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| For Use by FES Only | Activity Serial No.: |

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| *Points to Note When Submitting Relevant Application Forms* |
| 1. *Activity*

*Notification:* | *Submitted at least 10 days before the activity starts when there is no need to apply for change/update.* |
| 1. *Application for*

*Pre-paid Funding:* | *Submitted at least 30 days before the activity starts* (together with the Application for Change/Update, if any)*; if the application is not submitted before the deadline, justifications must be provided, and the Higher Education Fund reserves the right whether to process the application.* |
| 1. *Application for Change:*
 | *Submitted at least 30 days before the activity starts* (not applicable to emergency or unexpected cases, the application of which should still be submitted with justifications before the activity starts) *when the circumstances of the expected activity do not match the conditions for funding; when the budget is significantly affected as a result of change in the activity scale, content or format; or when there is change in the activity target or in the location of outbound activities. When an application for change is made, the adjustment of funding requested should not exceed the approved amount of funding; a reduction of funding may also occur when necessary.* |
| 1. *Cancellation Notfication of*

*Funding:* | *Submitted as soon as the decision that there is no need for the funding from the Higher Education Fund is made.* |
| 1. *Regarding applications for Points 2 to 4 mentioned above, the application form submitted must be signed and stamped* (if applicable) *by the association/higher education institution. If submitted through email, the scanned copy is accepted.*
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| Follow-up Items |
| ☐ Activity Notification | ☐ Application for Pre-paid Funding |
| ☐ Application for Change | ☐ Cancellation Notification of Funding |

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| Basic Information |
| Name of Activity |  |
| Name of Beneficiary |  |
| ☐ Please refer to the application information if the following information remains unchanged .  |
| First Contact Person/Person in Charge ofActivity | Name: | Contact No.: | Email: |
| Title: | Agree to receive information through SMS, if necessary?☐ Yes　 ☐ No |
| Second ContactPerson*(if applicable)* | Name: | Contact No.: | Email: |
| Title: | Agree to receive information through SMS, if necessary?☐ Yes　 ☐ No |

| Activity Notification*(Keep or delete the whole table based on the application objective.)* |
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| Expected Target |  | Expected No. of Participants |  |
| Activity Period | *(Including the pre-activity period and follow-up activities, but excluding the promotional period.)* |
| Expected Start Date: | Expected End Date: |
| Place/Venue |  |
| Rundown of Activity |  |
| ☐ The activity is going to be launched according to the original proposal.☐ The utilization of the funding for the activity is consistent with the conditions for funding specified by the Higher Education Fund.☐ The actual arrangements of the activity have been updated, but this does not belong to the “Application for Change”. Please refer to the attached updated proposal for details.  |

| Application for Pre-paid Funding*(Keep or delete the whole table based on the application objective.)* |
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| Expected Start Date of Activity | *(If this application is made for only one sub-activity in a series, please fill out the expected start date of the sub-activity and indicate the name of the sub-activity in parentheses “( )”.)* |
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| Amount of Pre-paid Funding | MOP | * *Please include relevant quotations or declarations as attachments.*
 |
| ☐  | The activity is going to be launched according to the original proposal. |
| ☐  | The actual arrangements of the activity have been updated, but this does not belong to the “Application for Change/Update”.  *(Please attach an updated proposal.)* |
| ☐  | There is a need for the “Application for Change/Update”. Please refer to the following table. |

| Application for Change/Update* *Please include the updated budget of income and expenses.*

*(Keep or delete the whole table based on the application objective.)* |
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| Items to be Changed | ☐ Conditions for funding:⭘ New item(s) of expenses is requested to be covered⭘ Reduction in number of participants⭘ Change in place/venue　 |
| ☐ Scale | ☐ Format | ☐ Content |
| ☐ Others:  |
| Specifications | Original arrangements |  |
| Reason(s) |  |
| Updated arrangements |  |
| Budget | Updated budgeted expenses:MOP | Funding intended to be applied from Higher Education Fund:MOP |
| ☐ The updated proposal of the activity is attached. *(If the above information has clarified everything, it is not necessary to attach any updated proposal.)* |

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|  Cancellation Notification of Funding*(Keep or delete the whole table based on the application objective.)* |
| Reason(s)*(Please specify after checking the corresponding box(es).)* | ☐ Cancellation of activity based on the beneficiary’s decision: ⭘ Insufficient preparation ⭘ Insufficient resources ⭘ Inadequate recruitment of participants☐ Activity that the beneficiary is joining fails to be launched as scheduled☐ Sufficient funding from other funding organizations☐ Others: |
| Specifications  |  |

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| Applicant*(If the application is in the name of an association or higher education institution, the applicant’s name here should be that of the management personnel or authorized personnel; if the application is in the name of an individual, then it should be the name of the individual applicant.)* | Stamp*(not applicable to individuals as applicants)* |
| Name |  | Title*(if applicable)* |  |  |
| Signature |  | Date |  |

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| For Use by Supporting Staff Only |
| Status of Document Review | ☐ Information is adequate.☐ Supplementary information is required. | Remarks: |
| Date for First Submission |  |
| Date for Submission of Supplementary Information |  |
| Processed by |  |