

**Funding Scheme for Children's Well-being and Development
Financial Report**

Points to note when preparing financial report:-

1. All receipts are to be properly fixed on A-4 sized paper for easy record and certified by either the officer-in-charge of the project or the authorised person of the funded organisation and stamped with the funded organisation's chop as per Appendix I to Annex F. The name and signature should be the same as those provided in the funding application form.
2. For payment of honorarium to a guest/speaker/instructor who has not provided an official receipt, a confirmation of his/her receipt of the payment by showing his/her full name in block letters, Hong Kong Identity Card number (English alphabet and the first 3 digits) and signature is required as per Appendix II to Annex F.
3. For payments below \$500 made without official receipts, cash disbursement slips can be used in lieu of receipts. However, the name (in block letters), signature and Hong Kong Identity Card number (English alphabet and the first 3 digits) of the person who made the payment, date of payment and a breakdown of the expenditure must be provided on the slip as per Appendix III to Annex F.
4. For reimbursement of food and beverage expenses to performers, guests and volunteers, please show their confirmation of receipt in a table as per Appendix IV to Annex F. Claimants should provide relevant receipts before reimbursements are made.
5. For payments made to volunteers for reimbursement of travelling expenses, details must be given as per Appendix V to Annex F.
6. For expenditure incurred for staff directly recruited for the project (including Mandatory Provident Fund contribution) and existing staff working overtime for the project, details must be given as per Appendix VI to Annex F.
7. Records relating to items 2 to 6 above should be certified by either the officer-in-charge of the project or the authorised person of the funded organisation and stamped with the chop of the funded organisation.
8. The original copies of all supporting receipts and other proofs of payment should be attached to the financial report. For projects with total approved funding amount exceeding \$100,000, the funded organisation may choose not to submit receipts and other proofs of payment in support of its financial report (i.e. version (i) is selected for item (3) of the first paragraph and item (c) of the second paragraph in Annex I). In that case, the original copies of all official receipts and other proofs of payment related to the expenditure

of the funded project should be kept by the funded organisation properly for seven years after completion of the project for the Commission on Children's inspection as and when necessary.

To : Commission on Children Secretariat
10/F, West Wing,
Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
(Fax : 2523 1973)

**Funding Scheme for Children's Well-being and Development (the Scheme)
Financial Report**

Project No.:

Part A : Basic Information

Name of Organisation	
Title of Project	
Total Approved Funding Amount	
Project Commencement Date (dd/mm/yyyy)	
Project Completion Date (dd/mm/yyyy)	

**Part B : Income and Expenditure Statement (as at _____)
(dd/mm/yyyy)**

(A)	Income	
	Sources other than the Scheme	Amount (\$)
	1. Participants' Fees (if applicable)	
	2. Contribution from the Funded Organisation (if applicable)	
	3. Sponsorship and Donation (if applicable)	
	4. Others (if applicable)	
	Total :	

(B)	Expenditure						
	Item	Receipt Serial No.	Approved Amount ¹ (\$)	Actual Expenditure			Remarks
				Amount to be funded by the Scheme (\$)	Amount to be funded by other income source(s) (\$)	Total Amount (\$)	
	Total:			[Same as (C)]	[Same as (A)]	(B)	
(C)	Total Amount to be met by the Scheme [(B) – (A)]						

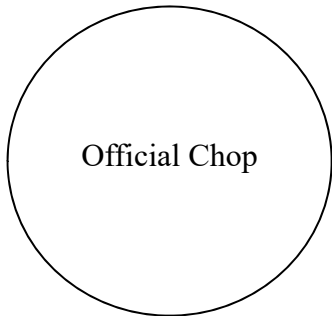
¹ If approval has been obtained from the Commission on Children for adjustment to the approved amount of an expenditure item, please fill in the revised amount.

(D)	Amount of Advance Payment Already Received	\$
(E)	Amount of Reimbursement Applied For [(C) – (D)]	\$
or	Surplus Amount to be returned to “The Government of the Hong Kong Special Administrative Region” [(D) – (C)]	\$

Part C : Certification by the Funded Organisation

I certify that:

- (1) the information provided above is correct and other sources of income including sponsorship and donation stated in Part B are complete without any omission;
- (2) the goods purchased have been received in good order and all the services delivered were considered reasonable and necessary to the project, and all expenditures are in compliance with the Funding Scheme for Children’s Well-being and Development Funding Guidelines and any other additional conditions as may be prescribed by the Commission on Children in writing;
- (3) the prices quoted and accepted for purchases of goods and services in the project are considered reasonable compared with the market prices; and
- (4) the expenditure listed in Part B is solely incurred for the use of the above mentioned project.



Signature: _____

Name of Authorised Person of the Funded Organisation / Officer-in-charge of the Project: _____

Post: _____

Tel. No.: _____

Fax No.: _____

Date: _____

Personal Information Collection Statement

Purposes of Collection

1. The personal data provided by means of this form will be used by Commission on Children for the purposes of handling matters relating to the Funding Scheme for Children's Well-being and Development as well as promoting children-related 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-

Ms Jeannie LEE

Commission on Children Secretariat

3655 5853

(Telephone No.)

Receipt serial no.

Appendix I to Annex F

Sample for Submission of Receipts

Receipt Serial no.: A1.1

Name & address / tel. no. of supplier

TAI OI STATIONERY
Tel: 2121-2120 Fax: 2121-2111
Shop G102, G/F, Tai Hing Centre, Yuen Long

Invoice will not be accepted

Official Receipt

No.: 129012

Date (including day, month & year)

Date: 25-6-2019

Red cards 100 pcs

\$200.00

Total: \$200.00

Details of purchase (including a description of item purchased, quantity and amount)

ABC Association

CM WONG

Name: _____
Post: _____
Date: _____

Chopped with official chop of the funded organisation

Certified by either the officer-in-charge of the project or the authorised person of the funded organisation

Appendix II to Annex F

Acknowledgement of Receipt of Honorarium

I, _____ (in block letters) (ID No. _ _ _ _xxx[x]), have received HK\$ from (name of the funded organisation), being the payment for _____.

Signature : _____

Date: _____

Appendix III to Annex F

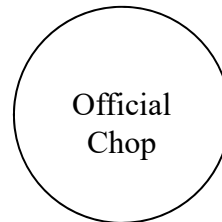
Cash Disbursement Slip

I, _____ (in block letters) (ID No. _ _ _ _xxx[x]), certify that HK\$ was used for the purchase of the following items. No receipt is available for these items.

Item:

Signature : _____

Date : _____



Appendix IV to Annex F

Reimbursement of Food and Beverage Expenses to Performers, Guests and Volunteers #				
Name of Recipient (in block letters)	HKID No. (English Alphabet and First 3 Digits)	Date	Amount (\$)	Signature
Total:				

Please attach relevant receipts

Appendix V to Annex F

Reimbursement of Travelling Expenses to Volunteers								
Name of Recipient (in block letters)	HKID No.*	Date	From (Place)	To (Place)	Mode of Transport	Fare (\$)	Purpose (Brief Description)	Signature
Total:								

* English Alphabet and First 3 Digits

Appendix VI to Annex F

Salary, Overtime Allowance and Mandatory Provident Fund (MPF) Contribution

Month/Year: _____

Name of Employee (in block letters)	HKID No.*	Post	Tel. No.	Salary/ Overtime Allowance (\$)	MPF Contribution Amount (\$)	Signature
Total:						

* English Alphabet and First 3 Digits