

## 伊利沙伯女皇弱智人士基金撥款申請表

Application for a Grant from Queen Elizabeth Foundation for the Mentally Handicapped (QEFMH)

## 擬議計劃 Proposed project

計劃名稱 Project name (最多廿五字) (in 25 words maximum)	(中文) (in Chinese)	(必需填寫 required)
	(英文) (in English)	(必需填寫 required)

## 申請的計劃 Scheme applied (please tick the appropriate one) (必需填寫 required)

每張申請表只可提交一個計劃 Please use a separate form for each scheme
--

- 獨立生活設備支援計劃  
(申請資助額為\$30,000 或以下)  
Independent Living Facilities  
Support Scheme  
(Amount of grant applied is  
\$30,000 or below)

請答第(i)項 Please go to item (i)
-------------------------------

- 一般資助計劃  
(申請資助額為\$30,000 以上)  
General Support Scheme  
(Amount of grant applied is  
above \$30,000)

請跳答第(ii)項 Please go to item (ii)
----------------------------------

## 計劃性質 Nature of proposed project

- (i) 獨立生活設備支援計劃的性質(請選出最適切一項) nature of Independent Living Facilities Support Scheme

(please tick the most appropriate one):

- 購置器材、設施 purchase of equipment/facilities  
( 康復 rehabilitation  訓練 training  資訊科技、電腦 IT, computer  康樂 recreation)

- (ii) 一般資助計劃的性質(請選出最適切一項) nature of General Support Scheme

(please tick the most appropriate one):

- 購置器材、設施 purchase of equipment/facilities  
( 康復 rehabilitation  訓練 training  資訊科技、電腦 IT, computer  康樂 recreation)
- 小型工程 minor capital works  服務及訓練 service and training  
 公眾教育 public education  康樂 leisure and recreation

## 計劃詳情 Description of proposed project (下述每項最多五十字) (in 50 words maximum for each of the following items)

- (iii) 目的 objective

**伊利沙伯女皇弱智人士基金撥款申請表**

**Application for a Grant from Queen Elizabeth Foundation for the Mentally Handicapped (QEFMH)**

(iv) 舉辦理由 justifications

(v) 地點 location

(vi) 計劃推行時間 Project period : ( 由 From \_\_\_\_\_ 至 to \_\_\_\_\_ )

請於附件一詳細列出計劃各項活動及日程

Please list detailed implementation schedule of all project activities at Annex I

(vii) 計劃的服務對象及受惠人士數目

Target group(s) and approximate number of persons to be benefited from the project :

- | • 弱智人士 (Persons with Mental Handicap)   | 輕度(Mild) | 中度(Moderate) | 嚴重(Severe) |
|---|----------|--------------|------------|
| - 兒童 (children)   | _____    | _____        | _____      |
| - 青少年 (teenagers)   | _____    | _____        | _____      |
| - 成年 (Adults)   | _____    | _____        | _____      |
| • 弱智人士家長 (Parents of persons with mental handicap)  |          |              | _____      |
| • 受薪照顧者,例如特殊教師、職業治療師 (Paid Carers of persons with mental handicap, e.g. special school teachers, Occupational Therapists, etc.) |          |              | _____      |
| • 義工 (Volunteers)   | _____    |              |            |
| • 大眾 (the general public)   | _____    |              |            |

(viii) 這項計劃的開支總額(請於附件二詳列各項預算開支數額)

Total cost of the project (with detailed and itemized estimates of costs at Annex II)

港幣 HK\$

(ix) 是否已經或將會向政府部門和其他機構申請資助這項計劃的開支(請列明部門/機構名稱和申請數額) :

Whether assistance has been/will be sought from Government departments or other organisations for the project (if yes, please provide details on the Government departments/organisations and the amount sought)

(x) 這項計劃是否會涉及長期的經常開支及相關數額(如屬試驗計劃,則請說明資助期完結後是否仍有這類開支)

Implications on long term recurrent expenditure and amount involved (including implications of a pilot project after the sponsorship)

伊利沙伯女皇弱智人士基金撥款申請表

Application for a Grant from Queen Elizabeth Foundation for the Mentally Handicapped (QEFMH)

(xi) 日後應付上述第(x)項長期經常開支的安排

Future funding arrangement for the long term recurrent expenditure in item (x) above:

- 由申請機構調配內部資源應付 To be covered by redeployment of internal resources
- 向政府部門或其他機構申請資助(請列明有關資料) Seek assistance from Government departments or other organizations (please provide relevant details)

政府部門 / 有關機構的名稱 :

Name of the government departments / relevant organizations:

預計數額 (amount sought):HK\$

- 其他 (請說明) Others (please specify)

(xii) 申請機構是否在香港成立的自助組織 ? Is your organization a self-help organisation established in Hong Kong ?

否 No  是 Yes (請提供有關證明文件) (Please provide copies of relevant supporting document)

(在申請本基金而言, 自助組織須根據香港法例中的社團條例(第151章)或公司條例(第32章)註冊, 或以非牟利/慈善機構的身份, 根據稅務條例(第112章)第88條獲稅務署署長豁免繳稅最少三年。)

(For the purpose of application for grants from this Fund, a non-profit making self-help group should be an organization that has been registered in Hong Kong under the Societies Ordinance (Cap. 151) or the Companies Ordinance (Cap. 32), or by virtue of its non-profit making /charitable nature, been granted tax exemption status by the Commissioner of Inland Revenue under Section 88 of the Inland Revenue Ordinance (Cap. 112), for **at least 3 years.**)

(xiii) 請列出申請計劃中所有由相關人士所提供的付款服務的活動及相關金額, 並提供理據。(相關人士泛指申請機構/服務單位的成員/員工(包括申請機構負責人)及他們的最近親, 及申請機構的其他單位。)

Please list all activities of the applied project that involve paid services to be provided by related persons/parties of the organizations/service units, the amount involved, and the respective justifications. (Related persons/parties include all members and staffs (including Head of the organization) of the applying organization/service units and their next-of-kin, and other services units of the applying organization.)

(xiv) 向伊利沙伯女皇弱智人士基金申請撥款的金額及類別

Amount and type of assistance sought from the QEFMH:

申請總額 Total amount applied : 港幣 HK\$ \_\_\_\_\_

撥款類別 Type of assistance :  一次過資助 one-off grant

經常資助(為期 1/2\* 年) recurrent grant (for 1/2\* years)

\*請刪去不適用的 delete if inappropriate

(xv) 如獲准資助, 付款支票的抬頭人應為 If a grant is approved, the cheque should be made payable to

**伊利沙伯女皇弱智人士基金撥款申請表**

**Application for a Grant from Queen Elizabeth Foundation for the Mentally Handicapped (QEFMH)**

**申請機構/服務單位的資料 Applicant –**

申請機構 的名稱 Name of the organisation	(中文) (in Chinese)	(必需填寫 required)
	(英文) (in English)	(必需填寫 required)
申請機構 的地址 Address of the organisation	(中文) (in Chinese)	(必需填寫 required)
	(英文) (in English)	(必需填寫 required)
申請服務單位 的名稱 Name of the service unit	(中文) (in Chinese)	(必需填寫 required)
	(英文) (in English)	(必需填寫 required)
申請服務單位 的地址 Address of the service unit	(中文) (in Chinese)	(必需填寫 required)
	(英文) (in English)	(必需填寫 required)

(傳真 Fax: )

(傳真 Fax: )

申請機構舉辦同類計劃的經驗 (請簡單列出, 不超過一百五十字)  
The organisation's experience in the field of the project (Please list relevant information in less than 150 words)

如要得知有關本申請的更詳細資料, 可與申請機構的下列人士聯絡  
Contact person for further information on this application (必需填寫 required)

姓名:	(中文) (in Chinese)	
Name:	(英文) (in English)	
職銜:	(中文) (in Chinese)	
Designation:	(英文) (in English)	
電話號碼 Tel. No.:		
傳真號碼 Fax No.:		
電郵地址 e-mail address:		

**伊利沙伯女皇弱智人士基金撥款申請表**

Application for a Grant from Queen Elizabeth Foundation for the Mentally Handicapped (QEFMH)

**Declaration by the Head of Organization 申請機構負責人聲明**

本人證明本申請表所填報的資料均屬真確無訛。本人明白任何不正確的資料會令本申請無效。同時，所有獲批的資助將被停止發放，而已支付的款項亦須全數退還伊利沙伯女皇弱智人士基金。

I certify that all the information given in this application is true and accurate. I understand that any inaccurate information that is given will render the application void. Any grant approved will be withheld and any payment made must be refunded to the Queen Elizabeth Foundation for the Mentally Handicapped.

申請機構負責人簽署#

Signature of the Head of Organisation # \_\_\_\_\_

(中文)

申請機構負責人的姓名

(in Chinese)

Name of the Head of Organisation

(英文)

(in English)

職銜

(中文)

Designation

(in Chinese)

(英文)

(in English)

電話號碼 Tel. No.:

傳真號碼 Fax No.:

日期 Date :

**重要事項**

**Important Notes**

1. 申請書若未為申請機構負責人簽署確認，即屬無效。有關申請將不獲本基金考慮發放資助。
2. 為更快處理貴機構的申請，計劃書內容務求簡單扼要。計劃的所有相關資料，(包括舉辦理由)，應在申請表內清楚說明。不需再附上有關背景資料如剪報、文章、研究報告等。理事會秘書處有權決定是否考慮此類資料。
3. 若貴機構/服務單位曾申請本基金撥款，有關機構/服務單位背景資料不須附上。

# 「申請機構負責人」須為總幹事或獲其授權管理有關復康及殘疾事宜的主管人員。

1. **Failing to have the application form endorsed by the head of organization will render the application void and the same will not be considered for grant from the Foundation.**
  2. To facilitate processing of your application, all details of your project (including justifications) should be reflected in this application form in a succinct manner. There is no need to attach related information, such as news clipping, paper, research reports, etc. The Council Secretariat of the QEFMH has sole discretion in processing such information.
  3. If your organization/service unit had applied for fund from this Foundation, there is no need to attach background information on your organization/service unit.
- # **“Head of organization” should either be the Executive Director or his/her delegated person taking overall charge of rehabilitation and disability matters**

計劃各項活動及日程 Detailed implementation schedule of all project activities

	推行日程 implementation schedule		活動、事件、購置項目 Activity/Event/Procurement	預算金額 (若適用) Estimated amount (if applicable) (港幣 HK\$)	估計受惠人數 Estimated no. of beneficiaries
	由 From	至 To			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

可在此依次加上新項目 (New items can be appended and sequenced here.)

**計劃各項預算開支數額 Itemized cost estimates of the project**

(預算金額在港幣 10,000 元或以上的項目必須提供報價文件。而港幣 10,000 元以下的項目也請盡量提供相關的報價文件。)

(For items with estimated amount at or above HK\$10,000, quotation documents should be provided. Please also provide quotation documents for items with estimated amount below HK\$10,000, if practicable.)

	支出項目 Expenditure Item	預算金額 Estimated amount (港幣 HK\$)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
可在此依次加上新項目 (New items can be appended and sequenced here)		
X	開支總額(上述各項總額) Total cost of the project (total of item 1 to item 18)	

A	活動收費 (如獲有) (Activities' fare, if any)	
B	其他收入 (如獲有) (Other income to be received, if any)	
C	用於這計劃的其他捐助 (如獲有) (Other donation(s) to be spend on this project, if any)	
可在此依次加上新項目 (New items can be appended and sequenced here)		
Y	所收總額 Total amount received (A + B + C)	

Z	申請總額 Total amount sought from the QEFMH (X - Y)	
---	---	--