**Dedicated Fund (DF)**

**Application Form - Appendix A3**

**System Enhancement under Agency-based Funding**

**(Non-IT Project)**

*[Please use separate sheet for each project]*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Name of the Project** | Enter name of project | | |
| 1. **Implementation Period** | From: Start date (*mm/yyyy*) to: End date (*mm/yyyy*) | | |
| 1. **Amount Applied for ($)** | Enter amount applied for ($) | | |
| 1. **Budget Breakdown** | Item and Description | Quantity | Cost ($) |
| Enter item and description | Enter Quantity | Enter cost ($) |
| Enter item and description | Enter Quantity | Enter cost ($) |
| Enter item and description | Enter Quantity | Enter cost ($) |
| Enter item and description | Enter Quantity | Enter cost ($) |
| Enter item and description | Enter Quantity | Enter cost ($) |
| Total Cost: | | Enter cost ($) |
| 1. **Area Targeted for Enhancement** | 1. Target system / area to be upgraded, including existing problems identified   *[Not more than 200 words]*     1. No. of service units / no. of staff affected / to be benefited under the project | | |
| 1. **Expected Outcome after the Enhancement** | *[Please “✓” as appropriate, can choose more than one]*  Enhance human resource management  Enhance financial management  Enhance service operation, management and delivery  Others (please specify Enter other expected outcome after enhancement) | | |
| 1. **Method of Evaluation** | *[Please “✓” as appropriate, can choose more than one]*  Interview  Questionnaire  Others (please specify Enter other method of evaluation) | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Joint Application** | Yes  No  *[Please “✓” as appropriate. If yes,* ***the coordinating NGO of the joint project should complete******Item 8(a) – (d)****]*   |  |  | | --- | --- | | **(a) Name of the Coordinating NGO** |  |   **(b) Contact Person Responsible for the Joint Project**   |  |  | | --- | --- | | Name: |  | | Correspondence Address: |  | | Telephone No. / Fax No.: |  | | Email: |  |   **(c) Name of Other Participating NGO(s)**   |  |  | | --- | --- | | (a) |  | | (b) |  |   **(d) Annual Disbursement Amount Requested by NGOs under the Joint Project**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | No. | Name of NGOs | Project Cost  ($)  (a) | Proposed Administrative Support[[1]](#footnote-1)  ($)  (b) | Total Amount Requested by Each NGO ($)  [=(a)+(b)] and  [=(c)+(d)+(e)] | Annual Disbursement Amount Requested ($) | | | | 20 -  .  (c) | 20 -  .  (d) | 20 -  .  (e) | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | **Total:** | |  |  |  |  |  |  | |

Remarks

Where necessary, the Social Welfare Department (SWD) may forward the above proposed project to relevant Service Branch(es) / Section(s) of the SWD, other government bureaux/departments or relevant authority for further assessment and comment.

1. Maximum proposed administrative support is set at 5% of approved project cost for each project, or $500,000, whichever is the lower. [↑](#footnote-ref-1)