

Application Form for Grant from Queen Elizabeth Foundation for the Mentally Handicapped (QEFMH) (2021)

(A) Applicant's information																																									
1. Name of organisation	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Chinese</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> <tr> <td style="padding: 5px;">English</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> </table>	Chinese		English																																					
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3. Project Name (Maximum 25 words)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Chinese</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> <tr> <td style="padding: 5px;">English</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> </table>	Chinese		English																																					
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4. Amount of grant sought	\$ (Please provide detailed financial budget of this project in the Annex.)																																								
5. Bank account holder name																																									
(B) Details of the proposed project (Each form should be used for applying one project only)																																									
6. Support scheme (Please put a "✓" in the appropriate box(s). Please do not choose more than one scheme.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>General Support Scheme</td> </tr> <tr> <td colspan="2">Nature : <input type="checkbox"/> Purchase of the following type of equipment/facilities:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> rehabilitation <input type="checkbox"/> training <input type="checkbox"/> IT, computer</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Others (please specify) _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> minor capital works</td> </tr> <tr> <td></td> <td><input type="checkbox"/> service and training</td> </tr> <tr> <td></td> <td><input type="checkbox"/> public education</td> </tr> <tr> <td></td> <td><input type="checkbox"/> others (please specify) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Scheme to Support Persons with Intellectual Disability for Independent Living Facilities</td> </tr> <tr> <td colspan="2">Nature : <input type="checkbox"/> Purchase of the following type of equipment/facilities:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> rehabilitation <input type="checkbox"/> training <input type="checkbox"/> IT, computer</td> </tr> <tr> <td></td> <td><input type="checkbox"/> others (please specify) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Scheme to Support Aged Persons with Intellectual Disability</td> </tr> <tr> <td colspan="2">Nature : <input type="checkbox"/> Purchase of the following type of equipment/facilities:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> rehabilitation <input type="checkbox"/> training <input type="checkbox"/> IT, computer</td> </tr> <tr> <td></td> <td><input type="checkbox"/> others (please specify) _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> minor capital works</td> </tr> <tr> <td></td> <td><input type="checkbox"/> service and training</td> </tr> <tr> <td></td> <td><input type="checkbox"/> public education</td> </tr> <tr> <td></td> <td><input type="checkbox"/> others (please specify) _____</td> </tr> </table>	<input type="checkbox"/>	General Support Scheme	Nature : <input type="checkbox"/> Purchase of the following type of equipment/facilities:			<input type="checkbox"/> rehabilitation <input type="checkbox"/> training <input type="checkbox"/> IT, computer		<input type="checkbox"/> Others (please specify) _____		<input type="checkbox"/> minor capital works		<input type="checkbox"/> service and training		<input type="checkbox"/> public education		<input type="checkbox"/> others (please specify) _____	<input type="checkbox"/>	Scheme to Support Persons with Intellectual Disability for Independent Living Facilities	Nature : <input type="checkbox"/> Purchase of the following type of equipment/facilities:			<input type="checkbox"/> rehabilitation <input type="checkbox"/> training <input type="checkbox"/> IT, computer		<input type="checkbox"/> others (please specify) _____	<input type="checkbox"/>	Scheme to Support Aged Persons with Intellectual Disability	Nature : <input type="checkbox"/> Purchase of the following type of equipment/facilities:			<input type="checkbox"/> rehabilitation <input type="checkbox"/> training <input type="checkbox"/> IT, computer		<input type="checkbox"/> others (please specify) _____		<input type="checkbox"/> minor capital works		<input type="checkbox"/> service and training		<input type="checkbox"/> public education		<input type="checkbox"/> others (please specify) _____
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7. Objective (Maximum 50 words)																		
8. Justification (Please advise how the stated objective can be achieved through this project.)																		
9. Prioritised themes (Please put a “✓” in the appropriate box.)	Please indicate if the proposed project is related to any of theme listed below. (Please skip this item if there is no related theme.) <input type="checkbox"/> strengthen early identification/intervention and to enhance learning experience <input type="checkbox"/> maximize development potential to enhance employment opportunities, independent living skills and maximize potential through participation in arts and sports <input type="checkbox"/> promote health awareness to alleviate early onset of ageing and other health-related problems and achieve positive and active ageing																	
10. Elements of sustainability & dissemination (for seeking a grant exceeding \$200,000)	How are the elements of “sustainability” and “dissemination” included in the proposed project?																	
11. Target group(s) and approximate number of beneficiaries (NOT attendance)	<table border="1"> <tr> <td data-bbox="395 1335 730 1496" rowspan="4">(a) Persons with intellectual disability</td> <td data-bbox="730 1335 932 1379"><u>Category</u></td> <td data-bbox="932 1335 1099 1379"><u>Mild</u></td> <td data-bbox="1099 1335 1268 1379"><u>Moderate</u></td> <td data-bbox="1268 1335 1444 1379"><u>Severe</u></td> </tr> <tr> <td data-bbox="730 1379 932 1424">Children</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="730 1424 932 1469">Teenagers</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="730 1469 932 1496">Adults</td> <td></td> <td></td> <td></td> </tr> </table> (b) Carers of persons with intellectual disability (c) Professional carers of persons with intellectual disability, e.g. special school teachers, occupational therapists, etc. (d) Volunteers (e) General public	(a) Persons with intellectual disability	<u>Category</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	Children				Teenagers				Adults			
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12. Duration	From _____ (date/month/year) to _____ (date/month/year) (_____ month(s) in total) (Please note that the project commencement date should not be earlier than November 2021. Please set out the details of the implementation plan and budget of this project in the Annex.)																	
13. Location (Please put a “✓” in the appropriate box.)	Will this project be implemented in Hong Kong? <input type="checkbox"/> Yes <input type="checkbox"/> No (please specify _____)																	

14. Applicant's experience in the field of this project (if applicable) (not more than 150 words)			
15. Similar projects receiving grants from QEFMH in the past three years (if applicable)	File reference	Name of Project	Approved grant (HK\$)
(C) Financial budget (Please set out detailed budget at the Annex.)			
16. Other source of funding (Please put a "✓" in the appropriate box.)	Has/will assistance from the Government or other organisations been/be sought for this project? <input type="checkbox"/> No <input type="checkbox"/> Yes. Details are as follows: (a) name of Government bureau/department/other organisation <input data-bbox="911 1070 1426 1182" type="text"/> (b) amount sought (\$) <input data-bbox="911 1182 1426 1227" type="text"/>		
17. Long-term recurrent expenditure (if applicable)	Implications on the long-term recurrent expenditure and amount involved (including the implications of a pilot after the sponsorship) <input data-bbox="740 1234 1426 1458" type="text"/> Future funding arrangement for the long-term recurrent expenditure (Please put a "✓" in the appropriate box.) <input type="checkbox"/> to be covered by redeployment of internal resources <input type="checkbox"/> seek assistance from the following Government bureau/departments or other organisations: Name <input data-bbox="1007 1675 1426 1720" type="text"/> Amount (\$) <input data-bbox="1007 1720 1426 1765" type="text"/> <input type="checkbox"/> others (please specify): <input data-bbox="799 1794 1426 1877" type="text"/>		

<p>18. Paid services to be provided by related persons/parties (Please put a “✓” in the appropriate box.)</p>	<p>Are there any paid services to be provided by related persons/parties? (Related persons/parties include all members and staff (including head of the organisation) of the applicant/its service unit(s) and their next-of-kin, and other services unit(s) of the applicant.)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Details of the paid services to be provided by related person(s)/party(ies) of the applicant/its service unit(s) for the project, including the amount involved and the respective justifications, are as follows:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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(D) Registration record and contact information of the applicant

<p>19. Registration record (Please put a “✓” in the appropriate box.)</p>	<p>Has your organisation received any grant from QEFMH before? (Please note that for the purpose of application for grants from QEFMH, a non-profit making self-help group should be an organisation that has been registered in Hong Kong under the Societies Ordinance (Cap. 151) or the Companies Ordinance (Cap. 622), and 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.)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No. The following supporting documents are attached to this application form:</p> <p><input type="checkbox"/> Certificate of Registration of a Society</p> <p><input type="checkbox"/> Certificate of Incorporation</p> <p><input type="checkbox"/> Proof of tax exemption under section 88 of the Inland Revenue Ordinance</p> <p><input type="checkbox"/> Others (Please specify) _____</p>
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<p>20. Head of Organisation (i.e. Executive Director or his/her delegated person taking overall charge of rehabilitation and disability matters)</p>	Name	
	Post	
	Address	
	Tel. No.	
	Fax No.	
	Email	

21. Authorised person(s) for dealing with matters relating to this application (if applicable)	Please note that all invoices and receipts for reimbursement of expenses (if this application is approved) must be signed and certified by the Head of Organisation or authorised person(s) specified below (according to specimen signature(s) below). In case of any changes, please notify the Council of QEFMH in writing.	
	Name	Please select:
	Specimen signature	
	Post	
	Address	
	Tel. No.	
	Fax No.	
	Email	
	Name	Please select:
	Specimen signature	
	Post	
	Address	
	Tel. No.	
	Fax No.	
Email		

(E) Declaration by the Head of Organisation

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, and any grant approved will be withheld and any payment made must be refunded to QEFMH.

Signature: _____ Organisation chop: _____
 Name: _____
 Date: _____

Important notes

1. Failing to have the application form endorsed by the head of organisation will render the application void and the same will not be considered for grant from QEFMH.
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 Secretariat of the Council of QEFMH has sole discretion in processing such information.
3. Personal data provided will only be used by the Council of QEFMH and relevant government/other organisations/persons for application-related purposes. Should there be any correction of and access to the personal data after submission of application, please contact the Secretariat of the Council of QEFMH (tel. no. 2810 3540).

Implementation Plan and Financial Budget

(A) Implementation Plan

Item	Implementation schedule*		Details of activity/procurement (such as scheduled implementation date, time, location and other details)	Activity's fare, if any (\$) (Please indicate unit fare and number involved)	Estimated number of beneficiaries (NOT attendance)
	From (mm/yy)	To (mm/yy)			
1.					
2.					
3.					
4.					
5.					
Total:					

*The commencement date should not be earlier than November 2021.

(B) Estimated income

Income items	Amount (\$)
(i) Amount of grant sought from QEFMH	
(ii) Activity's fare, if any	
(iii) Amount to be borne by the applicant	
(iv) Donation(s) (Please specify source: _____)	
(v) Others (Please specify: _____)	
Total income:	

(C) Estimated expenditure items

(Note: At least TWO quotations should be provided for any individual item with an estimated amount at or over \$10,000. Please also provide quotations for items with an estimated amount under \$10,000 if practicable.)

Item (Please refer to (A) above.)	Expenditure items and purposes	Amount				Quotation number (to be assigned by applicant)	Approved amount (\$) (for use by Council of QEFMH)
		Unit cost (\$)	Quantity	Sub-total (\$)	Grant being sought (\$)		
Item 1	(a)						
	(b)						
	(c)						
	(d)						
	(e)						
	(f)						
	Total (item 1)						
Item 2	(a)						
	(b)						
	(c)						
	(d)						
	(e)						
	(f)						
	Total (item 2)						

Item (Please refer to (A) above.)	Expenditure items and purposes	Amount				Quotation number (to be assigned by applicant)	Approved amount (\$) (for use by Council of QEFMH)
		Unit cost (\$)	Quantity	Sub-total (\$)	Grant being sought (\$)		
Item 3	(a)						
	(b)						
	(c)						
	(d)						
	(e)						
	(f)						
	Total (item 3)						
Item 4	(a)						
	(b)						
	(c)						
	(d)						
	(e)						
	(f)						
	Total (item 4)						
Item 5	(a)						
	(b)						
	(c)						
	(d)						
	(e)						
	(f)						
	Total (item 5)						
Grant total of expenditures (sum of all above items)							