

Part I: Details of the proposed activity(ies) under the project

Order of priority _____

(This Form should be sequenced as indicated in Part H.)

1.	[Nature of Activity A3: Language Training] Name of Activity: _____		
2.	Name of Collaborating School (if applicable): <small>(One form for <u>one</u> collaborating school / centre only. Please photocopy this page if you wish to apply for more than one collaborating school / centre.)</small>		
3.	<input type="checkbox"/> Activity for one collaborating school only <input type="checkbox"/> Activity for the community without collaborating school		
4.	Briefly describe the objectives and contents :		
5.	Estimated no. of eligible students served (count by heads)[#]: _____, including _____ non-Chinese speaking (NCS) students, _____ special educational need (SEN) students and _____ newly-arrived children (NAC). <small># For activity serving the community without collaborating school (refer to pt. 3) or special school, please indicate the estimation separately: _____ primary students (including _____ NCS students, _____ SEN students and _____ NAC) & / or _____ secondary students (including _____ NCS students, _____ SEN students and _____ NAC).</small>		
6.	Estimated no. of fee-charging non-eligible students^(vii) (count by heads): _____ students (if applicable)		
7.	Date(s): from _____ / _____ / _____ to _____ / _____ / _____		
8.	No. of group(s)^(x): _____, Instructor-student ratio per group: _____ :		
9.	Activities per group:	a) _____ session(s) _____ hrs per session Venue ^(iv) : _____	b) Half-day (at least 4 hrs): _____ times Venue: _____ District: _____
			c) Whole day (at least 7 hrs): _____ times Venue: _____ District: _____

Breakdown of the budget for the proposed activity:

10. Breakdown of expenditure items ^{(v) & (vi)}

- (a) Instructors' remuneration^{(viii)&(x)}: \$ _____ (/hr) × _____ hrs(/session) × _____ sessions × _____ groups = (\$) _____
 Proposed academic qualifications of instructors: _____ (Graduate/Holder)
 Other staff: \$ _____ (/hr) × _____ hrs(/session) × _____ sessions × _____ groups = _____
(State their status and reasons for the employment: _____) (\$) _____
- (b) Material expenses: (\$) _____
- (c) Camp /Admission fee: \$ _____ × _____ persons (\$) _____
- (d) **Student** meal: (Only for whole-day outdoor activities) : \$ _____ × _____ persons (\$) _____
- (e) Activity transportation fee (Only for outdoor activities or camping) (\$) _____
(no. of minibus: _____/no. of coach : _____/Other: _____)
- (f) Volunteers allowance: (No. of volunteers: _____; total no. of attendance: _____) (\$) _____
- (g) Other: (Please specify: _____) (\$) _____

11. Total expenditure (A) (=**)** (\$) _____

12. Breakdown of income

- (a) Charge on Non-eligible students ^(vii) \$ _____ × _____ persons (\$) _____
- (b) Other (Please specify: _____) (\$) _____

13. Total income (B) (=**)** (\$) _____

14. Grant applied (A – B)

(=**)** (\$) _____

- Remarks:**
- (iv) *If non-formal curriculum (e.g. tutorial service, learning skills training and language training) is offered in places other than the collaborating school premises, or the non-formal curriculum offered in a collaborating school premises includes other collaborating schools' students, the applicant NGO must comply with the requirements stipulated in the Education Ordinance. Please attach relevant documents (such as Certificate of Registration of a School or application for Exemption from Registration as a School) in submitting the application.*
 - (v) *For administration cost, please fill in Part J(2).*
 - (vi) *If the enrolled students are less than the approved number, NGO should reduce the number of groups and all expenses on a pro-rata basis.*
 - (vii) *Non-eligible students – students who have to pay fee to join an activity. These students must pay full fee.*
 - (viii) *Qualification of instructors are specified in Guideline for Community-based Projects found in our Community-based Projects web-page.*
 - (x) *The number of groups equals the number of instructors to be employed.*

(*Delete whichever is not applicable)

Confirmed by Collaborating School:

Name: _____

Signature: _____

Date: _____

Position: ***School Principal / Teacher-in-charge**

School Chop: _____