**Appendix C**

**Assessment of Funding and Service Agreement (FSA) services/FSA-related activities/Non-FSA services**

**(Supplementary Information to Beat Drugs Fund (BDF) 2024 Funding Exercise -- Regular Funding Scheme)**

**(to be completed by organisations subvented by the Social Welfare Department only)**

Name of Subvented Organisation:

Project Title in BDF Application:

FSA concerned:

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|  **Relevant Parts in Details****Criteria** | **Project in BDF Application** | **Same as FSA/** **Relevant to FSA/** **Different from FSA****(Note)** | **Content of FSA Concerned****(must be completed for Project with criteria same as/ relevant to FSA)** |
| 1. **Purpose and Objectives**
 |  | 🗆 Same as FSA🗆 Relevant to FSA🗆 Different from FSA |  |
| 1. **Service Nature**
 |  | 🗆 Same as FSA🗆 Relevant to FSA🗆 Different from FSA |  |
| 1. **Service Contents**
 |  | 🗆 Same as FSA🗆 Relevant to FSA🗆 Different from FSA |  |
| 1. **Service Targets**
 |  | 🗆 Same as FSA🗆 Relevant to FSA🗆 Different from FSA |  |
| **Assessment**  | **🗆 FSA services** (if criteria (a), (b), (c) and (d) are the same as FSA) | **🗆 FSA-related activities**  (if criteria (a) and (b) are the same as FSA; (c) and/or (d) is/are relevant to FSA) | **🗆 Non-FSA services** (if any of the criteria (a), (b), (c) or (d) is different from FSA) |
| **Remarks**  | 🞎 The project \* is / is not proposed to be operated on the premises of a subvented service unit, which is allowed under the prevailing terms and conditions of the land lease/tenancy agreement. |
| **Applicant** (The information should tally with that provided in Part B of the Application Form) | Name (in Block letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**🗆** Please tick as appropriate **\*** delete as appropriate

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| Note: | Please refer to paragraphs 1.4, 1.5, Chapter 2 and the Checklist for Assessment of FSA services/FSA-related activities/Non-FSA services in the “Operational Guidelines on Funding and Service Agreement-related Activities and Cost Apportionment for Non-governmental Organisations” of Social Welfare Department |

**附錄C**

**《津貼及服務協議》(《協議》)服務／《協議》相關活動／非《協議》服務的評估**

**（禁毒基金二零二四年度一般撥款計劃補充資料）（由社會福利署資助服務機構填寫）**

資助服務機構名稱 :

申請禁毒基金的項目名稱 :

有關的《協議》 :

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| --- | --- | --- | --- |
|  **文件相關部分****標準** | 申請禁毒基金的項目 | 與《協議》相同／與《協議》相關／與《協議》不同註 | 有關《協議》的內容（必須填寫與《協議》相同／相關標準的項目） |
| **(a)** 目的及目標 |  | 🗆 與《協議》相同🗆 與《協議》相關🗆 與《協議》不同 |  |
| **(b)** 服務性質 |  | 🗆 與《協議》相同🗆 與《協議》相關🗆 與《協議》不同 |  |
| **(c)** 服務內容 |  | 🗆 與《協議》相同🗆 與《協議》相關🗆 與《協議》不同 |  |
| **(d)** 服務對象 |  | 🗆 與《協議》相同🗆 與《協議》相關🗆 與《協議》不同 |  |
| **評估** | 《協議》服務 (如與(a)、(b)、(c)及(d)項標準相同) | 《協議》相關活動 (如與(a)、(b)項標準相同，和與(c)及／或(d)項標準相關) |  非《協議》服務(如與(a)、(b)、(c)及(d)任何一項標準不同) |
| **備註** | 🞎項目＊會／不會建議在受資助服務單位的場地內營辦，並確認可在現行土地租賃／租賃協議的條款和條件允許下進行 |
| **申請人**（應與申請表B部所提供的資料一致） | 姓名（請用正楷填寫）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 職位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日期： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_電話號碼：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 電郵地址：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 請於適當空格＊請把不適用的删除 |

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| 註 : | 請參考社會福利署「非政府機構《津貼及服務協議》相關活動及成本分攤工作指引」中第1.4和1.5段、第二章，以及有關《協議》服務／《協議》相關活動／非《協議》服務的評估清單 |