

2024 Funding Exercise of the BDF Regular Funding Scheme

Toolkit - Submission of Documents to BDFA

(For projects engaging auditors for auditing and assurance)

	Documents to be submitted	Reporting Period	Due Date for Submission
(i)	<ul style="list-style-type: none"> • Reply cum undertaking • Implementation plan (sample at Attachment 1) 	N/A	20 May 2025
(ii)	<ul style="list-style-type: none"> • Projection of interim targets (sample at Attachment 2)¹ 	N/A	Around 2 weeks after the 3 rd month of project implementation
(iii)	<ul style="list-style-type: none"> • Half-yearly progress report (sample at Attachment 3)² • Activity records / Record of Output Indicators • BDF Evaluation Database (outcome) 	6 months from project start date	Within 3 weeks from the end of reporting period
(iv)	<ul style="list-style-type: none"> • Half-yearly progress report • Activity records / Record of Output Indicators • BDF Evaluation Database (outcome) 	12 months from project start date	Within 3 weeks from the end of reporting period
	<ul style="list-style-type: none"> • Annual auditor's report and supporting financial documents (Checklist for financial documents at Attachment 4; specimen/samples at Attachments 5 to 8) 		Within 2 months after the end of reporting period

¹ Projection of interim targets is not applicable for research projects.

² Applicable to projects without research elements that are running for more than six months. For research projects or mixed type projects with research elements that are running for less than 24 months, the progress reports shall be submitted within three weeks from the end of each four-month period. For research projects or mixed type projects with research elements that are running for 24 months or longer, the progress reports shall be submitted within three weeks from the end of each six-month period. Ad hoc progress reports may be called from the grantee as and when necessary.

	Documents to be submitted	Reporting Period	Due Date for Submission
(v)	<ul style="list-style-type: none"> • Half-yearly progress report³ • Activity records / Record of Output Indicators • BDF Evaluation Database (outcome) 	18 months from project start date	Within 3 weeks from the end of reporting period
(vi)	<ul style="list-style-type: none"> • Full report • Activity records / Record of Output Indicators • BDF Evaluation Database (outcome) • Project-end PowerPoint • Other project deliverables, if any • Final auditor's report and supporting financial documents (Checklist for financial documents at Attachment 4; specimen/samples at Attachments 5 to 8) 	Project start date to end date	Within 2 months from project completion

(March 2025)

³ For projects running for more than 24 months, further progress reports are to be submitted on a half-yearly basis.

BEAT DRUGS FUND REGULAR FUNDING EXERCISE

IMPLEMENTATION PLAN

(Grantee should wait for Beat Drugs Fund Association (BDFA)'s confirmation of this plan before commencement of project. Once this plan is confirmed, prior approval shall be obtained from the BDFA in case a change in the implementation plan is required, say cancellation of a project activity or amendment to questionnaires.)

(A) Project reference no.: BDF 240000

(B) Project title: Drug-free Community Programme

(C) Name of grantee: ABC Anti-drug Centre

(D) Amount of grant approved: \$536,000

(E) Date of commencement:
(The commencement date stated here will be regarded as the start date of the first project year in part (N))

1 Jul 2025

1. 計劃須於獲批計劃後6個月內開始(除個別延續計劃另有指明外)

(F) Expected date of completion:

30 Jun 2027

2. 於計劃開始前，如需修改計劃開始及完結日期，請盡早以書面通知基金會

如對填寫本表格有任何疑問，歡迎聯絡禁毒基金秘書處

研究項目執行者如對填寫本表格有任何疑問，可聯絡研究諮詢小組秘書處

(G) Project implementation schedule

(Please list, in order of the commencement dates, the names of the activities and target implementation dates by blocking out the relevant dates on the timetable below (using X or). Please modify the timetable to suit your schedule, if needed. Major publicity activities should be underlined.)

S/N	Name of Activity	Start Date	End Date	Duration	2025												2026												2027-28																		
					3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2							
1	計劃宣傳	7/2025	12/2026	18 mths					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																							
2	才藝訓練	8/2025 & 8/2026	6/2026 & 6/2027	11 mths & 11 mths					X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X																
3	社區禁毒宣傳	11/2025	2/2027	10 mths (共 5 次)								X	X	X	X	X							X	X			X	X																			
4	家長工作坊	10/2025	6/2027	21 mths							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																
5	製作及播放以販毒為題的短片	4/2027	6/2027	3 mths																																											

須包括所有計劃書內提及並已獲批的活動，即使有關活動並無指標(如「製作及播放以販毒為題的短片」)，亦應清楚列明，以免負責同工有所遺漏，亦方便基金會適時跟進相關進度

活動的開始時間為實際運作時間毋須包含籌備階段

機構需於計劃推行後 3 個月向基金會提交中期服務指標預測，基金會將參考推行時間表以評核有關預測是否合理。故此，機構須謹慎計劃推行時間表。於擬訂時間表時，機構可考慮以下因素：

1. 如為系列性活動(即需完成部分活動方可進入另一階段)，需考慮加入緩衝期，以免前期活動一旦延誤，影響後續活動安排及整個計劃完成
2. 部分如尋找隱蔽吸毒者或其家長的活動/輔導需較長時間進行招募或建立關係，建議預留足夠籌備時間(時間表內毋須包含籌備階段)

(H) Evaluation on Output Indicators (Not applicable to research-type projects)
(Please list the output indicators and the related evaluation methods.)

成果指標及對象必須按基金會批核而定，未經基金會批准，機構不能隨意更改。

	Description of Indicator (with targets)	Target Population	Evaluation Method ¹	Related to Activity (S/N) (please refer to the 1 st column of part G)
Output indicator 1	30 名有吸毒問題的青少年參與才藝訓練，出席率達 420 人次 (或 70%) (30 人 x 20 節 x 70% = 420 人次)	有吸毒問題的青少年	從參加者的出席記錄中檢索	2
Output indicator 2	於社區進行 5 次大型禁毒宣傳活動，共 1,000 名公眾人士參與	公眾人士	工作人員點算或以派發門券/宣傳品等數目計算出席人數	3
Output indicator 3	750 名家長參與家長工作坊	家長	學校/機構提交證明或從參加者的出席記錄中檢索	4

只需填上直接有關活動號碼，其他如計劃宣傳、評估等不用填寫

(I) Evaluation on Outcome Indicators (Not applicable to research-type projects)

(Please list the outcome indicators, the related evaluation methods, the type and the number of participants to be recruited for evaluation, etc. Other than those sample questionnaires enclosed in the approval letter, grantee may design its own evaluation tools and incorporate the relevant questionnaires as evaluation method of the indicator(s). Project evaluation questionnaires should be attached. Grantee should carefully consider the feasibility of using the questionnaires for evaluation. Once the questionnaires are approved, grantee is required to seek approval from BDFA

¹ Please describe how the information on the indicators would be collected.

before any amendment.)

如為自訂問卷，請夾附供基金會審核。如有關問卷需於稍後提供，請填上預計提供問卷日期(最遲於相關活動開展前 3 星期)

	Description of Indicator (with targets)	Evaluation Method (e.g. pre- and post-test survey, post-test survey, focus group, measuring instruments to be used, etc.)	Sample Size The type and number of participants to be recruited for evaluation	Related to Activity (S/N) (please refer to the 1 st column of part G)
Outcome indicator 1	60%社區人士對吸毒問題的了解於活動後有所提升	自訂問卷* (後測調查)	約 500 名參與大型禁 毒宣傳活動的社區 人士	3
Outcome indicator 2	70%有吸毒問題的青少年在接受訓練後的 3 個月內吸毒頻次有所減少	禁毒基金 6 號問卷 (前測及後測調查)	所有參與才藝訓練 的吸毒青少年 (約 30 名)	2
Outcome indicator 3	80%家長辨識吸毒者的能力於活動後有所提升 (或配對樣本t 檢定 (paired t-test) 顯示有顯著提升)	禁毒基金 19 號問卷 (修訂版) (請參閱附件一) (前測及後測調查)	約 500 名參與工作坊 的家長	4

只需填上直接有關活動號碼，其他如計劃評估等不用填寫

*機構須考慮活動安排後方製作合適的問卷作調查，有關問卷將於 2024 年 8 月提交予基金會審核

成效指標及評估方法必須按基金會批核而定，未經基金會批准，機構不能隨意更改

使用禁毒基金評估問卷時，機構可按計劃的需要和方針選擇或增加合適的題目，為方便基金會準備 Excel database template，請夾附已修訂之問卷

- (J) Other Monitoring and Evaluation Mechanism (Optional for non-research projects. For research projects, please state the dates for submission of research report(s), as indicated in section 1(I)(g) of the research proposal for requirement specified in Appendix B of the application form)
(Please state any other monitoring and evaluation mechanism other than the output/outcome indicators given above.)

N/A

(K) Results of individual activity

(Please list, in order of the serial number the activities listed at Part (G), the expected results of individual activity, in terms of the type, number and man-times of participants, the type and number of deliverables, and the case handled, etc. For research projects or mixed type projects with substantial research elements, please state the research objectives and number of subjects involved as indicated in Part 1 (b) and (d) of the research proposal for requirement specified in Appendix B of the application form.)

Activity 1¹: 計劃宣傳

Period	Aim and Content	Targets	Expected Results (e.g. expected number of beneficiary. For research projects, please state the nature and no. of subjects involved and research objectives to be achieved)	For PE&P activity, please indicate whether the content of activity fulfils the following approval conditions:
7/2025 – 12/2026	<p>Aim: 進行宣傳，以招募參加者</p> <p>Content: 於全港各區進行計劃宣傳，如印製單張及海報、發信予全港中小學家長教師會及社區團體等。</p>	有吸毒問題的青少年、家長、公眾人士	N/A	<p><input type="checkbox"/> activity suitably covers the dire consequences of engaging in drug trafficking activities</p> <p><input checked="" type="checkbox"/> activity suitably covers the control of etomidate (“space oil drug”) and cannabidiol (CBD) as dangerous drugs, and the consequences of possessing, consuming or “space oil drug” and trafficking CBD products</p> <p><input checked="" type="checkbox"/> activity promotes the Hong Kong Jockey Club Drug InfoCentre, the anti-drug telephone enquiry service “186 186”, the anti-drug instant messaging enquiry service “98 186 186” or ND’s website & social media</p> <p><input checked="" type="checkbox"/> activity suitably features ND’s overarching theme, logo, slogan, promotional design, anti-drug ambassadors “Agent Don’t” and “Agent Hope”, which are listed on ND’s website</p> <p><input type="checkbox"/> not applicable (non-PE&P activity)</p>


請按照計劃書所示填寫活動內容，包括非成果指標的活動。假若計劃書未有詳細交待活動內容，請填寫概要和活動節數。

留意批准書上相關的預防教育和宣傳活動條款，參考相關的網上資源，在合適的活動中添加預防販毒，太空油毒品，大麻二酚（CBD）法例及宣傳禁毒處“186 186”及“98 186 186”禁毒熱線及禁毒即時通訊諮詢服務等元素。

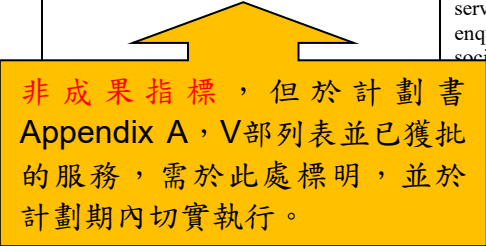
非預防教育和宣傳活動，可選擇不適用，
☒ not applicable (non-PE&P activity)

¹ The Activity S/N at tables (H), (I) and (K) should tally with the Activity S/N shown at table (G).

Activity 2²: 才藝訓練

Period	Aim and Content	Targets	Expected Results (e.g. expected number of beneficiary. For research projects, please state the nature and no. of subjects involved and research objectives to be achieved)	For PE&P activity, please indicate whether the content of activity fulfils the following approval conditions:
8/2025 – 6/2026 (第一期)	Aim: 建立良好生活習慣，增強參加者對抗毒品的決心，從而改善吸毒問題	有吸毒問題的青少年	30 名有吸毒問題的青少年參與才藝訓練，出席率達 420 人次 (或 70%)	<input checked="" type="checkbox"/> activity suitably covers the dire consequences of engaging in drug trafficking activities <input checked="" type="checkbox"/> activity suitably covers the control of etomidate (“space oil drug”) and cannabidiol (CBD) as dangerous drugs, and the consequences of possessing, consuming or “space oil drug” and trafficking CBD products <input checked="" type="checkbox"/> activity promotes the Hong Kong Jockey Club Drug InfoCentre, the anti-drug telephone enquiry service “186 186”, the anti-drug instant messaging enquiry service “98 186 186” or ND’s website & social media <input checked="" type="checkbox"/> activity suitably features ND’s overarching theme, logo, slogan, promotional design, anti-drug ambassadors “Agent Don’t” and “Agent Hope”, which are listed on ND’s website <input type="checkbox"/> not applicable (non-PE&P activity)
8/2026 – 6/2027 (第二期)	Content: 聘請專業導師，為有吸毒問題的青少年提供唱歌或舞蹈才藝訓練。訓練分兩期進行，每期 20 節。訓練完結後，社工帶領參加者進行小組分享及輔導。			

Activity 3²: 社區禁毒宣傳

Period	Aim and Content	Targets	Expected Results (e.g. expected number of beneficiary. For research projects, please state the nature and no. of subjects involved and research objectives to be achieved)	For PE&P activity, please indicate whether the content of activity fulfils the following approval conditions:
11/2025 – 2/2027 (共 5 次)	Aim: 提升社區人士對吸毒問題的了解 Content: 於社區進行 5 次大型禁毒宣傳活動，包括嘉年華會、禁毒展板、才藝表演、派發抗毒資訊單張及紀念品、及過來人分享等。	公眾人士、有吸毒問題的青少年	1,000 名公眾人士參與社區禁毒宣傳 不少於 12 名(或 40%)參與才藝訓練的青少年協助進行社區宣傳(包括籌備、才藝表演或義工服務)	<input checked="" type="checkbox"/> activity suitably covers the dire consequences of engaging in drug trafficking activities <input checked="" type="checkbox"/> activity suitably covers the control of etomidate (“space oil drug”) and cannabidiol (CBD) as dangerous drugs, and the consequences of possessing, consuming or “space oil drug” and trafficking CBD products <input checked="" type="checkbox"/> activity promotes the Hong Kong Jockey Club Drug InfoCentre, the anti-drug telephone enquiry service “186 186”, the anti-drug instant messaging enquiry service “98 186 186” or ND’s website & social media <input checked="" type="checkbox"/> activity suitably features ND’s overarching theme, logo, slogan, promotional design, anti-drug ambassadors “Agent Don’t” and “Agent Hope”, which are listed on ND’s website
				

² The Activity S/N at tables (H), (I) and (K) should tally with the Activity S/N shown at table (G).

			which are listed on ND's website
			<input type="checkbox"/> not applicable (non-PE&P activity)

Activity 4²: 家長工作坊

Period	Aim and Content	Targets	Expected Results (e.g. expected number of beneficiary. For research projects, please state the nature and no. of subjects involved and research objectives to be achieved)	For PE&P activity, please indicate whether the content of activity fulfils the following approval conditions:
10/2025 - 6/2026	<p>Aim: 提升家長辨識及支援吸毒子女的能力</p> <p>Content: 舉辦不少於 30 節家長工作坊，每節 2 小時，工作坊會邀請資深禁毒社工及醫護人員作講解，內容包括：</p> <ul style="list-style-type: none"> -本港最新吸毒情況 -常見毒品 -吸毒誘因及禍害 -辨識吸毒者的技巧 -處理子女吸毒問題的方法 -求助資訊 	家長	750 名家長參與家長工作坊	<input checked="" type="checkbox"/> activity suitably covers the dire consequences of engaging in drug trafficking activities <input checked="" type="checkbox"/> activity suitably covers the control of etomidate ("space oil drug") and cannabidiol (CBD) as dangerous drugs, and the consequences of possessing, consuming or "space oil drug" and trafficking CBD products <input checked="" type="checkbox"/> activity promotes the Hong Kong Jockey Club Drug InfoCentre, the anti-drug telephone enquiry service "186 186", the anti-drug instant messaging enquiry service "98 186 186" or ND's website & social media <input checked="" type="checkbox"/> activity suitably features ND's overarching theme, logo, slogan, promotional design, anti-drug ambassadors "Agent Don't" and "Agent Hope", which are listed on ND's website <input type="checkbox"/> not applicable (non-PE&P activity)

Activity 5²: 製作及播放以販毒為題的短片

Period	Aim and Content	Targets	Expected Results (e.g. expected number of beneficiary. For research projects, please state the nature and no. of subjects involved and research objectives to be achieved)	For PE&P activity, please indicate whether the content of activity fulfils the following approval conditions:
4/2026 - 6/2026	<p>Aim: 提升參加者對青少年販毒問題的認知和警覺性</p> <p>Content: 訪問販毒過來人(前小拆家)，製作一條 5 分鐘的短片，描述毒犯如何利誘青年人在「不知情下」收</p>	公眾人士	4,000公眾瀏覽人次 (預期於5月初完成製作)	<input checked="" type="checkbox"/> activity suitably covers the dire consequences of engaging in drug trafficking activities <input checked="" type="checkbox"/> activity suitably covers the control of etomidate ("space oil drug") and cannabidiol (CBD) as dangerous drugs, and the consequences of possessing, consuming or "space oil drug" and trafficking CBD products <input checked="" type="checkbox"/> activity promotes the Hong Kong Jockey Club Drug InfoCentre, the anti-drug telephone enquiry service "186 186", the anti-drug instant messaging

須包括所有計劃書內提及及並已獲批的活動，包括非成果指標的活動以免負責同工有所遺漏。

	取毒品郵包。短片將於 YouTube 頻道上播放最少於 2 個月。			enquiry service “98 186 186” or ND’s website & social media <input checked="" type="checkbox"/> activity suitably features ND’s overarching theme, logo, slogan, promotional design, anti-drug ambassadors “Agent Don’t” and “Agent Hope”, which are listed on ND’s website <input type="checkbox"/> not applicable (non-PE&P activity)
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(L) Approvals of government departments

(Please state whether approvals of government departments/statutory body are required for implementing the project. If yes, please state whether such approvals have been obtained.)

N/A

即使機構暫未能確切提供活動日期、地點等資料，亦應填寫最少兩項主要活動，以便基金會日後安排探訪。

(M) Activities with media involvement and proposed key milestone activities to be visited by BDFA, Action Committee Against Narcotics (ACAN) or Narcotics Division (ND), Security Bureau

(Please indicate all activities that involve media and suggest **at least two** activities for visit by BDFA, ACAN or ND and provide brief description of these activities.)

Name of activity	Tentative date	Tentative venue	Expected no. of participants	Media involvement (Yes / No)
社區禁毒宣傳	Apr 2026 (TBC)	Tsim Sha Tsui	350	Yes
家長工作坊	TBC	TBC	20-40	No

Note: Grantee should provide the details of the above activities **six weeks before the actual activity date**. Details of activities should include activity name, date and time of launching, venue, expected number of participants, media organisation involved (if any) and information to be released to media (if any). **In case of ad hoc arrangement with media, grantee should inform the BDFA as soon as possible.**

(N) Yearly funding requirement

(Please provide the estimated expenditure on each approved budget item in each project year. The commencement date of the first project should be the date of commencement set out in Part (E). The total should equal to amount of grant approved (i.e. Part (D) on page 1). For projects which auditors are engaged for auditing and assurance, please set a realistic funding requirement, as disbursement of grants will be arranged in accordance with the requirement provided here. Requests for changing the yearly requirement will not normally be entertained unless it is related to a reduction of the requirement such as cancellation of activities due to unforeseen circumstances.)

	<u>Approved budget item</u> ⁴	<u>Estimated item expenditure and income for the first project year (\$)</u>	<u>Estimated item expenditure and income for the second project year (\$)</u>	<u>Estimated item expenditure and income for the third project year (\$)</u>
1	Promotion & Publicity	7,000	14,500	
2	Training Courses	75,350	75,350	
3	Community Education Programme	132,000	88,000	
4	Parents workshops	60,000	78,800	
5	Auditor fee	2,500	2,500	
	Yearly total	276,850	259,150	

所有分項細節須與撥款信件所載內容一致

1. 每分項總和必須與獲批分項總額一致。
2. 每分項分年預算需參考計劃書所載填寫。

Contact person of the project:

Name: _____

Post: _____

Tel: _____

Email: _____

請填上計劃聯絡人資料，以便基金會就計劃相關事宜作澄清及跟進。

Signature of a senior officer of the Organisation _____

Name : _____

Post Title : _____

Telephone no. : _____

Date : _____

Official seal of the organisation : _____

⁴ Please tally with the budget items as shown on Approved Budget enclosed with the Approval Letter.

(計劃名稱 / 活動名稱)
活動評估問卷
(前/後測)

參加者編號：_____

請細心閱讀各句子，然後選出你認為最適合的答案。**吸毒**泛指在沒有醫生指示下使用違禁或合法的危害精神毒品，例如 K 仔、大麻、『冰』、搖頭丸、咳藥水、天拿水等。

	(1) 非常 不同意	(2) 不同意	(3) 很難說	(4) 同意	(5) 非常 同意
1. 我對本港最新吸毒情況有所掌握	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 我對青少年常用的毒品種類有認識	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 我明白 K 仔、冰及可卡因對身體的影響	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 我對 K 仔、冰及可卡因的俗稱及吸食方法有認識	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 我懂得以觀察吸毒的行為表徵和吸毒後的異常行為作辨識	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 我自信有能力識別子女有否吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 如發現子女吸毒，我懂得如何處理	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 我知道哪些機構可以提供處理青少年吸毒問題的服務	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

性別： 1☐ 男 2☐ 女

年齡： _____ 歲

~ 多謝你的合作 ~

Toolkit Attachment 2

Interim Target of Output Indicators

Project Number:	BDF 240000
Project Title:	Drug-free Community Programme
Implementation Period:	1 Jul 2025 – 30 Jun 2027

*With reference to your implementation schedule, please project below the interim achievement (**accumulative**) for each reporting period:

No.	Description of Output Indicator	1 st HYPR	2 nd HYPR	3 rd HYPR	Full Report
		1/7/2025 – 31/12/2025	1/7/2025 – 30/6/2026	1/7/2025 – 31/12/2027	1/7/2025 – 30/6/2027
1	30 名有吸毒問題的青少年參與才藝訓練，出席率達 420 人次 (或 70%) (30 人 x 20 節 x 70% = 420 人次)	15 人參與訓練 不少於 80 人次	15 人參與訓練 不少於 210 人次	30 人參與訓練 不少於 320 人次	30 人參與訓練 不少於 420 人次
2	於社區進行 5 次大型禁毒宣傳活動，共 1,000 名公眾人士參與	1 次大型禁毒宣傳活動 250 名公眾人士	3 次大型禁毒宣傳活動 750 名公眾人士	4 次大型禁毒宣傳活動 850 名公眾人士	5 次大型禁毒宣傳活動 1,000 名公眾人士
3	750 名家長參與家長工作坊	100 名家長參與	300 名家長參與	550 名家長參與	750 名家長參與

機構需於計劃開始推行後 3 個月向基金會提交恰當可行的中期成果指標預測

如服務中期成果未達指標，基金會會加強監察進展，要求提交特別報告

(半年進度報告)

Appendix VII

BEAT DRUGS FUND REGULAR FUNDING EXERCISE
THE 1ST / 2ND / 3RD / 4TH / 5TH HALF-YEARLY PROGRESS REPORT
(To be completed by grantee within 3 weeks from the end of reporting period)

Covering the report period from 1 Jul 2025 to 30 Jun 2026 (~~6- / 12 / 18 / 24 / 30~~[†] months' period), 50 % of project time lapsed

- (A) Project reference no.: BDF 240000
- (B) Project title: Drug-free Community Programme
- (C) Name of grantee: ABC Anti-drug Centre
- (D) Amount of grant approved: \$536,000
- (E) Amount of grant spent to-date: \$311,378 (Including those not yet claimed from the Association)
- (F) Date of commencement: 1 Jul 2025
- (G) Expected date of completion: 30 Jun 2026

填寫數目為累積總數，須與 Part (0) 一致

如需延後結束，必須向基金會提出申請，報告內自行修改並不可視為基金會同意有關安排

* Delete where inappropriate. Please submit this report within three weeks from the end of the reporting period.

† Delete where inappropriate.

(H) Evaluation on Output Indicators

(Please list the output indicators as stated in the Implementation Plan (IP) and give an evaluation on the accumulative output achieved so far counting from the project commencement date. Relevant output Excel file should be submitted with this report every six months. Prior approval must be obtained from the Association in case of revision in output indicators or targets.)

成果指標及對象必須按推行計劃(Implementation Plan)所同意而定，未經基金會批准，機構不能隨意更改

試算表檔案(Excel file)內不可記錄任何參加者的全名

	Description of Indicator (with targets)	Target Population	Output Achieved so Far and % of Target % = 已完成/總目標	Remarks (Please provide explanation for below-target output ^a and report the remedial action(s) ^b taken (or planned) to meet the target)	For official use
Output indicator 1	30 名有吸毒問題的青少年參與才藝訓練，出席率達 420 人次 (或 70%) (30 人 x 20 節 x 70% = 420 人次)	有吸毒問題的青少年	12 名(40%)有吸毒問題的青少年參與才藝訓練，出席率達 148 人次 (35%) (或 61.6%) 確保所填數字與呈交的相關試算表(Excel file)記錄一致	機構原已招募 16 人參與訓練，但有 4 人於開始訓練前臨時退出，未能即時安排他人取代，而高危青年參加者於活動初期出席率不佳。機構會於下一期訓練招募不少於 20 人，並安排部分第一期參加者進行補課，以追回不足人數及人次	<input type="checkbox"/> PS <input type="checkbox"/> PNS <input type="checkbox"/> P

^a Below-target output refers to the output indicators not meeting the expected interim target agreed by the Association or calculated with reference to the implementation schedule in Part (G) of the IP.

^b Concrete remedial action(s) must be provided for those activities achieving less than 90% of the expected interim target.

參考機構與基金會協定的中期目標，如未達預期中期目標的 90%，即視為未達水平。請於此處填寫未達水平原因及建議有效的補救措施。

	Description of Indicator (with targets)	Target Population	Output Achieved so Far and % of Target	Remarks (Please provide explanation for below-target output ^a and report the remedial action(s) ^b taken (or planned) to meet the target)	For official use
Output indicator 2	於社區進行 5 次大型禁毒宣傳活動，共 1,000 名公眾人士參與	公眾人士	於社區進行 3 次(60%) 大型禁毒宣傳活動，共 800 名(80%)公眾人士參與		<input type="checkbox"/> PS <input type="checkbox"/> PNS <input type="checkbox"/> P
Output indicator 3	750 名家長參與家長工作坊	家長	600 名(80%)家長參與家長工作坊		<input type="checkbox"/> PS <input type="checkbox"/> PNS <input type="checkbox"/> P

(I) Evaluation on Outcome Indicators

(Please list the outcome indicators as stated in the IP and give an evaluation on the outcome achieved so far *counting from the project commencement date*. **Relevant Excel data file should be submitted with this report every six months.** Prior approval must be obtained from the Association in case of revision in outcome indicators or targets.)

試算表數據檔案(Excel data file)內不可記錄任何參加者的全

成效指標、評核方法及對象必須按推行計劃所同意而定，
未經基金會批准，機構不能隨意更改

請填上有效問卷數目

	Description of Indicator (with targets)	Evaluation Method Used (e.g. pre- and post-test survey, post-test survey, etc.)	Data Collected So Far and Preliminary Results	Remarks (Please report any remedial action(s) taken (or planned) to improve programme effectiveness)	For official use
Outcome indicator 1	60%社區人士對吸毒問題的了解於活動後有所提升	自訂問卷 (後測調查)	收回有效問卷 125 份，90 名(72%)社區人士對吸毒 問題的了解於活動後有所		<input type="checkbox"/> RS <input type="checkbox"/> RNS <input type="checkbox"/> P

			提升		
	Description of Indicator (with targets)	Evaluation Method Used (e.g. pre- and post-test survey, post-test survey, etc.)	Data Collected So Far and Preliminary Results	Remarks (Please report any remedial action(s) taken (or planned) to improve programme effectiveness)	For official use
Outcome indicator 2	70%有吸毒問題的青少年在接受訓練後的3個月內吸毒頻次有所減少	禁毒基金 6 號問卷 (前測及後測調查)	<p>收回有效問卷 12 份(當中 11 人於前測時有吸毒, 1 人前測時已停止吸毒)</p> <p>於前測時有吸毒的 11 名青少年中, 6 人(55%)在接受訓練後的3個月內吸毒頻次有所減少, 前測顯示已停吸的 1 人仍能持續停止吸毒</p>	由於參加者的出席率較預期少, 社工為參加者提供輔導的機會相應減少, 影響服務成效。機構會加派一名工作人員協助跟進參加者狀況, 並加強每節訓練後的小組分享輔導元素, 以期提升計劃成效。	<input type="checkbox"/> RS <input type="checkbox"/> RNS <input type="checkbox"/> P
Outcome indicator 3	<p>80%家長辨識吸毒者的能力於活動後有所提升</p> <p>(或配對樣本 t 檢定 (paired t-test) 顯示有顯著提升)</p>	禁毒基金 19 號問卷 (修訂版) (前測及後測調查)	<p>收回有效問卷 403 份, 274 名(68%)家長辨識吸毒者的能力於活動後有所提升</p> <p>配對樣本 t 檢定顯示有顯著改善(P=0.05)</p>		<input type="checkbox"/> RS <input type="checkbox"/> RNS <input type="checkbox"/> P

問卷結果輸入試算表(Excel file)後, 發現未達目標(80%), 請以試算表(Excel file)進行配對樣本 t 檢定, 如結果顯示 $P < 0.05$, 即表示有顯著改善。由於只需達至其中一個標準(即 80%或 t 檢定顯示有顯著提升), 故此項成效被視為達標

配對樣本 t 檢定顯示有顯著改善(P=0.05)

如推行計劃有列明相關監察, 須定期填寫(J)部分

(J) Other Monitoring and Evaluation Mechanism

初步收集數據顯示活動於減少參加者吸毒頻次方面成效較預期差, 機構須建議切實可行方法以提升計劃成效。

(If other monitoring and evaluation mechanism has been proposed under the project IP, the status should be report here.)

N/A

須包含所有由計劃開始至報告期的活動，
而非 3 或 6 個月內進展

(K) Project progress and results of individual activity since project commencement

(Please list, in order of the commencement dates of the activities, the names, dates, locations, brief description of the activities organised, and results achieved by each activity. Each activity submitted in Part (K) of the IP should be covered with the corresponding result since project commencement. Progress should be reported in terms of the number and man-times of participants, the type and number of deliverables, the case handled, etc. as applicable.)

<u>S/N of Activity as in the IP^a</u>	<u>Name of Activity</u>	<u>Date</u>	<u>Location</u>	<u>Content of Activity</u>	<u>Results Achieved</u> (Please report the figures according to the pledged service level in Part (K) of the IP)	<u>For PE&P activity, please indicate whether the content of activity fulfils the following approval conditions:</u>
1	計劃宣傳	7/2025 – 6/2026	全港各區	於全港各區進行計劃宣傳，包括印製單張及海報、FACEBOOK 專頁、高登討論區小廣告	已於 1/7/2025 – 30/6/2026 於高登討論區宣傳第一期訓練 已印製 1,000 張單張及海報，發送至全港社區組織，並與區議員合作懸掛海報作宣傳 FACEBOOK 專頁 (https://www.facebook.com/abc-centre.anti-drug)已於 2025 年 8 月成立，截至 6/2025 共 700 人點讚。	<input type="checkbox"/> activity suitably covers the dire consequences of engaging in drug trafficking activities <input checked="" type="checkbox"/> activity suitably covers the control of etomidate (“space oil drug”) and cannabidiol (CBD) as dangerous drugs, and the consequences of possessing, consuming or “space oil drug” and trafficking CBD products <input checked="" type="checkbox"/> activity promotes the Hong Kong Jockey Club Drug InfoCentre, the anti-drug telephone enquiry service “186 186”, the anti-drug instant messaging enquiry service “98 186 186” or ND’s website & social media <input checked="" type="checkbox"/> activity suitably features ND’s overarching theme, logo, slogan, promotional design, anti-drug ambassadors “Agent Don’t” and “Agent Hope”, which are listed on ND’s website <input type="checkbox"/> not applicable (non-PE&P activity)

如計劃內有印製單張，請保存 20 份送交基金會存檔及分發。

此外，如有製作網頁、Facebook 專頁、Apps 類等，亦須提供詳細資料以便查閱。

成果指標以外的所有
活動亦應報告進展

必須按推行計劃 (Implementation Plan) 所同意的批准條件作相應的推廣及宣傳，並於合適的選項上，以 ☒ 表明完成

2	才藝訓練	1/8/2025 7/8/2025 14/8/2025 21/8/2025 28/8/2025 1/10/2025	小童會中心	聘請專業導師，為有吸毒問題的青少年提供唱歌或舞蹈才藝訓練。訓練完結後，社工帶領參加者進行小組分享及輔導，以提升參加者戒毒的決心	12名有吸毒問題的青少年參與才藝訓練，出席率達148人次	<input type="checkbox"/> activity suitably covers the dire consequences of engaging in drug trafficking activities <input checked="" type="checkbox"/> activity suitably covers the control of etomidate ("space oil drug") and cannabidiol (CBD) as dangerous drugs, and the consequences of possessing, consuming or "space oil drug" and trafficking CBD products <input checked="" type="checkbox"/> activity promotes the Hong Kong Jockey Club Drug InfoCentre, the anti-drug telephone enquiry service "186 186", the anti-drug instant messaging enquiry service "98 186 186" or ND's website & social media <input checked="" type="checkbox"/> activity suitably features ND's overarching theme, logo, slogan, promotional design, anti-drug ambassadors "Agent Don't" and "Agent Hope", which are listed on ND's website <input type="checkbox"/> not applicable (non-PE&P activity)
4	家長工作坊	28/10/2025 16/11/2025 20/11/2025 18/12/2025 31/12/2025 11/1/2026 2/2/2026 28/2/2026 8/3/2026 20/3/2026 1/4/2026	聖沙文中學 觀塘家教會中心 新恆基中心 常開心小學 元朗大會堂 沙田廣場 小童會中心 香港家庭輔導中心	為家長提供2小時工作坊，內容包括： -本港最新吸毒情況 -常見毒品 -吸毒誘因及禍害 -辨識吸毒者的技巧 -處理子女吸毒問題的方法 -求助資訊	600名家長參與家長工作坊	<input checked="" type="checkbox"/> activity suitably covers the dire consequences of engaging in drug trafficking activities <input checked="" type="checkbox"/> activity suitably covers the control of cannabidiol (CBD) as a dangerous drug, and the consequences of possessing, consuming or trafficking CBD products <input checked="" type="checkbox"/> activity promotes the Hong Kong Jockey Club Drug InfoCentre, the anti-drug telephone enquiry service "186 186", the anti-drug instant messaging enquiry service "98 186 186" or ND's website and social media <input type="checkbox"/> activity suitably covers ND's overarching theme, logo, slogan, promotional design, anti-drug ambassador "Agent Don't" and "Agent Hope", which are listed on ND's website <input type="checkbox"/> not applicable (non-PE&P activity)
3	社區禁毒宣傳	20/12/2025 20/2/2026 16/4/2026	上水廣場 牛頭角露天廣場 赤柱	於社區進行大型禁毒宣傳活動，包括嘉年華會、禁毒展板、才藝表演、派發抗毒資訊單張及紀念品、及過來人分享等，以提升社區人士對吸毒問題的了解	已舉辦3次大型禁毒宣傳活動，共800社區人士參與	<input checked="" type="checkbox"/> activity suitably covers the dire consequences of engaging in drug trafficking activities <input checked="" type="checkbox"/> activity suitably covers the control of cannabidiol (CBD) as a dangerous drug, and the consequences of possessing, consuming or trafficking CBD products <input checked="" type="checkbox"/> activity promotes the Hong Kong Jockey Club Drug InfoCentre, the anti-drug telephone enquiry service "186 186", the anti-drug instant messaging enquiry service "98 186 186" or ND's website and social media <input checked="" type="checkbox"/> activity suitably covers ND's overarching theme, logo, slogan, promotional design, anti-drug ambassador "Agent Don't" and "Agent Hope", which are listed on ND's website <input type="checkbox"/> not applicable (non-PE&P activity)

有關活動內容應與計劃書/推行計劃相同，如有修訂(例:由唱歌班轉為廚藝班，嘉年華變旅行)，**必須事先**向基金會提交活動修訂申請。

如有關活動為成果指標，請確保此部分申報與呈交的相關試算表(Excel file)記錄及 Part(H)內容一致

必須按推行計劃 (Implementation Plan)所同意的批准條件作相應的推廣及宣傳，並於合適的選項上，以☒表明完成

- (L) Activities to be organised in the remaining period of the project
(Please refer to Part (K) of the IP and state the activity schedule of each activity and the expected results to be achieved in these activities.)

S/N of Activity as in the IP	Name of Activity	Scheduled Date of Commencement and Completion [‡]	Expected Results to be Achieved (in terms of the type, number and man-times of participants, the type and number of deliverables, and the case handled, etc.)
1	計劃宣傳	7/2025 – 12/2026	N/A
2	才藝訓練	第二期 - 8/2026 - 6/2027	30 名有吸毒問題的青少年參與才藝訓練，出席率達 420 人次 (或 70%)
3	社區禁毒宣傳	9/2026 – 10/2026 (第 4 次) 1/2027 – 2/2027 (第 5 次) (建議修訂推行時間，詳情請參閱 Part(M))	於社區進行 5 次大型禁毒宣傳活動，共 1,000 名公眾人士參與
4	家長工作坊	10/2026-6/2027	750 名家長參與家長工作坊
5	製作及播放以販毒為題的短片	4/2027-6/2027	4,000 公眾瀏覽人次

[‡]: Please refer to the end date of each activity in Part G of the project implementation plan. If there is any minor modification of implementation schedule of individual activity, please complete Part (M). Project end date should not deviate from the expected completion date in the implementation plan.

- (M) Minor Modification of Implementation Schedule
(Please state the reasons for fine-tuning of activity timeframe.)

如因運作需要而推遲活動執行時期，請填寫(M)部分

填寫預計計劃完結時整體成果，無需扣減已完成部分

S/N of Activity as in the IP	Name of Activity	Reasons for Fine-tuning	For official use
3	社區禁毒宣傳	由於配合參加者課餘時間，並於大型節日前進行抗毒宣傳以加強成效，建議第 4 次社區禁毒宣傳延後至 12/2026 – 1/2027 聖誕/新年期間進行，而第 5 次將順延至 3/2027 – 4/2027 復活節期間進行。	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve

(N) Approval of Government Departments/Statutory Body

(Please state whether approvals of government departments/statutory body, if required, have already been sought for the activities in the project.)

N/A

(O) Details on Expenditure Position

(Please state the actual amount of grant spent and the remaining balance in each approved budget item.)

	<u>Approved Cost Item^a</u>	<u>Amount of Grant Spent-to-date^b (\$)</u>	<u>Remaining Balance (\$)</u>
1	Promotion & Publicity	5,853	15,647
2	Training Courses	75,350	75,350
3	Community Education Programme	132,675	87,325
4	Parents workshops	95,500	43,300
5	Auditor fee	2,000	3,000
	Total	311,378	224,622

^a: refer to the Approved Budgets as enclosed with the Approval Letter

^b: sum of expenditure should tally Part (E) on page 1 of this report

(P) Project slippage

(Please state if there has been any project slippage, give the reasons and any remedial actions taken.)

才藝訓練

機構原已招募 16 人參與第一期訓練，但有 4 人於開始訓練前臨時退出，未能即時安排他人取代，而高危青年參加者於活動初後出席者不佳，以致機構未能達至中期服務指標。機構會於下一期訓練招募不少於 20 人，並安排部分第一期參加者進行補課，以追回不足人數及人次。

註：因服務中期成果未達指標，基金會會加強監察進展，要求提交特別報告，而第二期撥款亦會稍延至首年中期成果目標達標後方作安排。

(Q) Photographs

(Please provide, with brief description, the photographs, pamphlets, videos, publications, etc. concerning the project to the Association for reference. As this report and other materials produced may be made accessible to the members of the public through the websites of Narcotics Division and the Hong Kong Jockey Club Drug InfoCentre, etc., prescribed consent should be obtained from the data subjects (especially the beneficiaries) concerned if the photographs can enable the identification of them. Otherwise, the related faces should be blurred or a note should be made here by the grantee that such photographs shall not be made available to the members of the public.)



於上水區舉辦嘉年華，向公眾宣揚禁毒意識



於家長工作坊內邀請過來人分享經歷，加強家長對青少年的了解

(R) Declaration

To the best of my knowledge, I confirm that:

- (a) all services, activities, outputs and outcomes stated in the above sections have been provided, organised or used for the purpose of implementing this Beat Drugs Fund project and fulfilling the Beat Drugs Fund Association's requirements for the project, and **not** for implementing any other Government-funded projects or services or fulfilling any requirements or specifications thereof; and
- (b) funding granted for this Beat Drugs Fund project, as stated in Part (O), has been used solely to implement this project and **not** any other Government-funded projects or services.

Signature of the : 
Project-in-charge _____

Name : _____

Post Title : _____

Telephone no. : _____

Date : _____

Signature of Senior Officer : 
of the organisation _____

Name : _____

Post Title : _____

Telephone no. : _____

Date : _____

填妥報告後，由計劃負責人及機構高層人員簽署核實，並蓋上機構印章，方為完成。

Official seal of the
organisation : _____



Name of Grantee: _____
Project Title/ No.: _____ (BDF _____)
Project Year : 1st/ 2nd/ 3rd Year* from _____ (dd/mmyy) to _____ (dd/mm/yy)

(*Pls circle the ordinal number of year as appropriate. One Checklist is to be used for each project year.)

Beat Drugs Fund (BDF) Regular Funding Exercise
Checklist for financial documents to be submitted by grantee for disbursement of grants
 (For projects engaging auditors for auditing and assurance)

Please read carefully the “Procedural Guidelines for Successful Applicants” (Procedural Guidelines) and the terms and conditions as stipulated in the approval letter and the approved budget for the project issued by the Beat Drugs Fund Association (BDFA) before filling in this Checklist.

(I) <u>Submission of financial documents</u> ¹	Please put a “√” if the document is submitted together with this checklist	(For Official Use)		
		Date of submission	Remarks	Officer’s Initial
(a) Annual audited account and auditor’s report ² for the project year / Final audited account and auditor’s report ² covering the whole project duration for final payment				
(b) Photocopy of the project bank account passbook or record of sub-ledger account				
(c) Completed forms of -				
(i) “Particulars of Income and Expenditure Items” (Appendix IX)				
(ii) “Claim for Travel Expenses” (Form A, <i>if applicable</i>)				
(iii) “Records of Personal Emolument” (Form B, <i>if applicable</i>), together with the salary statement/payroll records of project staff, signed by project-in-charge or a senior officer				
(d) Original receipts, payment vouchers and other documents substantiating the nature and the amount of expenditure and transactions, certified by project-in-charge or a senior officer				
(e) Tender/quotation records ³ and/or coupon distribution records (<i>if applicable</i>)				
(f) Other financial documents as required in the approval letter and/or approved budget (<i>please specify if applicable:</i> _____)				
(g) For final payment, additional submission of the following -				
(i) Register of assets (<i>if applicable; please state “N/A” if not applicable</i>)				
(ii) Copies of deliverables (<i>if not already submitted</i>)				

(II) <u>Financial status of the project</u>	Please put a “√” if the financial status is checked in order	(For Official Use)		
		Checking	Remarks	Officer's Initial
(h) The expenses shown in the auditor's report are grouped by the approved cost items; and match the form(s) of “Particulars of Income and Expenditure Items” (Appendix IX)				
(i) There is no overspending on each item claimed; and the personal emolument for project staff, if applicable, does not exceed the approved monthly ceiling				
(j) For final payment, the expenses shown in the auditor's report match the bank statement record or record of sub-ledger account				

**Name, Title and Signature of
Project-in-charge: :** _____

Official Chop : _____

Telephone no. : _____

Date : _____

-
- ¹ Apart from the financial documents listed above, the grantee shall also submit the progress report/full report and other documents as detailed in para. 12 of the Procedural Guidelines by the end of each project year/ the end of the project.
- ² The audited account and auditor's report should contain: (a) auditors' report; (b) statement of financial position; (c) statement of comprehensive income and expenditure; and (d) notes to accounts. Please refer to Appendices X-XI of the Procedural Guidelines for the notes to auditors and specimen auditors' report.
- ³ Approval of tenders from the BDFA is not required. However, original copies of the tenders received together with a tender price comparison table in specified format (Appendix V to the Procedural Guidelines) should be sent to the BDFA Secretariat immediately after the award of the tender.

**Specimen Auditors' Report on
The Annual/Final Audited Accounts for the Beat Drugs Fund
Projects
- Unqualified Conclusion**

[PROJECT REF.]

[PROJECT TITLE]

(Annual Audited Accounts) [FOR THE PERIOD FROM DD/MM/YYYY [Start date of the Project Year¹] TO DD/MM/YYYY [End date of the Project Year] / (Final Audited Accounts) [FOR THE PERIOD FROM DD/MM/YYYY [PROJECT COMMENCEMENT DATE] TO DD/MM/YYYY [PROJECT COMPLETION DATE]

AUDITORS' REPORT TO THE [GRANTEE]²

Pursuant to the undertaking made by [grantee] and the conditions of grant for implementation in respect of the captioned project (the "Project") funded by Beat Drugs Fund (BDF), we have performed a reasonable assurance engagement to report on whether [the grantee] have complied with, in all material respects, the requirements set by Beat Drugs Fund Association (BDFA) (including the requirements to keep proper books and records and to prepare proper [annual/final] audited accounts of the Project for the period from DD/MM/YYYY to DD/MM/YYYY on pages to _____) and all the conditions of grant, as specified in the following documents:

- (a) the undertaking signed by the grantee in respect of the project and the appendices thereto, with reference made to the project proposal and the implementation plan;
- (b) relevant guidelines for implementation of projects and the appendices thereto; and
- (c) all instructions and correspondences issued by BDFA to the grantee in respect of the project which include, but not limited to, the approval letter and the letter on payment arrangement.

¹ The commencement date of the first project year should be the commencement date of the project as set out in the implementation plan submitted by the grantee and approved by the Secretariat. Hence, if the project commences on 1 April 2025 in the implementation plan, the first project year would be from 1 April 2025 to 31 March 2026, and the second project year would be from 1 April 2026 to 31 March 2027, and so forth.

² The addressee should be the responsible persons who sign the undertaking with BDFA in respect of the BDF project. In case of doubt, please approach the Secretariat for advice.

Respective responsibilities of the [grantee] and auditors

[Grantee] is required to comply with the requirements set by BDFA (including the requirements to keep proper books and records and to prepare proper [annual/final] accounts of the project), and all the conditions of grant, as specified in the documents mentioned in the above paragraph.

It is our responsibility to form an independent conclusion, based on our reasonable assurance engagement, and to report our conclusion to you.

Basis of conclusion

We conducted our reasonable assurance engagement in accordance with Hong Kong Standards on Assurance Engagements issued by the Hong Kong Institute of Certified Public Accountants and the latest Notes for Auditors of grantees issued in [date to be inserted as appropriate] by the BDFA Secretariat.

Our reasonable assurance engagement includes examination, on a test basis, of evidence relevant to [grantee]'s compliance with the requirements set by BDFA (including the requirements to keep proper books and records and to prepare proper [annual/final] accounts of the project), and all the conditions of grant, as specified in the documents mentioned in the above first paragraph. It also includes an assessment of the significant estimates and judgments made by [grantee] in the preparation of the [annual/final] audited accounts of the project, and of whether the accounting policies have followed the funding requirements of the BDF, consistently applied and adequately disclosed.

We planned and performed our reasonable assurance engagement so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give our conclusion as to whether [the grantee] has complied with, in all material respects, the requirements set by BDFA (including the requirements to keep proper books and records and to prepare proper [annual/final] accounts of the project), and all conditions of grant, as specified in the documents mentioned in the above first paragraph. In forming our conclusion, we also evaluated the overall adequacy of the presentation of information in the [annual/final] accounts. We believe that our reasonable assurance engagement provides a reasonable basis for our conclusion.

Conclusion

Based on the foregoing, in our opinion, [the grantee] has complied with, in all material respects, the requirements set by BDFA (including the requirements to keep proper books and records and to prepare proper [annual/final] accounts of the project from DD/MM/YYYY to DD/MM/YYYY), and all the conditions of grant, as specified in the documents mentioned in the above first paragraph.

Use of this report

This report is intended for filing by [the grantee] with BDFA, and is not intended to be, and should not be, used by anyone except the above two parties for any other purposes.

XXX&Co.

Certified Public Accountants Hong Kong

Date

禁毒基金會 Beat Drugs Fund Association

由獲撥款人/機構填寫的收入及支出細項表 (適用於包含獲批准的開支項目「行政支援撥款」的項目)

Particulars of Income and Expenditure Items to be Completed by Grantee (for projects with approved cost item "Administrative Overhead")

計劃編號 Project No. : 2400xx		獲撥款人/機構名稱 Name of grantee : Anti-drug Pioneer Alliance		計劃名稱 : Name of project: Hong Kong Let's Beat Drugs						
獲批准項目名稱 Name of approved cost item (A)	單據編號/Receipt serial number (B)	單據日期 Date of receipt (C)	款項用途/Programme materials purchased/service obtained/meals served and date of activity (D)	供應商名稱 Name of vendor (E)	受惠人數 No. of beneficiaries (F)	數量 Quantity purchased (G)	支出/(收入) Expense / (Income) (H)	用以計算擬申領的行政支援撥款的支出 (✓) Expense for computation of Administrative Overhead to be claimed (✓) (K)	用款前已取得足夠數量而符合要求的報價(如適用) Sufficient no. of quotations obtained before procurement (if applicable) (N/A/Y/N) (L)	不採納最低報價/沒有足夠報價的理由 Justification for not accepting the lowest offer, or insufficient no. of quotations is obtained (M)
Personal Emolument	(1)-1	2025/05/31	Social Work Assistant, Lui Ka Ho	--	--	12 months	\$211,995.00	✓		
	(1)-2	2025/05/31	Activity Assistant, Chan				\$13,600.00	✓		
	(1)-3	2025/05/31	Activity Assistant, Wong				\$10,400.00	✓		
Personal Emolument						Sub-total	\$235,995.00			
Publicity	(2)-1	2025/05/13	Leaflets	Link2Sight Design Co.	--	500	\$5,440.00	✓		N/A, lowest offer accepted
	(2)-2	2025/05/13	Colour posters	Good View Colour Laser Copy Centre	--	10	\$35.00	✓	N/A	
	(2)-3	2025/05/17	Stamps for posting posters	7-Eleven	--	20	\$34.00	✓	N/A	
	(2)-4	2025/05/18	Badges	Pak Ko Ind. Comp.	750	750	\$1,725.00	✓	N/A	
Publicity						Sub-total	\$7,234.00			
Anti-drug activities	(3)-1	2025/05/08	mini packs of chocolate	any	80	80 packs	\$960.00	✓	N/A	
	(3)-2	2025/05/22	Stationery	Hoi Kee Book Store	50		\$300.00	✓	N/A	
	
	(3)-43	2025/05/23	School fee collected from ABC小學	ABC小學	--	--	(\$500.00)		N/A	
	(3)-44	2025/05/25	School fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)			
	(3)-45	2025/05/25	Computers	Hello Computers	--	1	\$4,800.00			
Anti-drug activities						Sub-total	\$5,060.00			
Travel Expenses	Form A-Lui Ka Ho (June)	2025/05/28	Transportation	N/A	N/A	N/A	\$42.70	✓		
	(4)-1	2025/05/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$650.00	✓		
Travel Expenses						Sub-total	\$692.70			
External Audit Fee	(5)-1	2025/06/03	Audit for first project year	United Partners CPA Ltd.	N/A	1 job	\$3,000.00		N/A	
External Audit Fee						Sub-total	\$3,000.00			
Administrative Overhead	N/A	N/A	Administrative overhead for first project year	N/A	N/A	N/A	\$12,259.00			
Administrative Overhead						Sub-total	\$12,259.00			
總數Total							\$264,240.70			

1. 各開支細項應按獲批准的開支分項(cost items)排列，並列出分項小計(sub-total)

2. 薪酬開支(personal emolument)亦應包括在「收入及支出細項表」(I&E Form)內

3. 請按開支分項編配單據編號，如(2)-1, (2)-2 等等

9. 未獲准的開支不應向基金會申請還款

4. 請註明購買數量

5. 如該開支細項為用以計算擬申領的「行政支援撥款」的支出，請加上剔號(✓)註明

6. 就5千元或以上的購置項目，須填寫(L)及(M)欄及提交相關報價/投標紀錄

7. 扣減收入

8. 各分項均不可超支，小計(sub-total)數字應與核數報告相同

10. 請註明擬向基金會申領發放的「行政支援撥款」的金額，惟毋須提交任何收據或付款單據等文件

本人茲證明 We certify that-

(1)本人確定所有資料均真確無誤，而所有費用均用於禁毒基金會已批准的用途。

(2)本人確定購物/僱用服務/提供膳食均為必需，及符合計劃實際需要。
(3)本人確定所有開支，已恪守根據禁毒基金會發出的程序指引及撥款條件。

(4)本人認為在採購/僱用服務/用膳時，已盡所有能力，確保根據公平競爭的原則採購物品及服務、採購過程具透明度，而所採購的物品及服務是符合經濟原則的。
(5)本人確認已適當地分攤開支(若有的話),而有關分攤的開支是直接用於計劃。

(1)We confirm that the information provided above is true and correct and all expenses were incurred under purposes approved by Beat Drugs Fund Association.

(2)We confirm that the materials purchased/services hired/meals provided are essential for meeting the actual project requirement.
(3)We confirm that procedural guidelines and conditions of grants issued by Beat Drugs Fund Association have been strictly followed when incurring project expenses.
(4)We are satisfied that in the procurement/hire of service/provision of meals, goods, services and meals are purchased in a competitive and equitable way, the process is transparent, and the purchases represent value for money.
(5)We confirm that reasonable apportionment of expenses, if any, has been made and the apportioned expenses are directly related to the project.

日期Date:	2025/06/04
日期Date:	2025/06/13

計劃主管姓名・職銜及簽名 Name, title and signature of the project-in-charge:	 Felix Wong Tai Ho, Project leader	
獲撥款人/機構高級職員的姓名・職銜及簽名 Name, title and signature of senior officer of the grantee:	 Elaine Chan Mei Kuen, Director	
		Official seal:

填寫表格的說明 Guidance Notes to Completion of the Form

- (1)程序物資包括已包裝食/飲品、文儀用品、現金券/書券、禮品等物件；通常這些物件已現成可用，無需加工。例如：購買小食、紙張、小禮物、郵票。
- (2)僱用服務包括設計及印刷、影印、網上服務、導師費、講員費、場地費用、租用旅遊巴、租用器材、承包商服務、訂製的物件。例如速遞服務、輸出海報、興趣班導師、醫生費用。
- (3)每行以一張單據為準。即使一張單據包括多個項目，亦只佔一行。
- (4)同一獲批准項目下的開支細項應以一組按年列出。請不要按月列出開支。
- (5)向參加者徵收的費用，應以獨立一項列明，撥入對應的獲批准項目。如有收費收據，亦應連同其他單據一同提交。
- (6)計劃主管或獲撥款機構高級職員應在單據上逐一簽署作實。
- (7)若涉及交通開支(僱用服務如租用旅行車等除外)，請同時遞交表格A；員工開支則須同時遞交表格B。
- (8)如向參加者派任何面額的現金券/書券，必須保留分發名單記錄。

備註 Remarks:

- (A)根據禁毒基金發出的通知書上的「獲批准項目」名稱，填寫對應的名稱。
- (B)為每張單據編號，以便對應。
- (D)簡略介紹物件/服務/膳食的資料。如文具等未有指定內容的項目，應加上詳情。如物品/服務/膳食是針對某一活動而設，該活動的名稱及日期亦應填寫。
- (F)膳食/茶點單據應寫上用膳人數，分別列明工作人員、義工和參加者的人數。如物件作派發用途，應寫上接受物件的人數。
- (G)如單據上包括多個項目，而各項目對應的數量亦已清楚顯明於單據上，可略去不寫。
- (H)填上每一張單據的總額。
- (K)如有關開支是用以計算擬申領的行政支援撥款，請加上剔號(✓)。
- (L)每次採購(即件數乘以單價，或各項目價格的總和)價值\$5,000或以上的物件、僱用服務或用膳前，應按禁毒基金的指引取得足夠數量而符合要求的報價/投標。獲撥款機構應妥善記錄報價資料，以便禁毒基金會作隨時的檢查。至於招標記錄則應在確定招標記錄後隨即遞交至禁毒基金會。

- (1) Programme materials should be ready-made for immediate deployment. Examples: snacks, paper, etc.
- (2) Services include design and printing, photocopying, online services, tutor fees, lecturer fees, venue fees, hiring of coach and lorry, equipment rental, contractor service, production of custom-made items. Examples: courier service, production of publicity materials, interest-class instructor fee, doctor's fee.
- (3) Each receipt should occupy one line, even if the receipt contains multiple items.
- (4) All expenditure items in a project year under the same approved cost item should be grouped together in a single list. Please do not use separate list for each month.
- (5) Income collected from participants should be indicated in a separate row and marked under corresponding approved cost item. Income receipts should be submitted if available.
- (6) The project in-charge or the senior officer of the grantee should sign each receipt for certification.
- (7) Please also submit the completed Form A if travelling expenses (excluding hiring of services such as rental of coaches, etc) are involved; and Form B if staff costs are involved.
- (8) A record on the distribution of the cash coupons of any value to participants should be maintained.
- (A) The name of the approved cost item as indicated on the notification of successful grant application should be marked in the column.
- (B) Each receipt should be serially numbered for cross-checking.
- (D) Briefly describe the items purchased/service hire/meal provided. For vague items such as "stationery", details should be specified. The name and date of the activity should be indicated as well if the purchase/service/meal is specially designated for one activity.
- (F) The number of staff members, volunteers and participants should be separately indicated for meals/refreshment served. If the purchase was/will be distributed, the number of people receiving the items should be marked.
- (G) If the receipt relates to multiple different items and the individual quantities have been clearly marked in the receipt, the quantities may be omitted.
- (H) The total for each receipt should be marked.
- (K) If the expense is for computation of Administrative Overhead to be claimed, please insert a tick mark (✓).
- (K) Sufficient number of quotations with conforming offers/tenders should be obtained for a single purchase (i.e. no. of units x unit price) or purchases of a list of items costing \$5,000 or above in accordance with Beat Drugs Fund Guidelines before proceeding with the purchase. Quotation records should be duly prepared and readily available for Beat Drugs Fund Association's inspection upon request. Tender documents should be submitted to Beat Drugs Fund Association once the tender is awarded.

禁毒基金會 Beat Drugs Fund Association
申領發還交通支出表格 Claim Form for Travelling Expenses

Appendix IX - FORM A

申領人姓名 Claimant's name:

Lui Ka Ho

申領人職銜 Claimant's post title:

Social Work Assistant

計劃編號 Project No.:

2400xx

獲撥款人/機構名稱 Name of grantee:

Anti-drug Pioneer Alliance

若路程包括往返居所，則須填寫居所地址(只需地區及街名)

If home-office journey is involved, the claimant's home address should be provided (district and street name only)

居所地址 Home address:

Kai Tin Road, Lam Tin

1. 請員工填寫
居住地區及街名

申領發還款項總額
Total amount claimed

\$42.70

交通支出是從右方的項目支付：
The travelling expenses should be deducted from:

Travel Expenses

(獲批准項目名稱)
(name of approved cost item)

第一部份 (由申領人填寫)

Section I (to be completed by claimant)

行程記錄 Records of journeys

				交通費 Travelling expenses		扣除平日往返居所的 交通費用 Deduction for normal home- office journey (c)	申領發還款項 Actual amount claimed for the journey (a)+(b)-(c)	行程目的 Purpose of journey	乘搭的士的理由及乘客人數 Justification for use of taxi and number of passengers
日期 Date	由 Origin	至 Destination	使用的交通工具(包括巴士 和小巴路線號碼) Mode of transport used (incl. route no. of bus and minibus)	的士費 Taxi fare (a)	其他 Other expenses (b)				
2025-06-18	Wong Tai Sin (Office)	Cheung Sha Wan	MTR		6.7	0	6.7	School programme	--
2025-06-18	Cheung Sha Wan	Wong Tai Sin (Office)	MTR		6.7	0	6.7	School programme	2. 須扣除平日 往返居所的 交通費
2025-06-19	Wong Tai Sin (Office)	Cheung Sha Wan	Bus No. 2F		5.8	0	5.8	School programme	
2025-06-19	Cheung Sha Wan	Lam Tin	MTR		8.2	6.7	1.5	Return home after programme	--
2025-06-23	Diamond Hill	Wong Tai Sin (Office)	Taxi	22		0	22	Return to office after school programme	Travelling with 3 volunteers. Materials were heavy; cheaper to use taxi than public transport
申領發還款項總額 Total amount claimed							\$42.70		

3. 須註明乘搭的士的理由，
並附上士單據

注意Note:

(1) 乘搭公共交通工具及的士的行程記錄應寫在此表格。租用輕型客貨車、旅遊巴或貨車的資料不應記錄於此。的士的單據應隨本表格一同提交。

(2) 獲撥款人應在節省開支及提高效率的前提下採用最合適的交通工具。

(3) 在行程中乘坐的士，應嚴加管制。申領人應事先取得上司的批准，才乘搭的士。申領人上司在批准屬員因執行職務而乘坐的士之前，必須有充分理由確信當時並無較廉宜或合適的交通工具。申領人在申請發還的士費時，必須提出理由，說明為何乘坐的士而不採用其他交通工具。

(4) 申領人往返居所和工作地點之間的行程所支付的交通費，通常不可獲全數發還，而須扣除申領人平日往返居所的交通費。如因特殊情況(例如行程是在非工作日作出)並無扣除相關費用，必須詳述理由。

(1) Records of journeys for use of public transports and taxis should be marked in this form. The hire of coaches, light goods vehicles or lorries for transportation of group of passengers or items in bulk should NOT be recorded in this form. Receipts of taxis should be submitted together with this form.

(2) The most appropriate method of conveyance in the interest of economy and efficiency should be used.

(3) The use of taxis should be strictly controlled. The claimant should have obtained prior approval before use of taxi. The claimant's supervisor must be fully satisfied that a more economical mode of transport is not available or appropriate before approving the use of taxis for duty purposes. Accordingly, claimants are required to explain in their claims for reimbursement of taxi fares the reasons for using taxis instead of other modes of transport.

(4) Travelling expenses incurred on journeys between the claimant's home and places of work are normally not reimbursable in full. Deductions should be made based on the expenses for a normal home-office journey of the claimant. If no deduction is made in exceptional circumstances (e.g. journeys taken on non-working days), full justifications must be provided.

本人茲證明 I certify that

(1)本人因獲禁毒基金批准的項目而行走行程記錄表所示的所有路程，並已在所示的日期支付有關的交通費用。

(2)(如適用)乘坐的士是因為無其他較廉宜或較合適的交通工具可供乘搭。乘搭的士的理由是充分和正確無誤。

(1) I have taken all journeys shown on the record of journeys for Beat Drugs Fund-approved purposes and paid for the travelling expenses so incurred on the dates indicated.

(2) (If applicable) Taxi was used because there was no other cheaper/suitable method of conveyance available. Detailed justifications provided are full, true and correct.

本人謹此聲明，在本申領表上填報的資料均真確無誤。I declare that the information provided in this claim is true and correct.

日期Date:

2025/06/28

申領人簽名Signature of claimant:

Lui

4. 請申領人簽署，由上司或高級職員加簽並蓋上機構印章

第二部份 (由申領人上司或獲撥款人/機構高級職員填寫)

Section II (to be completed by the claimant's supervisor/senior officer of the grantee)

本人茲證明 I certify that

(1)本人確定第一部分的所有資料均真確無誤。

(2)本人確定申領人已在節省開支及提高效率的前提下採用最合適的交通工具。

(3)(如適用)申領人乘坐的士前已得到事先批准，乘坐的士是因為無其他較廉宜或較合適的交通工具可供乘搭。

(4)本人認為已對交通支出嚴加管制和提出申領支出的理由是非常充分的。

(1) I confirm that the information provided in Section I above is true and correct.

(2) I confirm that the claimant has used the most appropriate method of conveyance in the interest of economy and efficiency.

(3) (If applicable) Prior approval on use of taxi has been obtained. Taxi was used because there was no other cheaper/suitable method of conveyance available.

(4) I am satisfied that claim of travelling expenses is strictly controlled and fully justified.

(5)本人明白獲發還交通支出的條件，即任何多付給申領人的款項可悉數向獲撥款人/機構討回。

(5) I acknowledge that the travelling expenses are reimbursed on the condition that any overpayment is recoverable in full.

日期Date:

2025/06/28

申領人上司或獲撥款人/機構高級職員簽名
Signature of claimant's supervisor/senior officer of the grantee:

Felix

Felix Wong Tai Ho, Project leader

機構蓋章

Official seal:

Alliance Anti-drug Pioneer

個人資料私隱聲明Personal Data Privacy Statement:

申領人所提供的資料，將用於處理發還交通費及其他相關事的用途。禁毒基金會人員、各政策局局長、部門首長及 / 或獲指派負責處理款項及有關事宜的人員，可能會得知這些資料。根據《個人資料（私隱）條例》，申領人有權查閱和更正所提供的個人資料。

The information provided by the claimant will be used for processing reimbursement of travelling expenses and other related purposes. The information provided may be disclosed to members of the Beat Drugs Fund Association, Heads of Bureau/Department and/or their designated officers who are required to handle claims of the Beat Drugs Fund Association and other related matters. Claimants have a right of access and correction with respect to personal data as provided for in the Personal Data (Privacy) Ordinance.

(rev March 2025)

計劃編號
Project No.: 2400xx

獲撥款人/機構名稱
Name of grantee: Anti-drug Pioneer Alliance

計劃名稱:
Name of project: Hong Kong Let's Beat Drugs

注意 (1)所有適用的欄均應填寫。 Fill in the required information in all applicable columns.
Note: (2)填寫本表前應先參閱相關的說明。 Guidance notes to completion of this form should be read before marking this form.

月薪制的員工Monthly paid staff

職銜 Rank of staff (A)	獲批准的月薪水平 (連同強積金) Monthly claim limit (incl. MPF) (B)	剩餘獲批准的聘用 時限(按月計) Remaining balance of approved employment period (in months) (C)	員工姓名 Name of staff (D)	員工實收的月薪 (連強積金) Actual Monthly salary (incl. MPF) (E)	申領薪金的期間 Salary period claimed (F)	期間內的薪金 Salary for the period (G)	因早前出現的調整而現時申請補領/退回的薪金(如有) Additional claim/refund due to adjustment from previous months (if applicable) (H)	實際向禁毒基金申領的金額 (請參閱說明(2)及(3)) Actual Amount of Claim from BDF (See Notes (2) & (3)) (I)=(G)+(H)	剩下還可申領薪金的時 限(按月計) Remaining period that can be claimed (in months) (J)=(C)-(F)	僱員簽署 Signature of staff (K)
Social Work Assistant	\$18,000.00	12	Lui Ka Ho	\$16,800.00	1 Jun 2025 - 31 May 2026	\$201,600.00	\$10,395.00	\$211,995.00	0.00	Lui

月薪和Sub-total for monthly paid staff \$211,995.00

獲批准的總薪金Approved staff cost \$432,000.00

時薪制的員工Hourly rated staff

職銜 Rank of staff (L)	獲批准的時薪水平 (連同強積金) Hourly Rate (incl. MPF) approved (M)	剩餘獲批准的聘用 時限(按小時計) Remaining balance of approved employment period (in hours) (N)	員工姓名 Name of staff (O)	員工實收的時薪 Actual hourly rate (incl. MPF) (P)	申領薪金的期間 Salary period claimed (Q)	期間內的實際工時 Actual number of working hours in the period (R)	實際工時包括休息 /用膳時間 (是/否) Actual number of working hours including rest/meal time (Yes/No) (S)	因早前出現的調整而現時申請補領/退回的薪金(如有) Additional claim/refund due to adjustment from previous months(if applicable) (U)	實際向禁毒基金申領的金額 (請參閱說明(2)及(3)) Actual Amount of Claim from BDF (See Notes (2) & (3)) (V)=(T)+(U)	剩下還可申領薪金的時 限(按小時計) Remaining no. of hours that can be claimed (W)=(N)-(R)	僱員簽署 Signature of staff (X)

時薪和Sub-total for hourly rated staff

獲批准的總薪金Approved staff cost

本人茲證明 We certify that:

- (1)本人確定所有資料均真確無誤。
(2)本人確定表格上列出的員工於列明的時段內曾為本計劃獲批准的範疇工作，期間他們沒有計劃範疇以外的職責。
(3)本人確定向禁毒基金匯報及申領的薪金，已全數發給員工，並沒有扣除任何金額。

- (1) We confirm that the information provided above is true and correct.
(2) We confirm the staff on list had been working on the approved scopes of the Beat Drugs Fund project in the stated period and beyond the scope of the project.
(3) We confirm that the personal emolument reported to and claimed from Beat Drugs Fund is fully disbursed to the staff concerned for their duties.

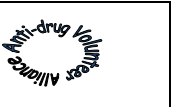
日期Date: 2026/05/31

日期Date: 2026/05/31

計劃主管的姓名、職銜及簽名
Name, title and signature of the project-in-charge: Felix Wong Tai Ho, Project leader

獲撥款人/機構高級職員的姓名、職銜及簽名
Name, title and signature of senior officer of the grantee: Elaine Chan Mei Kuen, Director

機構蓋章
Official seal:



填寫表格的說明 Guidance Notes to Completion of the Form

- (1)此表格記錄月薪及時薪制的僱員薪酬資料。如計劃所涉及人員並非獲撥款人 / 機構招聘的僱員，或該人員以完成每項工作的形式支取收入的話，應以「僱用服務」的形式於「由撥款人機構填寫的收入及支出細項表」記錄這等資料。
(2)獲撥款人 / 機構只可以從禁毒基金支付獲批准的薪金水平(按月/小時計)。若獲撥款人 / 機構發放高於獲批准的薪金，撥款人 / 機構需自行承擔差額。
(3)薪俸結算書/支薪記錄應由計劃主管或獲撥款人/機構高級職員簽名作實，並隨本表格一同提交。
- (1) This form records the personal emoluments of monthly-paid and hourly-rated staff. Project personnel who are not the grantee's employees or are paid upon completion of jobs should be recorded as "hire of service" in the "Particulars of income and expenditure item" form.
(2)Grantees are allowed to remunerate staff up to the approved rates (per month or hour). The grantee shall be solely responsible for any provision beyond Beat Drugs Fund Association's approved rate.
(3) Salary statement/payroll record should be signed by project in-charge or a senior officer of the grantee and submitted together with this form.

Toolkit Attachment 7

<p>備注 Remarks: (A,B,L&M)根據禁毒基金發出的通知書上的資料，填寫對應的名稱。同一職銜的不同員工應分別記錄。</p> <p>(C & N) 轉自上一次記錄 (E&P)寫出由禁毒基金實際支付的薪金(連同強積金)，或僱員實際獲得的薪酬，兩者較低為準。即使撥款人 / 機構支薪高於獲准的水平，亦應填上由禁毒基金實際支付的數額。若期間內未有支付強積金，應清楚指明。若禁毒基金沒有批准資助強積金，則不應把強積金計算在此。</p> <p>(F)填上工作的時間，如"2010年9月1日至2010年10月31日"。如員工為兼任而非全職員工，請列明兼任部份，如"0.5兼任員工"。</p> <p>(G)記下期間內的總薪金。 (H&U)如需追回上一期間薪酬的調整(如強積金)、發放約滿酬金(如已獲批准)、收取離職代通知金等特殊的項目，應清楚列明於此欄。 (Q)填上工作的日期及時間，如「2010年9月20日14:00-16:30」。 (W)只須為某一職銜填寫職銜剩下時限一次。</p>	<p>(A, B, L &M) The name of the approved cost item and rank of staff as indicated on the notification of successful grant application should be marked in the column. Different staff members of the same rank should be recorded separately.</p> <p>(C & N) To bring forward from last record (E & P) The actual monthly salary paid by Beat Drugs Fund, or the actual amount received by the staff member, whichever is lower, should be marked here. If the grantee remunerate staff at a rate higher than approved amount, the actual monthly salary paid by Beat Drugs Fund should be stated. If no MPF is contributed by employer in the period, this should be clearly marked. If MPF is not supported by Beat Drugs Fund, the MPF should not be included here.</p> <p>(F) Fill in the period of salary, such as "2010 Sep 1 to 2010 Oct 31". For part-time staff, please fill in details on the part-time arrangement, say, "0.5 part-time staff".</p> <p>(G) The total salary for the period should be marked. (H & U) If additional claim (e.g. MPF payment of previous months), disbursement of gratuity (if so approved), collection of "payment in lieu of notice" upon staff departure or other special income/expense is involved, details should be recorded here. (Q) Fill in the date and time of the working hour, such as "2010 Sep 20, 14:00-16:30". (W) A single entry for the remaining balance of a particular rank is sufficient.</p>
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