**Interim Report[[1]](#footnote-1)**

**for Information Technology (IT) Project**

**Dedicated Fund (DF)**

1. Name of the NGO

|  |
| --- |
| Enter Name of the NGO |

1. Name of the IT Project *[Please state the original name and the revised name, if any]*

|  |
| --- |
| Enter Name of IT Project |

1. Approved IT Project

|  |  |  |
| --- | --- | --- |
|  | Original | Revised (if applicable) |
| Approved Amount | Original Approved Amount | Revised Approved Amount |
| Date of approval | Original Approval Date | Revised Approval Date |

1. Has your Agency changed the implementation schedule?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes *[Please provide the revised schedule below]* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Planned Schedule[[2]](#footnote-2): | From | Start Date | (mm/yyyy) | to | End Date | (mm/yyyy) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Revised Schedule: | From | Start Date | (mm/yyyy) | to | End Date | (mm/yyyy) |

1. Project Progress

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Stage[[3]](#footnote-3)** | **Planned Start Date (***mm/yyyy***)** | **Planned End Date (***mm/yyyy***)** | **Actual /****Expected****Start Date****(***mm/yyyy***)** | **Actual/****Expected End Date****(***mm/yyyy***)** | **Reasons for Deviation** |
| Tendering | Start Date | End Date | Start Date | End Date | Enter Reasons |
| Project Initiation | Start Date | End Date | Start Date | End Date | Enter Reasons |
| System Analysis and Design | Start Date | End Date | Start Date | End Date | Enter Reasons |
| System Development | Start Date | End Date | Start Date | End Date | Enter Reasons |
| System Integration Test / User Acceptance Test | Start Date | End Date | Start Date | End Date | Enter Reasons |
| Data Conversion | Start Date | End Date | Start Date | End Date | Enter Reasons |
| System Installation | Start Date | End Date | Start Date | End Date | Enter Reasons |
| Security Risk Assessment and Audit | Start Date | End Date | Start Date | End Date | Enter Reasons |
| Privacy Impact Assessment | Start Date | End Date | Start Date | End Date | Enter Reasons |
| Production Rollout | Start Date | End Date | Start Date | End Date | Enter Reasons |
| System Nursing | Start Date | End Date | Start Date | End Date | Enter Reasons |
|  |  |  |  |  |  |
| **Total Duration for Completion of the Project[[4]](#footnote-4)** |

|  |  |
| --- | --- |
| Enter No. of Month(s) | Months |

 |

|  |  |
| --- | --- |
| Enter No. of Month(s) | Months |

 |  |
| System Maintenance | Start Date | End Date | Start Date | End Date | Enter Reasons |
|  |  |  |  |  |  |
| **Total Duration of the Project (Include System Maintenance)** |

|  |  |
| --- | --- |
| Enter No. of Month(s) | Months[[5]](#footnote-5) |

 |

|  |  |
| --- | --- |
| Enter No. of Month(s) | Months |

 |  |

1. Implementation Progress of the Project

|  |
| --- |
| [ ]  On schedule |
| [ ]  Behind schedule *[Please specify the difficulties encountered and the proposed solutions]* |
|  |

1. Other Remarks *[Any other information relevant to the project implementation progress]*



|  |  |  |
| --- | --- | --- |
|  | Prepared by: |  |
|  |  | (Enter the name of the person ) |
|  | Post: | Enter Post |
|  | Tel. No.: | Enter Tel. No. |
|  | Date:  | Date |
|  | Endorsed by: |  |
|  |  | (Enter the name of the person) |
|  | Post: | NGO / Division Head |
|  | Tel. No.: | Enter Tel. No. |
|  | Date: | Date |

Remark: Further Interim Report(s) will be required for projects with revised schedule or extended project duration. Date of submission of further Interim Report(s) will be advised by the SWD.

1. The NGO is required to send this Interim Report to the Information Systems and Technology Branch (ISTB) of the Social Welfare Department (SWD) when the project approaches half-way of the approved implementation schedule (from the start date of the project to the completion of system nursing). Besides, the Overall Evaluation Report is required to reach ISTB within three months after the completion of system nursing. Soft copy can be sent to sist4@swd.gov.hk. [↑](#footnote-ref-1)
2. Planned schedule as stated in Section 2.1(g) of the Application Form for the IT Project (i.e. Appendix A2). [↑](#footnote-ref-2)
3. Please tally with the Implementation Plan at Section 2.1(g) of the Application Form for the IT Project (i.e. Appendix A2). [↑](#footnote-ref-3)
4. From start date of the project to end date of system nursing. [↑](#footnote-ref-4)
5. Please tally with Section 1.1 and Section 2.1 (g) of the Application Form for the IT Project (i.e. Appendix A2). [↑](#footnote-ref-5)