

余兆麒殘疾人士基金資助申請表 (2020)
Application for a Grant from the S K Yee Fund for the Disabled (2020)

擬議計劃 Proposed project		
申請機構名稱 Name of the organisation	(中文) (in Chinese)	
	(英文) (in English)	
申請服務單位 的名稱 Name of the service unit	(中文) (in Chinese)	
	(英文) (in English)	
計劃名稱 (最多廿五字) Project name (in 25 words maximum)	(中文) (in Chinese)	
	(英文) (in English)	
計劃詳情 (下述每項最多五十字) Description of proposed project (in 50 words maximum for each of the following items)		
1. 目的 Objective		
2. 舉辦理由 Justifications		
3. 性質 (請選出最適切一項) Nature (please tick the most appropriate one)	<input type="checkbox"/> 購置器材、設施 purchase of equipment/facilities	
	<input type="checkbox"/> 康復 rehabilitation	<input type="checkbox"/> 訓練 training
	<input type="checkbox"/> 資訊科技、電腦 IT, computer	<input type="checkbox"/> 康樂 recreation
	<input type="checkbox"/> 小型工程 minor capital works	
	<input type="checkbox"/> 服務及訓練 service and training	
	<input type="checkbox"/> 公眾教育 public education	
<input type="checkbox"/> 康樂 leisure and recreation		
4. 計劃推行時間 Project period *開始推行日期不應早於 2021年8月 (請參閱申請資	由 (月/年) From (month/year)	
	至 (月/年) To (month/year)	

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<p><i>助須知第15段</i> *Project should not commence before August 2021 (Please refer to paragraph 15 of the Guide to Application for Grant)</p>	<p>需時 (月) Duration (in months)</p>	<p>月 months</p>		
<p>5. 地點 Location</p>				
<p>6. 是否已經或將會向政府部門或其他機構申請資助這項計劃的開支 (請列明有關資料) Whether assistance has been/will be sought from Government departments or other organisations for the project (if yes, please provide relevant details)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none; vertical-align: top; padding: 5px;"> <p><input type="checkbox"/> 否 No</p> </td> <td style="border: none; vertical-align: top; padding: 5px;"> <p><input type="checkbox"/> 是 Yes 部門/機構 Government departments/organisations</p> <p>申請數額 (Amount sought):HK\$</p> <p>預計結果公佈日期 (月/年)(如適用): Anticipated date of result announcement (month / year)(if applicable):</p> </td> </tr> </table>			<p><input type="checkbox"/> 否 No</p>	<p><input type="checkbox"/> 是 Yes 部門/機構 Government departments/organisations</p> <p>申請數額 (Amount sought):HK\$</p> <p>預計結果公佈日期 (月/年)(如適用): Anticipated date of result announcement (month / year)(if applicable):</p>
<p><input type="checkbox"/> 否 No</p>	<p><input type="checkbox"/> 是 Yes 部門/機構 Government departments/organisations</p> <p>申請數額 (Amount sought):HK\$</p> <p>預計結果公佈日期 (月/年)(如適用): Anticipated date of result announcement (month / year)(if applicable):</p>			
<p>7. 這項計劃會否涉及長期的經常開支及相關金額 <i>(如屬試驗計劃，請說明資助期完結後是否仍有這類開支)</i> Implications on long term recurrent expenditure and amount involved <i>(including implications of a pilot project subsequent to the sponsorship obtained)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none; vertical-align: top; padding: 5px;"> <p><input type="checkbox"/> 否 No (請跳答第9項 Please go to Item 9)</p> </td> <td style="border: none; vertical-align: top; padding: 5px;"> <p><input type="checkbox"/> 是 Yes (請回答第 8 項 Please answer item 8) 資助期完結後，持續推行該計劃的預算每年經常開支(港幣): Annual recurrent implication for continuing the project subsequent to the sponsorship obtained (HK\$):</p> </td> </tr> </table>			<p><input type="checkbox"/> 否 No (請跳答第9項 Please go to Item 9)</p>	<p><input type="checkbox"/> 是 Yes (請回答第 8 項 Please answer item 8) 資助期完結後，持續推行該計劃的預算每年經常開支(港幣): Annual recurrent implication for continuing the project subsequent to the sponsorship obtained (HK\$):</p>
<p><input type="checkbox"/> 否 No (請跳答第9項 Please go to Item 9)</p>	<p><input type="checkbox"/> 是 Yes (請回答第 8 項 Please answer item 8) 資助期完結後，持續推行該計劃的預算每年經常開支(港幣): Annual recurrent implication for continuing the project subsequent to the sponsorship obtained (HK\$):</p>			
<p>8. 日後應付上述長期經常開支的安排 Future funding arrangement for the above long term recurrent expenditure:</p> <p><input type="checkbox"/> 由申請機構調配內部資源應付 To be covered by redeployment of internal resources</p> <p><input type="checkbox"/> 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 organisations (please provide relevant details)</p>				

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政府部門 / 有關機構的名稱 :

Name of the Government departments / relevant organisations:

申請金額 Amount sought: HK\$

其他 (請說明) Others (please specify)

9. 申請機構是否已註冊超過三年的自助組織 ?

Is your organisation a self-help organisation established in Hong Kong for more than 3 years?

否 No

是 (請提供有關證明文件)

Yes (Please provide copies of the relevant supporting document.)

(就申請本基金而言，自助組織須以非牟利/慈善機構的身份根據香港法例中的社團條例(第151章)或公司條例(第32章)註冊最少三年，或根據稅務條例(第112章)第88條獲稅務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 organisation that has been registered in Hong Kong under the Societies Ordinance (Cap. 151) or the Companies Ordinance (Cap.32) by virtue of its non-profit making / charitable nature, or 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.)

10. 請列出申請計劃中所有由相關人士所提供，而涉及付款服務的活動及有關金額，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，及申請機構的其他服務單位。)

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

11. 這項計劃的開支總額
Total cost of the project

港幣 HK\$ _____

請於附件三詳列各項預算開支數額。

Please list detailed and itemised estimates of costs at **Annex III.**

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12. 向余兆麒殘疾人士基金申請撥款的金額及類別 Amount and type of assistance sought from the S K Yee Fund for the Disabled		
申請金額 Amount applied 港幣 HK\$ _____	撥款類別 (*請刪去不適用的項目) Type of assistance (* delete where appropriate) <input type="checkbox"/> 一次過資助 one-off grant <input type="checkbox"/> 經常資助(為期 1 / 2* 年) recurrent grant (for 1 / 2* years)	
13. 如獲資助，付款支票的抬頭人應為： If a grant is approved, the cheque should be made payable to:		
14. 申請機構/服務單位的資料 (必需提供中英文資料) Applicant's information (Information in both English and Chinese is required)		
申請機構的地址 Address of the organisation	(中文) (in Chinese)	
	(英文)(in English)	
	傳真 Fax	
申請服務單位的地址 Address of the service unit	(中文) (in Chinese)	
	(英文)(in English)	
	傳真 Fax	
15. 申請機構在過去三年成功獲得本基金撥款的同類計劃資料 Information on similar projects that have successfully obtained grants from this Fund in the past three years		
檔號 Ref. no.	計劃名稱 Project name	資助金額 Approved grant (\$)
16. 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 organising similar project (Please list relevant information in less than 150 words)		

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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			
姓名 Name	<i>(中文) (in Chinese)</i>		
	<i>(英文) (in English)</i>		
職銜 Designation	<i>(中文) (in Chinese)</i>		
	<i>(英文) (in English)</i>		
電話號碼 Tel. No.		傳真號碼 Fax No.	
電郵地址 Email address			
申請機構負責人簽署 Signature of the Head of Organisation		日期 Date	
姓名 Name	<i>(中文) (in Chinese)</i>		
	<i>(英文) (in English)</i>		
職銜 Designation	<i>(中文) (in Chinese)</i>		
	<i>(英文) (in English)</i>		
電話號碼 Tel. No.		傳真號碼 Fax No.	
重要事項		Important	
<p>1. 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。余兆麒殘疾人士基金評審小組有權決定是否考慮此類資料。</p> <p>2. 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。</p> <p>3. 請把填妥的申請表連同附件及相關資料，以掛號郵件的方式向勞工及福利局康復分科遞交，該分科的地址為香港添馬添美道2號政府總部西翼11樓。</p>		<p>1. 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 Assessment Panel of the S K Yee Fund for the Disabled has sole discretion in processing such information.</p> <p>2. If your organisation/service unit had applied for fund from this Foundation, there is no need to attach background information on your organisation/service unit.</p> <p>3. Completed application form together with the annexes and relevant information should be submitted by registered mail to the Rehabilitation Division, Labour and Welfare Bureau at 11/F, West Wing, Central Government Offices, 2 Tim Mei Avenue, Tamar, Hong Kong.</p>	

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附件一 Annex I

計劃名稱 Project name	
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計劃各項活動及日程
Detailed implementation schedule of all project activities

	推行日程 <i>開始推行日期不應早於 2021年8月 (請參閱申請資助須知 第15段)</i> Implementation schedule <i>Project should not commence before August 2021 (Please refer to paragraph 15 of the Guide to Application for Grant)</i>				
	由 From	至 To			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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

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附件二 Annex II

計劃的服務對象及受惠人士數目 (有關資料必須填寫) Target group(s) and approximate number of persons to be benefited from the project (Relevant information must be provided)					
	殘疾類別 Type of Disability	兒童 Children (A)	青少年 Teenagers (B)	成年 Adults (C)	個別殘疾類別人數 Sub-total for each type of disability (A)+(B)+(C)
1.	聽障 Hearing impairment				
2.	視障 Visual impairment				
3.	肢體傷殘 Physical disability				
4.	言語障礙 Speech impairment				
5.	精神病 Mental illness				
6.	自閉症 Autism				
7.	器官殘障/長期病患 Visceral disability / Chronic illness				
8.	注意力不足 / 過度活躍症 Attention Deficit / Hyperactivity Disorder				
9.	特殊學習困難 Specific Learning Difficulties				
10.	多種殘疾 Multiple disabilities				
是項計劃受惠殘疾人士總數： Total number of persons with disabilities to be benefited from the project :					
其他受惠人士 Other beneficiaries:					
受薪照顧者,例如特殊教師、職業治療師 Paid Carers, e.g. special school teachers, Occupational Therapists, etc.					
殘疾人士家長 Parents of persons with disabilities					
義工 Volunteers					
大眾 the general public					
是項計劃受惠人士總數 Total number of beneficiaries of the project :					

計劃如何促進貧困的殘疾人士的福利和身心健康

How the project will bring about an improvement to the mental or physical health and well-being of persons with disabilities with limited financial means

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附件三 Annex III

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

	支出項目 Expenditure Item	預算金額 Estimated amount (港幣 HK\$)	報價文件編號* Quotation document number *
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

* 預算金額在港幣5,000元或以上的項目必須提供最少兩個報價

For items with estimated amount at HK\$5,000 or above, at least two quotations must be provided

X	開支總額(上述各項總額) Total cost of the project (total of items listed above)	
A	活動收費 (如有的話) Activities' fare (if any)	
B	其他收入 (如有的話) Other income to be received (if any)	
C	用於這計劃的其他捐助 (如有的話) Other donation(s) to be spent on this project (if any)	

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

Y	收入總額 Total amount received (A + B + C)	
Z	申請總額 (X - Y) Total amount sought from the S K Yee Fund for the Disabled (X - Y)	