

Please return the completed proforma to Subventions Section, Social Welfare Department at 38/F, Dah Sing Financial Centre, 248 Queen's Road East, Wan Chai, Hong Kong (fax: 2575 5632) **on or before 30 June 2022.**

PROFORMA

Service Performance Monitoring System (SPMS) Self-assessment on Compliance with ESRs, SQSs and OS/OCs in 2021-22

Name of Service Operator : _____

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

A self-assessment has been conducted on ESRs and 16 SQSs according to the Performance Assessment Manual by:

[Please as appropriate]

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

The result of self-assessment is [Please as appropriate]:

- All subvented service unit(s) of this NGO having been operated for 12 full months in 2021-22 is/are assessed to have met all criteria of ESRs and 16 SQSs as stipulated in the respective Funding and Service Agreement(s).
- The following service unit(s) of this NGO has/have unmet area(s) of ESRs or SQSs 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 ESRs/SQSs</i>

Any other remarks on self-assessment:

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

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

^{Note} 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/OC Performance

An annual assessment on OS/OCs of all subvented service unit(s) has been conducted by:

[Please as appropriate]

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

The result of self-assessment is [Please as appropriate]:

- All subvented service unit(s) of this NGO is/are assessed to have met their corresponding OS/OCs in 2021-22.
- The following service unit(s) of this NGO has/have under-performance in OS/OC(s) in 2021-22 and the corresponding Action Plan(s) is/are attached (please use the form at **Appendix 2**).

<i>Name of Service Unit(s) with Unmet OS/OC(s)</i>	<i>Unmet OS/OC(s)</i>	<i>SIS form No.</i>

Remark: Service operators must ensure that all statistics reported in the SIS forms are accurate. If amendments to the OS/OC statistics of 2021-22 are needed, the amended information, together with full justifications, 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 Areas of ESRs/SQs as at 31 March 2022**

IMPORTANT NOTE:

- (1) If the unmet areas in ESRs/SQs of service units concerned are due to circumstances relating to COVID-19 in 2021-22, the service operator may fill in one "Action Plan" for all the unmet areas; and tick "Not applicable" under Items IV and V.
- (2) If the unmet areas in ESRs/SQs of service units concerned are due to reasons other than (1) above, the service operator is required to formulate Action Plans for all unmet areas. *One Action Plan is required for each unmet area.*
- (3) For (2) above, 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. Area(s) not yet achieved:

III. Reason(s) for not achieving the above area(s) (please as appropriate, may tick more than one box):

- in accordance with the special arrangements as announced by SWD, the service unit suspended service delivery/ was not open to the public/ only provided services on a limited scale (e.g. areas designated for public use were closed)/ others (please specify: _____)* from _____(date) to _____(date) to prevent the spread of COVID-19.
- other reason(s) (please specify): _____

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

- Not applicable
- Action(s) to be taken (please specify): _____

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

- Not applicable
- Action(s) to be taken (please specify): _____

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/OCs in 2021-22**

IMPORTANT NOTE:

- (1) If the under-performed OS/OCs of service units concerned are due to circumstances relating to COVID-19 in 2021-22, the service operator may fill in one "Action Plan" for all the under-performed OS/OCs; and tick "Not applicable" under Items II and III.
- (2) If the under-performed OS/OCs of service units concerned are due to reasons other than (1) above, the service operator is required to formulate Action Plans for all under-performed OS/OCs of its service units concerned. One Action Plan is required for each under-performed OS/OC.
- (3) For (2) above, 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 2021-22	Any under-achievement of the same OS/OC in <u>2020-21</u> (if yes, please state the actual performance of 2020-21 also)

- I. Reason(s) for not achieving the OS/OC(s) (please as appropriate, may tick more than one box)
- in accordance with the special arrangements as announced by SWD, the service unit suspended service delivery/ was not open to the public/ only provided services on a limited scale (e.g. areas designated for public use were closed)/ suspended groups and programmes/ others (please specify: _____)* from _____ (date) to _____ (date) to prevent the spread of COVID-19.
- other reason(s) (please specify): _____
- II. Action(s) taken and result (effectiveness)/ action(s) to be taken to meet the Agreed Level of the OS/OC(s) in the following year (please as appropriate):
- Not applicable
- Action(s) to be taken (please specify): _____
- III. Planned time frame for completion of the action(s) proposed above (please as appropriate):
- Not applicable
- Action(s) to be taken (please specify): _____

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