目 Expenditure Items (包括聘用額外人手或活動物資 including additional manpower and activity materials)	單項價格 (註明所用單位)/ Unit Cost (Please state the parameter) (\$)	數量 Quantity	預算 Budget (\$)	理據/詳細說明* Justifications/ Elaborations*	<input type="checkbox"/> Checked
1. Speaker fee	\$3,000 per session	16 sessions	48,000	The speaker should be registered art/music therapist or occupational therapists with five years' relevant working experience. (\$1,000 per hour x 3 hours per session x 16 sessions)	<input type="checkbox"/> Supported
2. Programme materials			4,000	Materials include demonstration foam boards, booklets with simple reminding / training devices, souvenir for speakers, etc.	<input type="checkbox"/> Supported
3. Refreshments	\$500 per session	16 sessions	8,000	\$10 per participant x 50 persons per session x 4 sessions x 4 groups	<input type="checkbox"/> Supported
總數 Total (C)			60,000		<input type="checkbox"/> Checked <input type="checkbox"/> Supported

(iv) 計劃總開支 Total Project Expenditure

[2.8 項(i), (ii)及(iii) (即所有活動支出)的總和 The sum of expenditure in items 2.8(i), (ii) & (iii)(i.e. expenses of all activities)]

2.8(i) (A) + 2.8(ii) (B) + 2.8(iii) (C) =

\$ 1,070,945

Checked
 Supported

(總開支應與 2.7 項的總收入相符 Total Expenditure here should be the same as Total Income in item 2.7)

2.9 成效評估 Outcome Effectiveness

成效範圍 Area of Effectiveness	目標結果 Outcome Target	評估方法 Method of Evaluation	<input type="checkbox"/> Checked
1. Helping the elderly persons to sustain their cognitive functioning and emotional well beings	Over 80% of the elderly persons maintained cognitive functioning and emotional well	- Pre-assessment and post-assessment	<input type="checkbox"/> Supported

		beings		
2.	Equip the carers with practical skills on taking care of the elderly persons with dementia or declining memory	Over 80% of the participants agreed that the training could help them equip with necessary caring skills	-	Questionnaires to carers
				<input type="checkbox"/> Supported

SAMPLE

3. 商業贊助資料^{註4}

Sponsorship from Business Corporation^{Note 4}

公司名稱 Company Name	Sunny Company Ltd.	<input type="checkbox"/> Checked
地址 Address	18/F, Sunny Building, Central, Hong Kong	
業務性質 Nature of Business	Investment Company	
聯絡人 Contact Person	Ms Mary LEUNG	
職位 Post Title	Marketing Manager	
電話號碼 Telephone No.	2333 3333	
電郵地址 E-mail Address	maryleung@sunny.com.hk	
請註明 Please indicate :		
3.1 伙伴商業機構有否曾經贊助獲批的攜手扶弱基金計劃？如有，共贊助多少次？ Has the business corporation sponsored any approved PFD Project? If yes, please state no. of sponsorship offered? <input type="checkbox"/> 是 Yes _____ 次 times <input checked="" type="checkbox"/> 否 No		<input type="checkbox"/> Checked
3.2 贊助的慈善信託或慈善基金是否由持有香港商業登記及於香港經營業務的商業機構成立、管理及提供資金？ Is the charitable trust/foundation established, managed and funded by a registered business corporation operating business in Hong Kong? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input checked="" type="checkbox"/> 不適用 Not applicable		<input type="checkbox"/> Checked
3.3 伙伴商業機構是否從事煙草或有關業務？ Is the business corporation running business in connection with smoking? <input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No		<input type="checkbox"/> Checked
3.4 申請機構、其董事會成員或項目主要參與工作人員與商業伙伴之間是否存在任何實際、潛在或可被視為有衝突的利益？(包括過往或一向以來與商業伙伴間的任何業務往來) Is there any actual, potential or perceived conflict of interest in the proposed business partnership between the applicant organisation, its board members or key personnel involved in the project and the business corporation(s) (including any previous or on-going business dealings with the business corporation(s))? <input checked="" type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如有，請詳盡披露一切有關詳情，並提出方法及安排以適當處理該利益衝突。 If yes, please provide details and set out actions taken / to be taken to properly manage the conflict of interest. Mr Chan Tai Man, an honourable advisor of the Management Committee of our agency, is one of the owners of the business corporation of the Project. Yet, our agency has no previous and on-going business dealings with the business corporation. In order to avoid any conflicts of interest, Mr Chan Tai Man will not be involved in any procurement matters and related decision making during the formation and implementation process of the project. Besides, our agency will not undertake any business dealings with the business corporation for this project.	<input type="checkbox"/> Checked	
3.5 贊助總值 Value of Donation: <input checked="" type="checkbox"/> (A) 現金 Cash \$ 535,473		<input type="checkbox"/> Checked

^{註4} 如多於一個伙伴商業機構，請就每一個伙伴商業機構填寫一份資料。

Note 4 For an application involving more than one business corporation, details of each corporation have to be provided.

<input type="checkbox"/> (B) 實物 In Kind		\$	_____		
實物 In Kind	數量 Qty	單價 Unit Cost(\$)		估值 ^{註5} Value (\$) ^{Note5}	
總值 Total :	\$	535,473		(A + B)	

SAMPLE

^{註5} 請以「*」表示屬政府《常用傢具及設備價目表》內的項目。

Note 5 Please use “*” to denote items which are covered in the “Price List of Common Furniture and Equipment”.

4. 服務計劃的其他資金來源 Other Funding Source(s) for the Project

請註明 Please indicate :		有 Yes	否 No	
4.1	<p>計劃(包括計劃內所有活動/項目)是否曾經/現時/將會申請其他政府資助?(例如獎券基金、社區投資共享基金、「伙伴倡自強」社區協作計劃、校本課後學習及支援計劃、全方位學習津貼等公共基金或津貼)</p> <p>Any application (including any activities/programmes of the entire project) made for other Government funding in respect of this project in the past, at present, or under planning (such as Lotteries Fund, Community Investment and Inclusion Fund, Enhancing Self-Reliance Through District Partnership Programme, School-based After-school Learning and Support Programmes, Life-wide Learning Grant, etc.) ?</p> <p>如有,請提供詳情(如:資助金額、資助部門、資助項目等) If yes, please provide details (e.g. amount of funding, funding department, funded items, etc.):</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Checked
4.2	<p>服務計劃現時是否自負盈虧(如通過收費收回成本)?</p> <p>Is the project self-financed (such as operating in a cost recovery mode through fee-charging)?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Checked
4.3	<p>服務計劃內擬購置的家具或設備是否與機構過往五年內獲攜手扶弱基金批准的計劃所記錄的存貨相同?如是,請提供詳情(例如:記錄的相關存貨及未能在此服務計劃使用存貨的原因)。</p> <p>Are the proposed furniture or equipment item(s) to be purchased in this project similar to the inventory item(s) recorded in other PFD projects of the organisation which were approved in the past 5 years? If yes, please provide details (such as the related item(s) recorded in the inventory and reason for not using such item(s) in this project.)</p> <p>如有,請註明: If yes, please specify:</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Checked

^{註6} 在遞交申請後2個月內,申請機構需以書面通知秘書處其他基金申請的結果或退出其他基金申請的文件副本,否則本基金會拒絕有關申請。

^{Note 6} The applicant organisation is required to inform the Secretariat in writing about the result of other funding application(s) or provide copy(ies) of document(s) showing its withdrawal from other funding application(s) within 2 months after submission of this application; otherwise, this application will be rejected.

5. 申請機構聲明及同意書

Declaration and Consent of the Applicant Organisation

本人謹此聲明

- (i) 本人確認已詳閱《攜手扶弱基金恆常部分 — 第十三輪申請的申請須知》，並願意遵守須知內列明的所有細則；
- (ii) 本人保證在本申請表格填報的資料均屬真確無訛。本人明白如填報資料不確，申請將被視為無效，同時，基金將取消已批准的資助，而已支付的款項亦須全數退還香港特別行政區政府。蓄意虛報資料或隱瞞任何重要資料者同時有可能被轉介到執法機關處理；
- (iii) 本人已徵得載於本申請表內本機構及伙伴商業機構的所有人員的訂明同意，社署可使用本申請表格內屬於他們的個人資料以審批本申請、處理本機構及／或本機構的伙伴商業機構就本申請所提出的投訴、履行法定職責、進行有關研究及調查、監察和檢討本申請的處理、整理統計數字、上載網上平台以供公眾查閱及舉辦訓練課程及分享會，以加強非政府福利機構與商業機構建立及維持伙伴關係的了解和能力；
- (iv) 本人同意在有關本計劃的宣傳資料、刊物、各項活動、佈置/背景和設施，印上或採用基金標記；
- (v) 本人同意社署為上述的目的而向相關政府決策局及部門披露及要求查核本申請內提交的資料；
- (vi) 本人同意社署就懷疑申請機構及／或其負責人違反上述聲明的個案進行調查及／或追討已發放的配對基金的目的，要求其他機構／人士(包括但不限於政府決策局及部門)披露本人及本機構負責人的個人資料(包括但不限於聯絡方法)，並授權該些機構／人士向社署提供所需資料及紀錄；及
- (vii) 本人同意接收任何有關社署攜手扶弱基金的資訊及刊物。

I hereby declare that -

- (i) I have read the “Application Guide on the Application for the Partnership Fund for the Disadvantaged (PFD) (Thirteenth Round Regular Portion Application)” (the Guide) and agree to follow the provisions set out in the Guide;
- (ii) I certify that all the information given in this application as well as the accompanying information is true and accurate. I understand any inaccurate information will make the application invalid such that any grant approved will be withheld and payment made must be refunded in full to the Government of the Hong Kong Special Administrative Region. Making false declarations or withholding material information may result in referral to law enforcement authorities;
- (iii) I have obtained the prescribed consent of our staff and staff of our business partners to the use of their personal data contained in this application form by SWD to process this application, handle complaints related to this application lodged by my organisation and/ or my business partners, discharge statutory duties, conduct research or surveys, monitor and review the handling of this application, prepare statistics, post to the web-based platform for public scrutiny and conduct training and sharing sessions that would enhance applicant organisations’ understanding and competence in building up and maintaining partnership with the business sector;
- (iv) I consent to use the logo of the PFD in all publications, publicity materials, programmes and activities, decorations / backdrops, facilities/ equipment related to this project;
- (v) I consent to SWD’s disclosure of the information provided in this application to other Government bureaux and departments and request for verification of the said information for the purposes mentioned above;
- (vi) I consent to SWD’s making request to other parties (including but not limited to Government bureaux and departments) for disclosing my personal data and those of our head(s) of the organisation (including but not limited to contact means) for the purpose(s) of investigating into suspected cases of violation of the above declaration by applicant organisation and/ or its head(s), and/ or recovering the matching grant released. I also consent to the said parties’ disclosure of the requested data and records to SWD; and
- (vii) I hereby give consent to receiving information and materials on PFD from SWD.

姓名： Name :	Chan Siu Ming	簽署： Signature :	Chan Siu Ming	<input type="checkbox"/> Checked
職銜： Title :	董事會主席 Board Chairperson	電話號碼： Telephone no. :	2345 6789	
日期： Date :	2 March 2020	機構蓋章： Organisation Chop:	ABC ASSOCIATION	