

Please forward the completed proforma to Subventions Section, Social Welfare Department at 38/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong (fax: 2575 5632) **on or before 23 April 2019.**

PROFORMA

Service Performance Monitoring System (SPMS) Self-assessment on Compliance with SQSs, ESRs and OS/OCs in 2018-19

Name of Service Operator : _____

I. Result of Self-assessment on 16 SQSs and ESRs

This NGO has conducted a self-assessment on 16 SQSs and ESRs based on the tools and suggested process^{Note 1} including the examination of all documents and their implementation as well as the formulation of action plans for non-compliant areas by:

[Please as appropriate]

- Service unit manager(s)**
- Service coordinator(s)**
- Internal audit team**
- Others (please specify):** _____

Result of our self-assessment is [Please as appropriate]:

- All subvented service unit(s) of this NGO having been operated for 12 full months in 2018-19 is/are assessed to have met the requirements of all criteria of 16 SQSs and ESR(s) as stipulated in respective Funding and Service Agreement(s).
- The following service unit(s) of this NGO has/have unmet area of SQS(s) or ESR(s) and the corresponding Action Plan(s) is/are attached (please use the form at **Appendix I**):

| <i>Name of Service Unit(s) with Non-compliance</i> | <i>Unmet Area of SQS(s)/ESR(s)</i> |
|--|------------------------------------|
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Any other remarks on self-assessment:

[Please as appropriate, if any, and provide details in separate sheets]

- Good Practice^{Note 2}, including SQSs, value-added and innovative service (please specify):

^{Note 1} Details about the self-assessment mechanism are laid down in Chapter 4 of the Performance Assessment Manual which can be downloaded from http://www.swd.gov.hk/en/index/site_ngo/page_serviceper/sub_serpassessment.

^{Note 2} The good practices reported may not be counted as track record on performance monitoring of the service operator / service unit(s). For 'Good Practice' on SQSs, we refer to the practice over and above the basic requirement of SQS, not commonly practised and such practices may be considered by other service operators as good example for the reference of their service units.

II. Result of Self-assessment on OS/OCs Performance

This NGO has conducted an annual assessment on OS/OC(s) of all subvented service unit(s) by:
 [Please as appropriate]

- Service unit manager(s)**
 Service coordinator(s)
 Internal audit team
 Others (please specify): _____

Result of our self-assessment is [Please as appropriate]:

- All subvented service unit(s) of this NGO is/are assessed to have met their corresponding OS/OC(s) in 2018-19.
- The following service unit(s) of this NGO has/have under-performance in OS/OC(s) in 2018-19 and the corresponding Action Plan(s) is/are attached (please use the form at **Appendix 2**) except for those on the exemption list at Annex II:

| <i>Name of Service Unit(s) with Unmet OS/OC(s)</i> | <i>Unmet OS/OC(s)</i> |
|--|-----------------------|
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Remark: Service operators should ensure that all statistics reported in the SIS forms are accurate. If amendments to the OS/OC statistics of 2018-19 are needed, the amended data, together with full justification, should be attached to this proforma for re-submission.

Signature : _____

Name : _____

Post : **Chairperson of Board/Management Committee/ NGO Head ***

Service Operator : _____

Contact Person : _____ **(Name & Post)**

Tel No. : _____

Fax No.: _____

E-mail Address : _____

Date : _____

**delete as appropriate*

Action Plan for Unmet Area of SQS/ESR as at April 2019

IMPORTANT NOTE:

1. The service operator is required to formulate Action Plans for all unmet areas in SQSs/ESRs of its concerned service units. One Action Plan is required for each unmet area.
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator : _____

Name of Service Unit : _____

Funding and Service Agreement : _____

I. Criterion of SQS: No. _____/ ESR concerned*:

II. The area not yet achieved:

III. Reason(s) for not achieving the above area:

IV. Action(s) to be taken for achieving the above area:

V. Planned time frame for completing the action(s):

| Responsible Service Coordinator/Supervisor of Service Unit | | | |
|--|----------|-----------------|------------|
| Name [English]: | | [Chinese] : | Signature: |
| Post & Rank [English & Chinese]: | | | |
| Contact Phone No.: | Fax No.: | E-mail Address: | Date: |

* delete as appropriate

Action Plan for Under-performed OS/OC in 2018-19

IMPORTANT NOTE:

1. The service operator is required to formulate Action Plans for all under-performed OS/OCs of its concerned service units. One Action Plan is required for each under-performed OS/OC.
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator : _____

Name of Service Unit : _____

Funding and Service Agreement : _____

| Under-performed OS/OC (e.g. OS1/OC3) | Description of OS/OC Indicator | Agreed Level (as stipulated in FSA or SIS Form) | Actual Performance of the Service Unit in 2018-19 | Any under-achievement of the same OS/OC in <u>2017-18</u> (if yes, please state the actual performance of 2017-18 also) |
|--------------------------------------|--------------------------------|---|---|---|
| | | | | |

I. Reason(s) for not achieving the OS/OC :

II. Action(s) taken and result (effectiveness) / action(s) to be taken to meet the Agreed Level of the OS/OC in the following year:

III. Planned time frame for completion of the action(s) proposed above:

| Responsible Service Coordinator/Supervisor of Service Unit | | | |
|--|----------|-----------------|------------|
| Name [English]: | | [Chinese]: | Signature: |
| Post & Rank [English & Chinese]: | | | |
| Contact Phone No.: | Fax No.: | E-mail Address: | Date: |