**I·CARE Social Service Projects Scheme 2021/22 – Application Form**

**(\*either Chinese or English is applicable)**

**(OFFICE USE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** *ver\_202107*

Please make sure you have read the Fund Application Guidelines before you start with the application.

[ ]  I have carefully read and understood the Fund Application Guidelines and agree to be bound by the related terms and conditions.

|  |  |
| --- | --- |
| Project Title (Chinese) |  |
| Project Title (English) |  |

**PART A – APPLICANT INFORMATION**

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| Applicant Type(Please on the right-hand side) | [ ]  College / Faculty / Unit: [ ]  Registered Student Association:[ ]  Non-registered Student Association: [ ]  Individual Student(s):  |

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| **Student Representative’s Information** (This person will be the major contact point of this application. Please check email frequently for the application status or any updates.)  |
| Surname | First name |
| Tel | Email |
| Major / Year | SID |
| Expected Graduation Date |
| **Advisor’s Information** (Endorsement from the advisor is mandatory. Please complete Appendix 1 of this application form.) |
| Name  | Staff ID (required by financial administration)  |
| Title  |
| \*College / Faculty / Department / Unit  |
| Tel  | Email  |
| Alternative Contact (if any)  |

*\* delete where inappropriate*

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| **Background of the Project Team / Student Association** Introduce your association / group’s background and relevant past experience (within 100 words) |

**PART B – PROJECT PROPOSAL INFORMATION**

**B1a – Basic Information**

|  |  |
| --- | --- |
| Project Location |  |
| Submission For(Please  on the right-hand side) | [ ]  First Round Application[ ]  Second Round Application |
| I have/ My organisation has submitted an application for a project that is similar or identical to the current proposed project.(Please  on the right-hand side) | [ ]  Yes,Project Title: [ ]  No |
| Project Theme(e.g. Youth poverty) |  |
| Project Beneficiary(e.g. Teenagers)  |  |
| Overall Budget (HK$) |  |
| Funding Requested (HK$) |  |
| No. of Beneficiaries |  |
| No. of CUHK Students Involved |  |
| Expected Starting Date  |  |
| Expected Completion Date |  |

**Summary of Project**

A project summary should be a self-contained explanation of the activities that would be carried out if the proposal was funded. It should include a statement of purpose and a description of activities to be employed. It must clearly state the expected broader impacts. It should be informative to other persons working in the same or related fields, and comprehensible to a lay reader as much as possible.

**B1b – Summary of Project (English)** (Max. 200 words)

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**B1c – Summary of Project (Chinese)** (Max. 200 words)

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**B2 – Background of Project**Describe and explain the social problem / issue your project is trying to resolve / discuss, and justify why your project is important. (Max. 200 words)

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**B3a – Previous Initiatives – if any**

Describe your previous social service project(s) which was / were supported by this funding or your past experience related to the proposed social service project. (Max. 200 words)

(if no, please skip B3a, B3b, B3c)

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**B3b – Evaluation on Previous Initiatives** (Max. 300 words)

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**B3c – Changes and Improvements from Previous Initiatives** (Max. 300 words)

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**B4 – Aim and Objectives of the Proposed Project**

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| Aim: *(One general statement explaining the broad and long-term vision of the project)*  |
| Objectives: *(Specific targets which the project sets in order to achieve the aim, written in point form)* |

**B5a – Key Activities**

**Basic design of the project (e.g. choice of target audiences, cooperating organisation, project length and location, etc.)**

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List out all activities in your implementation plan. For each activity: 1) describe the activity, 2) state the objective, 3) justify the necessity, 4) state the duration and frequency, 5) explain the methods of organisation and 6) describe any precautions and important aspects that need special attention and arrangement. (Max. 300 words for each activity)

**Activity 1**

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**Activity 2**

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*Please add more boxes in the same format if necessary.*

**B5b – Trainings**List the trainings you will provide for the CU students who are participating in your project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Date & Time | Location | Purposes & Details | Trainer(s) |
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**B5c – Schedule of Project**

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| Date | Time | Location | Activities / Items |
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*Please add more rows in the same format if necessary.*

**B5d – Assessment of Suitability of the Project under COVID-19 (applicable to non-local projects)**

(Please skip this part if you are applying for local project)

Assess the suitability of the service destination and travel period of the project by describing 1) the current impact of COVID-19 in the service destination, 2) potential risks of the project and 3) reasons for conducting the project after considering the above. (Max. 300 words)

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**B5e – Contingency Plan for COVID-19**

Briefly describe the alternative method(s) to continue the project or the re-scheduled plan of the project in case the services are affected by COVID-19 during the project period. (Max. 300 words)

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**B6 – Measurable Outcomes of the Project**Outcome means positive changes achieved in the project. You should consider the outcomes from different stakeholders’ (e.g. beneficiary, the living space of the community, CU students, yourselves, etc.) perspectives.

Explain briefly how you would measure the outcomes.

|  |  |  |
| --- | --- | --- |
|  | Outcome | Measurement / Evaluation Method |
| Stakeholder 1 |  |  |
| Stakeholder 2 |  |  |
| Stakeholder 3 |  |  |
| Stakeholder 4 |  |  |

*Please add more rows in the same format if necessary.*

**B7a – Protection of CU students**Provide details regarding the precautionary measures on ensuring the health, safety and psychological wellness of the CU students who are participating in your project. (Max. 200 words)

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**B7b – Limitations and Remedies**State the possible limitations, social / economic burdens and other side effects to the beneficiaries and the community.
(Max. 200 words)

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State the suggested solutions to remedy the limitations and reduce the side effects. (Max. 200 words)

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**B8 – Sustainability and Continuation**
State your plan to 1) continue your project and achieve lasting impact, 2) achieve sustainable effects in your target community, and 3) continue / arouse the concern for the issue attended on the CUHK campus and / or in Hong Kong.
(Max. 300 words)

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**B9i – Overall Budget of the Project**

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| **Item** | **Unit** | **Unit Cost****(HK$)** | **Subtotal(HK$)** |
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*Please add more rows in the same format if necessary.*

**B9ii – Budget for Requesting the Fund\***

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| **Item** | **Unit** | **Unit Cost****(HK$)** | **Subtotal(HK$)** |
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| **Total** |  |  |  |

*Please add more rows in the same format if necessary.*

\* For overseas projects, expenditure directly related to support CUHK student participants will be funded by a

maximum rate at 50%.

**B10 – Executive Committee Members** (Please highlight the core responsible persons)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | Position/Responsibility | SID | Tel | Email | University / Major / Year |
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*Please add more rows in the same format if necessary.*

**PART C – TERMS AND CONDITIONS**

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| **C1 – Declaration of Potential Conflicting Interests** (Please  below)[ ]  I declare that I / our association do / does not have any existing / potential financial interest in the goods or services to be provided.[ ]  I declare that I / our association do / does not have any existing / potential personal or professional relationship with any members of the Committee of the I·CARE Centre for Whole-person Development.[ ]  I / Our association have / has existing / potential conflicting interests: |
| **C2 – Pending Funding Support** (Please  below)[ ]  My / Our project has not received any funding support.[ ]  My / Our project has not applied for any funding support.[ ]  My / Our project has received the following funding support: Name: Funding Amount: [ ]  My / Our project has applied the following funding support and is waiting for the results: Name: Potential Funding Amount:  |

TEL 電話: (852) 3943 6000
 : (852) 3943 7000

FAX 圖文傳真: (852) 3942 0937
WEBSITE 網址: www.cuhk.edu.hk

SHATIN ． NT． HONG KONG
香港 新界 沙田

**APPENDIX 1: Advisor Endorsement Letter (For local and non-local projects)**

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| --- | --- |
|  | (Advisor’s Name) |
|  | (Department of Advisor) |
|  | (Date) |

I·CARE Social Service Projects Scheme

c/o I·CARE Centre for Whole-person Development

Dear officer:

**Re: Endorsement of Project Advisor**

As the endorsing person of the project “ ” (Title of Project), I hereby confirm that I understand and will fulfill the following duties for supporting the applying group / student(s): “ ” (Name of student group / representative of individual students) to implement their service project:

* Take the role of account holder and oversees the aforementioned project’s financial account – during the process of reimbursement, confirm the accuracy of reimbursement documents (pre-checked by I·CARE Centre for Whole-person Development and / or related departmental staff) and sign relevant forms.
* Provide professional advices and support to the organising students of the project.

|  |
| --- |
| Name: Prof. / Mr. / Ms. / Miss\*(*\* delete where inappropriate*)  |
| Unit / Department / Programme: |
| Staff ID:  |
| Email:  |
| Telephone:  |
| Signature: |

**APPENDIX 2: Agreement and Statement for I·CARE Social Service Projects Scheme (for non-Local project)**

**To : I·CARE Centre for Whole-person Development**

 **The Chinese University of Hong Kong**

 **Shatin, N.T.**

**Re : I·CARE Social Service Projects Scheme 2021-22 (Non-local Project)**

THE AGREEMENT AND STATEMENT is made by me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name in English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name in Chinese), holder of Hong Kong Identity Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Residential / Office address), on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of student association / university unit) for the project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Project title in English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Project title in Chinese).

WHEREAS:-

1. I am the representative of the project stated above as well as its compulsory non-local service trip (“the Trip).
2. This project will receive funding support from the I·CARE Centre for Whole-person Development if the Vetting Committee of the I·CARE Social Service Projects Scheme (the “Scheme”) endorses the allocation of the funds.
3. The Trip is an essential part of the project stated above. Each participant of this project is required to participate in the entire trip in order to deliver the services proposed in the project proposal.

I HEREBY AGREE AND STATE AS FOLLOWS:-

1. The project will promote and uphold the reputation of The Chinese University of Hong Kong throughout the Trip.
2. All participants of the Trip fully understand and agree to the objectives of the Scheme, which are (i) to encourage students to concern for the well-being of the people who live in developing societies outside of Hong Kong; (ii) to enrich students’ knowledge about other cultures and societies beyond the Hong Kong context; and (iii) to provide sustainable assistance to the developing societies in their social development.
I, therefore, hereby undertake that all participants in the Trip will complete all tasks as required by the organisers and obey all lawful commands so as to fulfill the above objectives.
3. I agree that a comprehensive final report of the project will be submitted to the general office of the Scheme within one month after the project is finished. A part of the allocated funding or the full amount, if necessary, will be irrecoverable if the report is not submitted within the aforementioned time frame.
4. In no case shall the I·CARE Centre for Whole-person Development or employees of either the I·CARE Centre for Whole-person Development or The Chinese University of Hong Kong be responsible for any accident, personal injury, death, loss or damage to me or my property whatsoever and howsoever the same may be caused throughout the Trip.
5. All participants will obey all laws and regulations in force in the country where the Trip is implemented. The I·CARE Centre for Whole-person Development or The Chinese University of Hong Kong shall not be liable for any legal consequences, costs and expenses incidental to whatsoever crime and misconduct committed by me or personal liability to third parties incurred by me in the Trip.
6. The participation of all participants in the Trip is not contrary to the medical advice of any medical practitioner. I will take with me sufficient medications for all my medical needs in the Trip.
7. In order to apply for the funding and be allocated any funding from the Scheme, my student association / university unit has completed the “Checklist for I·CARE Non-local Service Trip”.
8. I understand that the I·CARE Centre for Whole-person Development has the right to appoint a staff member to join the non-local service trips organised by any student group applicants for supervisory purpose.
9. **In case of emergency, please notify the following person who will be staying in Hong Kong during the project period**:

|  |  |  |
| --- | --- | --- |
| Name in English | : |  |
| Name in Chinese | : |  |
| Relationship | : |  |
| Telephone No. | : |  |
| Mobile Phone No. | : |  |
| Email Address | : |  |
| Residential Address | : |  |
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| Representative’s Signature | : |  |
| Date | : |  |

**APPENDIX 3: Proforma for Reporting Outbound Student Activities** (Required for non-local projects)

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| --- | --- |
| Name of unit / department |  |
| Name of activity |  |
| Nature of activity |  |
| Contact person of the organising unit \*(*\* Including at least one CUHK staff member who will stay in HK during the activity period*) | Name |  |
| Telephone no. |  |
| Email address |  |
| Start date | End date | Destination | No. of CUHK students |
| Host institution | City | Country | UG | PG |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of reporting person (CUHK Staff): |  | Title: |  |
| Signature: |  | Date:  |  |

**APPENDIX 4: Checklist for I·CARE Non-local Service Trip**

General

* Endorsement for the project from an advisor
* Emergency contact information of the participants
* Health assessment / declaration of the participants
* Prior specific parental consent (in writing) for students under 18 to participate in outbound / high-risk activities
* No RED or BLACK travel warning is hoisted by the Outbound Travel Alert System against the country where the project is implemented (the Destination) and no political and / or health hazard occurs in the Destination, as advised by the Bureau of Consular Affairs, the U.S. Department of State and / or the World Health Organisation (WHO)
* Purchase of additional insurance for all participants for their visits beyond the proposed schedule of the project
* Copy of the travel documents and visas of the participants
* Contact information of the host institutions / persons
* Policy number of the CUHK Group Travel Insurance and the 24-hour SOS hotline
* Vaccination (if necessary)
* First aid kit, medicine pack and necessary protective equipment (if necessary)
* Briefing session for the participants or equivalent arrangement
* Contingency plans for emergency situation
* Offshore contact details of the participants
* Completed “Agreement and Statement for I·CARE Social Service Projects Scheme (Non-local Project)”
* Completed “Proforma for Reporting Outbound Student Activities”

Projects initiated and implemented by university unit with over 10 student participants

*(Student groups can ignore this part)*

* ONE full time staff member of the unit has agreed to join the trip for supervisory purpose

Projects involving clinical practice

*(No such involvement can ignore this part)*

* At least ONE medical personnel with valid license to conduct clinical practice in the project location has agreed to participate in the entire trip of the project for supervisory purpose.
* The student participants who desire to get involved in any proposed clinical practice are already licensed in order to do so. Otherwise, they are only allowed to serve a non-professional assisting role (e.g. passing cotton balls to the registered medical personnel) under any clinical circumstances.
* For all services that require student participants to provide any medical advices e.g. BMI indexes, the student participants have already gone through or will receive pre-project trainings that equip them with the relevant knowledge.