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 C5: Leadership Training]** **Name of Activity:**			
2.	**Name of Collaborating School (if applicable):** (One form for one collaborating school/centre only. Please photocopy this page if you wish to apply for more than one collaborating school/centre.)			
3.	☐ **Activity for one collaborating school only** ☐ **Activity for the community without collaborating school**			
4.	**Briefly describe the objectives and contents of the activity:**			
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). # 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).			
6.	**Estimated no. of fee-charging non-eligible students*(i)* (count by heads):** _____students (if applicable)			
7.	**Date(s): from**_____/_____/_____**to**____/___/_____			
8.	**No. of group(s) *(ii)*: _____ , Instructor-student ratio per group: ____:_____**			
9.	**Activities per group:**	**a)_____ session(s)** **_____ hrs per session** **Venue:_____**	**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 ***(iii) & (iv)***

(a) Instructors'*(v)* remuneration: ($)____(/hr) × _____hrs(/session) × ____sessions × ___groups = ($) _____

Social Worker: ($)_____(/hr) × _____hrs(/session) × _____sessions × _____groups = ($) _____

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) Others (Please specify:_____) ($) _____

11. Total expenditure (A) **(=)** ($) 0_____

12. Breakdown of income

(a) Charge on Non-eligible students ($)_____ × ____persons ($) _____

(b) Others (Please specify:_____) ($) _____

13. Total income (B) **(=)** ($) 0_____

14. Grant applied (A – B) **(=)** ($) 0_____

Remarks:

(i) Non-eligible students – students who have to pay fee to join an activity. These students must pay full fee.

(ii) The number of groups equals the number of instructors to be employed.

(iii) For administration cost, please fill in Part J(2).

(iv) 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.

(v) Qualifications of instructors are specified in Guideline for Community-based Projects found in our Community-based Projects web-page.

(*Delete whichever is not applicable)

Confirmed by Collaborating School:

Name:_____

Signature:_____

Date:_____

Position:*School Principal/Teacher-in-charge

School Chop: