

APPLICATION FORM FOR GRANT UBS HONG KONG OPEN 2017 CHARITY CUP

***Deadline: Hand-delivered or Postmarked by 30th June 2017
(No late applications will be accepted)***

**Please mail to: Friends of Asia Hong Kong
18/F, Central 88,
No.88 Des Voeux Road Central, Hong Kong**

Submission Checklist:

- Grant application form (printed, completed, signed and chopped)
- Memorandum and Articles of Association (for first time applicants)
- Certificate of Incorporation (CI)
- Confirmation from IRD showing tax-exempt under Section 88 status
- Latest list of Board of Directors/Executive Committee
- Latest annual report
- Latest audited financial statements
- Final progress report (if your organization received our grant from previous year)

If any of the above items are not submitted, your application will be considered incomplete and review of the application will be delayed or declined.

Please DO NOT submit this page.

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To be completed in English only

1. Full Name of Organization

English:

Chinese:

2. Description of Organization

■ Year Established:

■ Background including name(s) of Founding Member(s): *(please also provide website address)*

■ Mission Statement:

■ Current Programs:

■ Major sources of income:

■ Future direction:

<p>3. List the years and grant amounts of previous Charity Cup's awards: (Please attach Annual Progress Report from previous year)</p> <p>Name(s) of previous years' program(s):</p> <p>Grant awarded for each year:</p>
<p>4. Name of Program for which grant is requested:</p>
<p>5. Amount of Grant requested: (Minimum Amount: HK\$300,000.00 – Maximum Amount: HK\$1,000,000.00)</p>
<p>5. Duration of Program:</p> <p><input type="checkbox"/> One Year</p> <p><input type="checkbox"/> Two Years</p>
<p>6. Program Theme, Background, Objectives: (in no more than 300 words)</p>
<p>7. Category of Grant Request: (check all that apply)</p> <p><input type="checkbox"/> Sports</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Health care</p> <p><input type="checkbox"/> Healthy Living</p> <p><input type="checkbox"/> Community services</p> <p><input type="checkbox"/> Preventive Medicine</p>

8. Target Audiences impacted by Program: (check all that applies)

- Children (0-12 years)
- Youth (13-18 years)
- Women
- Disabled
- Special Needs
- Underprivileged Families

9. Program Implementation Strategies:

10. Program Expected Outcomes:

(with respect to the stated objectives, no. of people who can benefit, participants' involvement, social impact etc. resulting from the program.)

11. Program Management and Human Resources:

Staff Position

No. Required

<p>12. Program Budget: (including itemized income and expenses of all activities in the entire program, listing items sought to be supported by this grant.) Budget sheet to be attached</p>
<p>13. Future Plan and Sustainability of the Program:</p>
<p>14. Contact Person:</p> <p>Name: Position: Address: Tel: Email:</p>

If space is insufficient, please add additional sheets as required.

Applicant Signature: (with organization chop)

Name: _____ Position: _____
Date: _____ Organization: _____

BUDGET SHEET

INCOME		
Sources of Income (membership fees, self-financed funds, donations, sponsorships or other funding)	Amount (HKD)	Remarks
1.		
2.		
3.		
4.		
5.		
Amount of Grant sought from UBS Hong Kong Open 2017 Charity Cup		
Total Income		

EXPENDITURE				
Item	Unit	Unit Cost (HKD)	Total Cost (HKD)	Source of Funding
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total Expenditure				