

This form, revised in February 2022, is applicable to activities to be held on or after 1 April 2022.

Please read the “Guidelines on the Use of Islands District Community Involvement Fund” carefully before completing the form. Please write in BLOCK LETTERS and submit the original copy of the form along with its duplicate to the Islands District Office (IDO) by the application deadline.	For use by IDO	
	Date of receipt:	
	Project No.:	File No.:
	Number of times for application:	Remarks:

Islands District Office
Application for a Grant under Community Involvement Fund

1. Basic Information

(A)	Name of Organisation: (Chinese)	
	(English)	
(B)	Registered address:	
	Correspondence address: (if different from the registered address)	
(C)	Telephone No.:	Fax No.:
(D)	The Organisation is: <input type="checkbox"/> registered under _____ Ordinance (please attach related documentary proof) ¹ <input type="checkbox"/> an autonomous body of persons established for the benefit of _____ District.	
(E)	Responsible Persons:	
	Authorised Person ² of the Organisation	Designated Officer-in-charge ³ of the Project
	Name: (Chinese) _____ (English)*Mr/Ms/Miss _____	Name: (Chinese) _____ (English)*Mr/Ms/Miss _____
	Post:	Post:
	Contact Tel No.:	Contact Tel No.: (For internal use) _____ (Publicised ⁴) _____
	Fax No.:	Fax No.:
	Email Address:	Email Address:

¹ Only applicable to organisations which apply for CI fund for the first time, or amend their information.

² Authorised Person refers to the person who applies for CI fund on behalf of the organisation and signs the application form.

³ Designated Officer-in-charge serves as the contact officer of the project who may also certify the receipts and supporting documents for the purpose of reimbursement of CI fund. Authorised Person and Designated Officer-in-charge can be the same person.

⁴ The telephone number will be uploaded onto the IDO website for public enquiry.

* Delete as appropriate

(F)	<p>Record of Application for Community Involvement (CI) Fund:</p> <p><input type="checkbox"/> This is our first application for CI Fund</p> <p><input type="checkbox"/> We have previously applied for CI Fund but our application was not approved.</p> <p><input type="checkbox"/> Details of the last three applications approved in the preceding financial year (if applicable), are as follows:</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Activity</th> <th>Date of Activity</th> <th>Amount Approved (\$)</th> <th>Project No.</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name of Activity	Date of Activity	Amount Approved (\$)	Project No.	1.	_____	_____	_____	_____	2.	_____	_____	_____	_____	3.	_____	_____	_____	_____
	Name of Activity	Date of Activity	Amount Approved (\$)	Project No.																	
1.	_____	_____	_____	_____																	
2.	_____	_____	_____	_____																	
3.	_____	_____	_____	_____																	
(G)	<p>Payment Method: (Only applicable to organisations which apply for CI Fund for the first time, or amend the payment method.)</p> <p>Reimbursement and advance payment (if applicable) shall be made payable to “_____” _____”. (Please provide the bank account name in English)</p>																				

2. Details of the Proposed Project

(A)	Name of Activity:	
(B)	Nature: *Community Affairs / Culture and Recreation / Sports / Others (Please specify : _____)	
(C)	Objectives:	
(D)	Setting-up or Preparation Period:	
(E)	Date of Implementation:	
(F)	Time:	
(G)	Venue:	
(H)	Content and work plan: (Please also provide information which is relevant to the assessment of the activity)	
(I)	Target Group(s):	Target District(s):
	Age Group(s):	Estimated Number of *Participants/Audience:
(J)	Expected Benefits or Achievements : (Please propose performance measurement in quantifiable terms if applicable):	
(K)	<p>Ticket Allocation</p> <p><input type="checkbox"/> Will* distribute / sell tickets</p> <p>Date: _____</p> <p>Time: _____</p> <p>Venue: _____</p> <p><input type="checkbox"/> Will not distribute or sell tickets</p>	

* Delete as appropriate

(L)	Details of Co-organisier(s)	
	Name of Co-organising Organisations(s)/ Name of Contact Person(s)/Telephone No./Fax No./ Email Address	Brief description of the nature and form of collaboration or support
	1.	
	2.	

3. Estimated Income and Expenditure Statement

(A) Estimated Income (if applicable)

Item	Description		Amount(\$)
Participants' fees: (fees aligned)	\$ _____ (Unit rate) x _____ (No. of persons)		
Internal resources:			
Sponsorship & donation ⁵ :	Name of sponsor/ donator	Item(s) donated (if applicable)	
Total Estimated Income (a) :			

(B) Estimated Expenditure

• Transportation					For use by IDO	
	Travelling to and from	Unit cost (\$)	Quantity	Amount(\$)	Suggestions of IDO	Remarks
Coach:						
Vessel:						
Ferry:						
Bus:						
Others:						
• Delivery of Materials						
Delivery Mode	Travelling to and from	Items delivered	Unit cost (\$)	Amount(\$)		
• Publicity						
Item			Quantity	Amount(\$)		

⁵ Sponsorship / donations from companies selling tobacco and hard liquor, or from those individuals or organisations who are the contractors for the same item of service or equipment for the project should not be accepted.

• Light Refreshments or Light Meals						
	Duration of work /activity (Hour)	Number of persons	Unit cost (\$)	Amount(\$)		
Volunteers:						
Participants:						
Performers(*Paid/Voluntary):						
Referees (*Paid /Voluntary):						
Tutors(*Paid /Voluntary):						
Others:						
• Venue				Amount(\$)		
Hire of venue:	Location:					
	Time:					
Hire of stall:	Unit cost (\$):	Quantity:				
Hire of lighting:						
Hire of public address system:						
Venue decoration: (Please provide details of decoration, materials and items to be used)				Amount(\$)		
• Prizes and Souvenirs						
	Item	Quantity	Unit cost (\$)	Amount(\$)		
Participants:						
Guests:						
Organisations or volunteers:						
Others:						
• Honorarium						
	Item	Number of persons	Unit cost (\$)	Amount(\$)		
Performers:						
Referees: <input type="checkbox"/> Professional (with relevant price list attached) <input type="checkbox"/> Non-professional						
Tutors:						
Musicians:						
Others:						
• Public Liability Insurance and/or Accident Insurance						

* Delete as appropriate

• Others				
	Quantity /Item	Unit cost (\$)	Amount(\$)	
Photo finishing:				
Invitation cards:				
Licence fees (with type of licence):				
Royalty fees:				
Others (Please state the purpose, quantity, unit cost and estimated amount):				
• Contingency and Central Administrative Overheads				
We would like to apply for				
<input type="checkbox"/> Contingency ⁶				
<input type="checkbox"/> Central Administrative Overheads ⁷				
Total Estimated Expenditure(b) :				

Amount of CI Fund under Application (c):	
= Total Estimated Expenditure (b) –Total Estimated Income (a)	

4. Alternative Funding Support

Please indicate how the proposed project will be financed if the application is rejected or the approved project fund is less than the proposed amount under application. (can pick more than one)

(A) Other sources of Income

- ☐ Internal resources
- ☐ Sponsorship and Donation
- ☐ Increase participants' fees
- ☐ Others (Please specify)

(B) ☐ Cancel the project

(C) ☐ Others (Please specify)

⁶ The amount of "Contingency" equals to 5% of the approved project fund to meet any unforeseen commitment arising from the approved items of expenditure. Project fund refers to the amount of grant approved by IDO for implementing an activity.

⁷ The amount of "Central Administrative Overheads" equals to 10% of the approved project fund but not more than \$2,000 to meet the administrative expenses of the non-government organisation (such as supervisory staff and headquarters expenses required in overseeing the CI project).

5. Declaration of Interest

- ☐ I hereby declare that I have no pecuniary or other interest, direct or indirect, relating to the project application.
- ☐ I hereby declare that I have pecuniary or other personal interest, direct or indirect, relating to the project application. The particulars of such matter are stated below :

6. Declaration and Consent of the Organisation

- (A) I hereby declare that all the information given in this application is true and accurate. I understand that any inaccurate information will make the application invalid, any grant approved will be withheld and any payment made must be refunded to the Government. I also acknowledge that the Government reserves the right to seek recovery of any money overpaid or fraudulently claimed from the CI fund, as a civil debt due to the Government.
- (B) I hereby declare that to the best of my knowledge I / my staff /other co-organisier(s)* of this application have not been involved in any activities with national security concerns and will ensure the project will not be involved in those activities. I understand that even if the application is approved, the Director of Home Affairs may withdraw funding, request the grantee to refund the amount of payment released or repay any advance payment if it is subsequently found that the project has any national security concerns. I understand I / my staff / other co-organisier(s) * of this application will be liable to relevant criminal offences if the project has any national security concerns.
- (C) I hereby agree and consent that the information provided in this application form may be used by the Government to process the application and conduct evaluative studies and training/sharing sessions. I further agree and consent that should this application be successful, all information contained in the application form and the subsequent reports (including but not limited to that concerning my organisation and project details) may be released for inspection by the public and published by the Government for general information. I agree to publicise the fact that the project is supported by the Islands District Office and undertake to display the name and, as far as practicable, the logo of the Home Affair Department in all publicity materials and activities related to the project.
- (D) I have read and understood the contents of the Guidelines on the Use of Islands District Community Involvement Fund and the terms and conditions of the grant and hereby agree to observe the provisions contained in the aforesaid documents (including dissemination of the requirement on declaration of interest to the concerned co-organisier(s), members and staff) should the application for the grant of CI

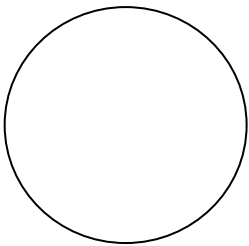
fund be successful.

Signature: _____

Name of Authorised Person: _____

Post: _____

Date: _____



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* Delete as appropriate

Purposes of Collection

1. The personal data provided by means of this form will be used by Home Affairs Department for the purposes of handling matters relating to the use of the CI Fund as well as promoting community involvement activities and public participation in community affairs.

Classes of Transferees

2. The personal data provided by means of this form may be disclosed to other Government departments, bureaux and relevant persons and bodies for the purposes mentioned in paragraph 1 above.

Access to personal data

3. The responsible officer(s) of the organisation has/have a right of access and correction with respect to personal data as provided for under the Personal Data (Privacy) Ordinance (Cap. 486). The right of access includes the right to obtain a copy of the data subjects' personal data provided by this form.

Enquiries

4. Enquiries concerning the personal data collected by means of this form, including access to and correction of the personal data, should be addressed to -

Executive Officer (District Council)

Islands District Office

Telephone No.: 2852 4297 / 2852 4317