

禁毒基金特別撥款計劃
Beat Drugs Fund
Special Funding Scheme

填表時務請參閱《禁毒基金特別撥款計劃指引》，申請表須於二零零八年十一月十七日下午六時或之前送交禁毒基金會（香港金鐘道 66 號金鐘道政府合署高座 30 樓保安局禁毒處轉交）

This form should be completed with reference to “Guide to Beat Drugs Fund Special Funding Scheme”. It should be returned to the Beat Drugs Fund Association, c/o Narcotics Division, Security Bureau, 30/F, Queensway Government Offices, High Block, 66 Queensway, Hong Kong on or before 6:00 p.m. 17 November 2008.

此欄無須填寫
For Official Use Only
檔案編號
Reference No:

禁毒基金特別撥款計劃申請表

Beat Drugs Fund Special Funding Scheme Application Form

(可用中文或英文填寫。 To be completed in Chinese or English)

甲部 計劃資料

Part A Project Information

I. 計劃名稱

Project Name

中文

Chinese: _____

英文

English: _____

II. 申請人/機構

Applicant

中文

Chinese: _____

英文

English: _____

地址:

Address: _____

電話:

Tel. No. _____

傳真:

Fax No. _____

電郵地址:

E-mail address _____

負責人: _____ 職銜: _____
Responsible Person: _____ Post Title: _____

可提供更詳盡資料的人士 (如與上述填報的負責人不同)

Person to be contacted for further information (if different from the responsible person)

姓名: _____ 職銜: _____
Name _____ Post Title _____

地址: _____
Address _____

_____ 電郵地址: _____
_____ E-mail address _____

電話: _____ 傳真: _____
Tel. No. _____ Fax No. _____

III. 申請人/機構背景

Background Information of Applicant

(a) (i) 如屬機構，請註明

For applicant organisation, please state -

是否根據下列條例註冊

Whether the applicant is registered under -

《社團條例》
Societies Ordinance

《公司條例》
Companies Ordinance

其他 (請註明)
Others (please specify) _____
(註冊年份: _____)
Year of Registration: _____)

(ii) 是否《稅務條例》第 88 條所指的慈善機構:

Whether the applicant is a charitable organisation for the purpose of section 88 of the Inland Revenue Ordinance -

否 是 (請提供稅務局發出的 IR 表格第 302 號)
No Yes (please provide Form 302 issued by the
Inland Revenue Department)

(b) 如屬個人，請提供附屬機構支持計劃的證明文件。

For individual applicants, please attach documentary evidence showing that support from their affiliated organisations have been obtained.

(c) 請以不超過一頁文字提供申請人/機構的簡介

Please provide a brief description of the applicant in no more than one page.

附屬機構名稱及地址:

Name and Address of affiliated organisation:

IV. 計劃主題 : 家庭醫生專業培訓課程計劃

Project theme : Professional Training Programme for Family Doctors

V. 活動計劃的對象(類別)

Targets (type): _____

人數

(number of participants to be reached): _____

VI. (i) 預計開始時間

Expected Commencement Date : _____
(日/月/年) (Day/Month/Year)

(ii) 計劃進行年期

Project duration: _____

(iii) 預計完成時間

Expected Completion Date: _____
(日/月/年) (Day/Month/Year)

VII. 計劃撮要(請以不多於 300 字簡介計劃的內容)

Project Summary (please provide a concise summary of the project in no more than 300 words)

VIII. 財政預算
Budget

(i) 申請撥款總額
Total grant sought: \$_____

(ii) 其他已獲得/正申請的贊助
Any other sponsorship sought / being sought
 沒有 No 有 Yes

資助來源 <u>Source of Fund</u>	已獲得/正申請的資助 <u>Amount Received*/Appl</u> <u>ied for</u>	申請進展 <u>Progress</u> <u>of Applicatio</u> <u>n</u>
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(a)

(b)

(c)

- (iii) 財政預算分項數字 (請以不超過 10 個項目列出財政預算；如須另列細項，請另行以額外續頁提供有關資料)

Budget breakdown (Please provide an overall budget with less than 10 Items; Detailed accounts, if any, can be listed in separate sheet)

- (a) 為計劃聘請員工詳情

Details of Recruitment of Project Staff

增聘員工的薪金應以政府同類職位的起薪點為準。如以較高薪金聘用員工，則須提出充分理由。(Appointees should normally be paid with the starting salary of similar posts in the Government. Strong justifications should be provided for the appointment of staff with higher salaries.)

(1) 薪金 Honorarium

<u>職位</u> <u>Position</u>	<u>全職/兼職*</u> <u>Full-time/ Part-time*</u>	<u>員工數目</u> <u>No. of staff (A)</u>	<u>月薪</u> <u>Monthly Salary (B)</u>	<u>聘用月數</u> <u>Length of Employment (in months) (C)</u>	<u>申請款額</u> <u>Amount of Grant Applied for (\$) (A)x(B)x(C)</u>
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小計
Sub-total :

小計
Sub-total : (D)

(b) 其他開支項目詳情 (為計劃所聘請員工的薪金除外)

Details of other expenditure items (Except honorarium of Project Staff)

<u>其他項目</u> <u>Other Item(s)</u>	<u>預計的支出</u> <u>Estimated Expendi</u> <u>ture(\$)</u>	<u>預計的收入(如適用)</u> <u>Estimated Revenue(\$)</u> <u>(if any)</u>	<u>申請款額</u> <u>Amount of Grant</u> <u>Applied for (\$)</u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	小計 Sub-total :	小計 Sub-total :	小計 Sub-total : (E)
			申請撥款總額 Total grant sought : (D)+ (E)

IX. #如在本年度的特別撥款計劃提出超過一項申請，請排列各項計劃的優先次序：
(如申請人/機構屬母機構轄下的分會/分區組織，此項必須由母機構填寫。)

For applicant who submits more than one application in this year's special funding exercise, please list out those applications/projects in order of priority:

(If an applicant is a branch or district office/agency under a mother organisation, this item should be filled in by the mother organisation.)

次序 Priority	計劃名稱 Project name	申請金額 Amount applied for (\$)
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
		總計 Total: _____

乙部 計劃詳情

Part B Project Details

請利用續頁就項目(i)及(ii)提供不超過五頁資料:

Please use separate sheets (of no more than 5 pages) for items (i) to (ii):

請就下列項目提供簡要資料

Please give concise information on the following areas:

(i) 計劃建議 Project Proposal

- a) 活動計劃的對象及預期人數
targets and expected number of participants
- d) 擬舉辦的活動及活動詳情
proposed activities and programme
- c) 進度表
action plan with time-line
- d) 預期產品及成果
expected deliverables and outcome
- e) 評估方法(請列出評估計劃的指標。應為量化的指標或衡量計劃成效的指標)
evaluation method (please list indicators for evaluating the project. Quantifiable indicators or outcome-based indicators should be proposed.)

(ii) 申請人/機構 Applicant

- a) 申請人/機構如何就推行計劃作準備；及
how the applicant make preparations for implementing the project; and
- b) 是否有其他有利申請人/機構推行計劃的因素/設施
whether there are other favourable factors or facilities that favour the applicant in implementing the project

(iii) 附加資料 Additional Information

- a) 如計劃獲得禁毒基金資助，但在資助期屆滿時未能取得其他撥款，申請人/機構會如何處理未完成的工作或尚待提供服務的個案；及

how the outstanding tasks/remaining clients of the project, if approved, will be handled/served if there is no alternative source of funding on expiry of the grants from the Beat Drugs Fund; and

- b) 如申請撥款購買固定資產(例如辦公室器材或電腦等)，請簡述絕對需要該項資產以推行計劃的理據。申請者亦須說明其他方案(例如租用固定資產或使用申請人/或機構的固定資產)不可行或不符經濟效益的理由。

for applicant who proposes to procure capital item (for example, office equipment or computer), please describe briefly how the capital item is absolutely essential for implementation of the project. Applicant should also explain how other options (such as hire/renting of the capital item or use of applicant's capital item) are not practical nor cost effective.

謹此證明，據本人/我們*所知，申請表內所填報的資料均正確無訛。本人/我們*同意，如擬議計劃獲禁毒基金會批准，表格內所提供的資料對申請人/機構具有約束力。本人/我們*又保證，如日後本人/我們*向其他方面申請資助同一計劃，定必通知禁毒基金會秘書。

I/We* certify that the information given in this Application Form is correct according to the best of my/our* knowledge. I/We agree that the information provided in this application would be binding on the applicant if the proposed project is approved by the Beat Drugs Fund Association. I/We* also undertake to inform the Secretary, Beat Drugs Fund Association if, subsequent to this application, I/We* apply for funds from other sources for the same project.

簽署
Signature :

職銜
Post title :

姓名
Name :

日期
Date :

機構蓋章
Official Chop

#如屬機構，須由機構高級人員填寫。

If the applicant is an organisation, this item should be completed by a senior officer of the organisation.

*刪去不適用者

delete where appropriate

申請書覆函
ACKNOWLEDGEMENT OF APPLICATION

我們已收到你的申請書，現正詳加審閱。
Your application has been received and is now being studied.

(只供有關部門填寫 Official use only)

申請人編號
Application No. _____

禁毒基金會秘書處蓋章
Official Chop of Secretariat of
Beat Drugs Fund Association

(申請人／機構請填寫以下項目 Applicant please fill in the following items)

計劃名稱
Project Name

中文
Chinese _____

英文
English _____

申請人／機構
Applicant _____

地址
Address _____

聯絡人姓名
Contact Person _____

有關收集個人資料聲明
Personal Information Collection Statement

收集目的

Purpose of Collection

1. 這份表格內填報的個人資料，是供禁毒基金會及其秘書處，用來審批禁毒基金申請之用。

The personal data provided in relation to this application will be used by the Beat Drugs Fund Association and its Secretariat for the purpose of assessing applications to the Beat Drugs Fund.

2. 在這份表格填報個人資料純屬自願性質。如未能提供某些資料，可能會影響申請書的評審。

The provision of personal data in relation to this application is voluntary. However, failure to provide certain information may affect the assessment of the application.

披露資料

Disclosure of Information

3. 為了審批禁毒基金的申請，禁毒基金會或會把這份表格所載的個人資料，向保安局禁毒處、其他政府部門、外聘評審員、監察員，及其他有關人士披露。

The personal data you provide by means of this application may be disclosed by the Beat Drugs Fund Association to the Narcotics Division of the Security Bureau, other government departments, external reviewers, monitoring members of the projects and other people concerned.

查閱個人資料

Access to Personal Data

4. 根據《個人資料(私隱)條例》第 18 及 22 條，及附表 1 第 6 原則的規定，填報這份表格的人士有權查閱和更正所提供的個人資料，包括索取表格內有關個人資料部分的副本。

You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided in this application.

查詢
Enquiries

5. 如對這份表格填報的個人資料有任何查詢，包括查閱及更正，請聯絡：

香港金鐘道 66 號
金鐘道政府合署高座 30 樓
保安局禁毒處轉
禁毒基金會

電話: 2867 2737 / 2867 2286

傳真: 2810 1790

網址: <http://www.nd.gov.hk>

電郵地址: sbeon4@sb.gov.hk

Enquiries concerning the personal data collected by means of this application, including access and corrections should be addressed to :

The Beat Drugs Fund Association
c/o Narcotics Division, Security Bureau
30/F, High Block
Queensway Government Offices
66 Queensway
Hong Kong

Tel: 2867 2737 / 2867 2286

Fax: 2810 1790

Website : <http://www.nd.gov.hk>

E-mail address: sbeon4@sb.gov.hk