

Application Form for Grant from Queen Elizabeth Foundation for the Mentally Handicapped (QEFMH) (2025)

(A) Applicant Organisation'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	
Chinese					
English					
2. Name of service unit (if applicable)	<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	
Chinese					
English					
3. Project Name (Not more than 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	
Chinese					
English					
4. Amount of grant requested	\$ (Please provide detailed budget of this project in the Annex)				
5. Name of bank account holder					
(B) Details of the project (Each form should be used for applying one project only)					
6. Support scheme (Please put a "✓" in the appropriate box(es). Please do not choose more than one scheme)	<div style="margin-bottom: 10px;"> <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) _____ </div> <div style="margin-bottom: 10px;"> <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) _____ </div> <div> <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) _____ </div>				

<p>7. Objective (Not more than 50 words)</p>																						
<p>8. Justification (Please elaborate how the stated objective can be achieved through this project)</p>																						
<p>9. Prioritised themes (Please put a “✓” in the appropriate box)</p>	<p>Please indicate if the project is related to any of theme listed below. (Skip this item if there is no related theme)</p> <p><input type="checkbox"/> strengthen early identification/ intervention and to enhance learning experience</p> <p><input type="checkbox"/> maximise development potentials to enhance employment opportunities, independent living skills and maximise potentials through participation in arts and sports</p> <p><input type="checkbox"/> promote health awareness to alleviate early symptoms of ageing and other health-related problems and achieve positive and active ageing</p>																					
<p>10. Elements of sustainability & dissemination (for request of a grant exceeding \$200,000)</p>	<p>How are the elements of “sustainability” and “dissemination” included in the project?</p>																					
<p>11. Target group(s) and approximate number of beneficiaries (NOT number of attendance)</p>	<table border="1"> <tr> <td data-bbox="395 1335 730 1503" 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 data-bbox="932 1379 1099 1424"></td> <td data-bbox="1099 1379 1268 1424"></td> <td data-bbox="1268 1379 1444 1424"></td> </tr> <tr> <td data-bbox="730 1424 932 1469">Teenagers</td> <td data-bbox="932 1424 1099 1469"></td> <td data-bbox="1099 1424 1268 1469"></td> <td data-bbox="1268 1424 1444 1469"></td> </tr> <tr> <td data-bbox="730 1469 932 1503">Adults</td> <td data-bbox="932 1469 1099 1503"></td> <td data-bbox="1099 1469 1268 1503"></td> <td data-bbox="1268 1469 1444 1503"></td> </tr> </table> <p>(b) Carers of persons with intellectual disability</p> <p>(c) Professional carers of persons with intellectual disability, e.g. special school teachers, occupational therapists, etc.</p> <p>(d) Volunteers</p> <p>(e) General public</p> <table border="1" data-bbox="1268 1503 1444 1709"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>	(a) Persons with intellectual disability	<u>Category</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	Children				Teenagers				Adults							
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	Teenagers																					
	Adults																					
<p>12. Duration</p>	<p>From _____ (date/ month/ year) to _____ (date/ month/ year) (_____ month(s) in total)</p> <p>(Please note that the project commencement date should not be earlier than April 2026. Please set out the details of the implementation plan and budget of this project in the Annex)</p>																					
<p>13. Location (Please put a “✓” in the appropriate box)</p>	<p>Will this project be implemented in Hong Kong?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (please specify _____)</p>																					

14. Applicant organisation's experience in implementing project of similar nature (if applicable) (not more than 150 words)																					
15. Similar projects receiving grants from QEFMH in the past three years (if applicable)	<table border="1"> <thead> <tr> <th data-bbox="400 468 619 544">File reference number</th> <th data-bbox="619 468 1225 544">Name of Project</th> <th data-bbox="1225 468 1437 544">Approved grant (HK\$)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	File reference number	Name of Project	Approved grant (HK\$)																	
File reference number	Name of Project	Approved grant (HK\$)																			
(C) Financial budget (Please set out detailed budget at the Annex.)																					
16. Other source(s) of funding (Please put a "✓" in the appropriate box)	Has funding been sought/ will funding be sought from the Government or other organisations for this project? <input type="checkbox"/> No <input type="checkbox"/> Yes. Details are as follows: (a) Name of Government bureau/ department/ other organisation (b) Amount sought (\$) <table border="1" data-bbox="911 1144 1426 1294" style="margin-left: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>																				
17. Long-term recurrent expenditure (if applicable)	Implications on the long-term recurrent expenditure and amount involved (including the implications to a pilot project after the funding period) Future funding arrangement for the long-term recurrent expenditure (Please put a "✓" in the appropriate box) <table border="1" data-bbox="740 1308 1426 1570" style="margin-left: 40px;"> <tr><td> </td></tr> </table> <input type="checkbox"/> to be covered by redeployment of internal resources <input type="checkbox"/> seek funding from the following Government bureau/ departments or other organisations: Name <table border="1" data-bbox="1007 1749 1426 1787" style="margin-left: 20px;"> <tr><td> </td></tr> </table> Amount (\$) <table border="1" data-bbox="1007 1787 1426 1825" style="margin-left: 20px;"> <tr><td> </td></tr> </table> <input type="checkbox"/> others (please specify): <table border="1" data-bbox="799 1870 1426 1942" style="margin-left: 40px;"> <tr><td> </td></tr> </table>																				

<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/ party(ies) include all members and staff (including head of the organisation) of the applicant organisation/ 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 organisation

<p>19. Registration record (Please put a “✓” in the appropriate box)</p>	<p>Has your organisation received any grant from the QEFMH previously? (Please note that to be eligible for 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 enclosed in 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 authorised person taking charge of rehabilitation and disability matters)</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Name</td> <td>Mr/ Ms (Please delete where appropriate)</td> </tr> <tr> <td>Post</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Tel. No.</td> <td></td> </tr> <tr> <td>Fax No.</td> <td></td> </tr> <tr> <td>Email</td> <td></td> </tr> </table>	Name	Mr/ Ms (Please delete where appropriate)	Post		Address		Tel. No.		Fax No.		Email	
Name	Mr/ Ms (Please delete where appropriate)												
Post													
Address													
Tel. No.													
Fax No.													
Email													

21. Authorised person(s) for dealing with matters relating to this application (if applicable)	Please note that if this application is approved, all invoices and receipts for reimbursement of expenses 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	Mr/ Ms (Please delete where appropriate)
	Specimen signature	
	Post	
	Address	
	Tel. No.	
	Fax No.	
	Email	
	Name	Mr/ Ms (Please delete where appropriate)
	Specimen signature	
	Post	
	Address	
	Tel. No.	
	Fax No.	
Email		
(E) Other information (including national security risk assessment on project deliverables, preventive and emergencies responsive measures, etc.) :		
(F) Declaration by Head of Organisation		
I hereby declare 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 invalid, and any grant approved will be withheld and any funds disbursed must be refunded to QEFMH.		
Signature:	_____	Organisation chop: _____
Name:	_____	
Date:	_____	

Important notes

1. This application will be deemed invalid if it is not signed and confirmed by the authorised person of the applicant organisation. Any such unsigned application will not be considered by the Council.
2. To facilitate processing your application, all details of your project (including justifications)

should be provided in this application form in a succinct manner. Nevertheless, related information, such as news clippings, paper, research reports, etc need not be enclosed. The Secretariat of the Council of QEFMH has the sole discretion in processing such information.

Collection of Personal Data Statement

(I) Purpose of Data Collection

1. The personal data collected by the Council of the Queen Elizabeth Foundation for the Mentally Handicapped will be used for the following purposes:
 - (a) Processing funding applications, related reports, and reimbursement requests under the scheme;
 - (b) Daily operations of the funding scheme;
 - (c) Making announcements and promotions related to the objectives set by the funding scheme;
 - (d) Monitoring and evaluating funded activities;
 - (e) Taking any remedial or follow-up actions regarding funded activities;
 - (f) Disclosing information as required by law; and
 - (g) Any other purposes related to the above.
2. The applicant must provide all personal data required for the application. If all the necessary data cannot be provided, the application may not be considered.

(II) Classes of Transferees

3. For the purposes stated in paragraph 1 above, the Council of the Queen Elizabeth Foundation for the Mentally Handicapped may transfer or disclose the personal data provided in the application form to:
 - (a) Any individuals related to the funding scheme (including agents, contractors, or third-party service providers of the Government);
 - (b) Any individuals who have a confidentiality obligation to the Council of the Queen Elizabeth Foundation for the Mentally Handicapped; and
 - (c) Any individuals to whom the Council of the Queen Elizabeth Foundation for the Mentally Handicapped is required to disclose data under any legal obligation.

(III) Access to Personal Data

4. The responsible personnel of the applicant organisation have the right to access and amend the personal data provided in accordance with the Personal Data (Privacy) Ordinance (Cap. 486). The right of access includes obtaining a copy of the personal data of the individual concerned in this application form.
5. After submitting the application, if there is a need to amend or access personal data, please contact the Secretariat of the Council of the Foundation:

Secretariat of the Council of the Queen Elizabeth Foundation for the Mentally Handicapped
Contact Number: 2810 3831

Implementation Plan and Financial Budget

(A) Implementation Plan

Item	Implementation schedule*		Details of activity/ procurement of equipment (such as scheduled implementation date, time, location and other details)	Activity's charges, if any (\$) (Please indicate unit charge and number of person involved)	Estimated number of beneficiaries (NOT number of attendance)
	From (mm/yy)	To (mm/yy)			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Total					

*The commencement date should not be earlier than April 2026.

(B) Estimated income

Income items		Amount (\$)
(i) Amount of grant requested from QEFMH		
(ii) Activity's charges, if any	Item 1	
	Item 2	
	Item 3	
	Item 4	
	Item 5	
	Item 6	
	Item 7	
	Item 8	
(iii) Amount to be covered by the applicant organisation		
(iv) Donation(s) (Please specify source of donation:)		
(v) Others (Please specify:)		
Total income:		

(C) Estimated expenditure items

(Note: Applicants may submit supporting documents as deemed necessary to facilitate the Secretariat in processing the application.)

Item (Please refer to (A) above)	Expenditure items and purposes	Amount				Supporting documents (if applicable, serial number to be assigned by applicant)	Approved amount (\$) (to be completed by Council Secretariat of QEFMH)
		Unit cost (\$)	Quantity	Sub-total (\$)	Grant requested (\$)		
Item 1	(a)						
	(b)						
	(c)						
	(d)						
	(e)						
	(f)						
	Total (item 1)						
Item 2	(a)						
	(b)						
	(c)						

Item (Please refer to (A) above)	Expenditure items and purposes	Amount				Supporting documents (if applicable, serial number to be assigned by applicant)	Approved amount (\$) (to be completed by Council Secretariat of QEFMH)
		Unit cost (\$)	Quantity	Sub-total (\$)	Grant requested (\$)		
	(d)						
	(e)						
	(f)						
	Total (item 2)						
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)						

Item (Please refer to (A) above)	Expenditure items and purposes	Amount				Supporting documents (if applicable, serial number to be assigned by applicant)	Approved amount (\$) (to be completed by Council Secretariat of QEFMH)
		Unit cost (\$)	Quantity	Sub-total (\$)	Grant requested (\$)		
	Total (item 5)						
Item 6	(a)						
	(b)						
	(c)						
	(d)						
	(e)						
	(f)						
	Total (item 6)						
Item 7	(a)						
	(b)						
	(c)						
	(d)						
	(e)						
	(f)						
	Total (item 7)						
Item 8	(a)						
	(b)						
	(c)						
	(d)						
	(e)						
	(f)						
	Total (item 8)						
Grand total of expenditure (sum of all above items)							