***Guidelines For***

***The Community Chest Social Innovation Fund Application***

1. Social Innovation Fund
This fund is to support innovative project costing HK$500,000 to HK$800,000 a year. The project period is ranged from two to three years.
2. Application Procedures and Application Form

2.1. Application opens in every July and January. Deadline will be in late July and January.

2.2. Each member agency can only submit ONE application for each application period.

2.3. Project Name - precise, self-explanatory and reflective of the intended purposes.

2.4. Funding Request - Please specify clearly the duration of the proposed Project and the amount sought for each year (Part I). Please be reminded that the provision of Chest support will be limited to a maximum of 3 years. Continuous funding of one to two more years (after the initial approved period) may be considered in the Funding Application of Time Limited Project.

2.5. Member agency should provide the measurable output, outcome and measurement method (Part VI), detailed breakdown of the costs and the projected income (if any) of the project (Part VII), and other related information, including relevant track record, sustainability plan and etc. (Part VIII).

1. Selection Criteria
	1. Innovation
* to use a **novel** approach to effectively handle social welfare problems / take care of social needs; or
* to address the **new** social welfare problems / community needs; or
* to address new or previously ignored target groups in Hong Kong.

***[“New Service” means service which has not yet been provided in Hong Kong, but not service which is new to the applicant only. Extension of existing services provided by the applicant in another district will not be considered as “New Service”.]***

* 1. Meeting community needs
* there is a demonstrated need for the service which can help prevent and/or settle social problems, and/or address a gap in existing services.
	1. Social Impact
* the output and outcome indicators are clearly identified to measure project’s social impact; and
* the project has potential to create transformational change for Hong Kong’s social sector beyond its immediate beneficiaries.
	1. Project Planning
* the overall planning and organisational structure of the project is comprehensive; and
* the Agency having experience, track record, and resources available for the project, and dedication to vision is an advantage; and
* the project is cost-effective; and
* how the project could be continued and financed after Chest funding is ceased.
1. Project Review and Funding Method
	1. The approved project funding will be reimbursed half-yearly based on the actual expenditure level with receipts and verification of supporting documents.
	2. Each approved project will be reviewed annually and funding will be continued in the remaining project period if the proposed output and outcome are achieved.
2. Deadline of the Application

Please send your application form to the following address and email a softcopy in word format to sif@commchest.org on or before 25 July 2022 :

Unit 1805, 18/F, Harcourt House, 39 Gloucester Road, Hong Kong
Attention: Allocations Department – Application for Social Innovation Fund

1. For any enquiries about the application, please contact Ms Yuki Wong on 2599-6165, Mr Martin Yeung on 2599-6117 or Mr Joe Tam on 2599-6145.

****

**THE COMMUNITY CHEST OF HONG KONG
Application for The Community Chest Social Innovation Fund**

*[Please submit BOTH hardcopy and softcopy (in word format) (sif@commchest.org) of the completed form to the Chest Office on or before 25 July 2022]*

|  |  |
| --- | --- |
| Agency Name :  |  |

|  |  |  |
| --- | --- | --- |
| Project Name :  | (English) |  |
|  |  |  |
|  | (Chinese) |  |

**Contact Person :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| Name :  | (English) |  | (Chinese) |  |
|  |  |  |  |  |
| Post Title :  |  |
|  |  |  |  |  |
| Tel. :  |  | Fax :  |  |
| Email: |  |

|  |
| --- |
| **I. Funding Request**  |
| **Project Period** | Requested Amounts (HKD) |
| **2022/23** |  |
| **2023/24** |  |
| **2024/25** |  |
| Total: |  |

|  |
| --- |
| **II. Unmet Social Gap / Social Needs to be Addressed:***What are the gaps in the existing market, NGO services or government intervention related to the proposed innovation?* *What are the social needs which will be tackled by the proposed innovation?* |
|  |

|  |
| --- |
| **III. Service Areas**: (Please tick as appropriate) |
|  | All Districts |  | YauTsimMong |  | Shatin |  | Tuen Mun |
|  | Central & Western |  | Shamshuipo |  | Taipo |  | Yuen Long |
|  | Southern |  | Kowloon City |  | Northern |  | Tseung Kwan O |
|  | Wanchai |  | Kwun Tong |  | Tsuen Wan |  | Islands |
|  | Eastern |  | Wong Tai Sin |  | Kwai Tsing |  |  |

|  |
| --- |
| **IV. Project Objectives and Vision:***What are the objectives of the proposed innovation?* |
|  |

|  |
| --- |
| **V. Overall Project Descriptions :** |
| **A. Uniqueness of the Project***How is the proposed innovation different from existing solutions or services?* |
| **B. Target Beneficiaries***Who are the target beneficiaries of the proposed innovation?* |
| **C. Ways / Approaches to Reach Target Beneficiaries***How the target beneficiaries be reached / know the proposed innovation?**What are the publicity channels of the proposed innovation?* |
| **D. Service Plan and Contents***What are the work plan, timetable, service items and delivery methods of the proposed innovation?* |
| **E. Project Evaluation Methods and Impact Measurement***Which methodology will be used to measure the effectiveness of the proposed innovation?* |
| **F. Contingency Plan if there is Epidemic** |
| **VI. Project Outcomes***What outcomes do you expect the proposed innovation to bring?**What transformation do you hope the proposed innovation would be able to achieve?***(Please use a separate page to prepare the proposed service indicator – output and outcome including total number of users, total number of attendance and measurement methods)** |
| *Example (for illustration of the format only)* | **2022/23** | **2023/24** | **2024/25** | **Total** |
| ***(A) Training Groups*** |  |  |  |  |
| 1. *No. of groups*
 | *10* | *12* | *14* | *36* |
| 1. *No. of sessions (1 hr per session)*
 | *40* | *48* | *56* | *144* |
| 1. *No. of participants*

**SAMPLE** | *80* | *96* | *116* | *292* |
| 1. *No. of attendances*
 | *224* | *269* | *325* | *818* |
| 1. *% of participants whose communication skill has been enhanced (measured by questionnaire)*
 | *80%* | *80%* | *80%* | *80%* |
| ***(B) Casework*** |  |  |  |  |
| 1. *No. of cases*
 | *10* | *16* | *10* | *24* |
| 1. *No. of counselling sessions (1 hr per session)*
 | *60* | *96* | *96* | *252* |
| 1. *No. of cases closed*
 | *4* | *10* | *10* | *24* |
| 1. *% of users whose stress level has been reduced (measured by questionnaire)*
 | *75%* | *75%* | *75%* | *75%* |
| ***Total no. of users (=A3+B1…)*** | *90* | *112* | *126* | *316* |
| ***Total no. of attendance (=A4+B2…)*** | *284* | *365* | *421* | *1,070* |

|  |
| --- |
| **VII. Proposed Budget (Please use a separate page to prepare the yearly and the total budget.)** |
| The budget should include :* Projected income with detailed breakdown and calculations
* Projected expenditure with detailed breakdown and calculations
* Breakdown and calculations of staff costs by position held
* Amount requested from the Chest

(*should equal to the amount stated in Part I and match with the proposed output*) |
| **Remarks:*** **The factor of provident fund (PF) should be 5% of the monthly salary.**
* **The ceiling amount of PF should be HK$1,500/month/post (i.e. $1,500/month for 1 ASWO, $750/month for 0.5 ASWO).**
* **Annual salary increment is capped at 5%.**
* **Staff training expenses, audit fee and research expenses will NOT be supported.**
* **The percentage of spending on indirect administration of the project should NOT be more than 5% of the total expenses after the deduction of income.**
* **Income and expense of each item should be rounded up to the nearest dollar.**
* **Please provide the qualifications of the professional staff in the budget table.**
 |
| Example *(for illustration of the format only, member agencies can list out other related income or expense items not included below)* |
|  | **2022/23****HKD** | **2023/24****HKD** | **2024/25****HKD** | **Total****HKD** |
| **Projected Income** |  |  |  |  |
| Workshops (100 participants x $500)Individual training (300 sessions x $250) | 50,00075,000 | 50,00075,000 | 50,00075,000 | 150,000225,000 |
| **Total Income (A)** | **125,000** | **125,000** | **125,000** | **375,000** |
| **Projected Expenditure** |  |  |  |  |
| Staff Cost (monthly salary x manpower x 12 + MPF)**SAMPLE** 2 SWA\* ($17,000 x 2 x 12 + $10,200 x 2) 1 CA ($8,500 x 1 x 12 + $5,100)\*SWA – Diploma holder, with 5 years social work experience | 428,400107,100535,500 | 428,400107,100535,500 | 428,400107,100535,500 | 1,285,200321,3001,606,500 |
| Programme Expenses Promotion & Publicity- Banners (2 banners per year, @$1,500)- Newsletters (4 issues per year, @$20,000) Seminars (2 seminars per year, @$7,500) Workshops (5 workshops per year, @$6,000) |  3,00080,00015,00030,000128,000 |  3,00080,00015,00030,000128,000 |  3,00080,00015,00030,000128,000 | 9,000240,000 45,00090,000384,000 |
| MiscellaneousOffice StationerySundries | 3,0002,000 | 3,0002,000 | 3,0002,000 | 9,0006,000 |
| **Total Expenditure (B)** | **668,500** | **668,500** | **668,500** | **2,005,500** |
| **Amount requested from the Chest (B-A)** | **543,500** | **543,500** | **543,500** | **1,630,500** |

|  |
| --- |
| **VIII. Other Information** |
| **A. Relevant Track Records***What suitable skills and experiences does your agency have to facilitate the execution of the proposed innovation?**Does your agency have existing / past projects which are relevant to the proposed innovation? If yes, what are the funding source and amount, project period, service output or number of beneficiaries?* |
| **B. Sustainability Plan***How will the proposed innovation be after the Chest’s funding ceases?* |
| **C. Other Supplementary Information** |

#### Confirmation

On behalf of the Executive Board of our Agency, I confirm that all information given in this application form and the attached documents are, to the best of my knowledge, accurate and complete.

|  |  |
| --- | --- |
|  |  |
| (Name: )(Position: ) (Date: ) |
| Signature | Agency Stamp |

*(Please submit* ***original signed copy*** *to the Chest)*