**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)