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

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| *Please note that:*1. *In accordance with the provisions of Article 16 of the* Higher Education Fund *of the Administrative Regulation No. 16/2018, the Higher Education Bureau is responsible for providing administrative and technical assistance to the Higher Education Fund.*
2. *Please refer to the “Provisions on the Follow-ups of Funded Activities” of the “Application Guidelines for ‘Funding for Higher Education Student Activities’”.*
3. *This form can be submitted by email (afees@dses.gov.mo) in the way of a scanned file with a stamp and signature.*
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| Follow-up Items |
| [ ]  Activity Notification | [ ]  Application for Prepaid Funding |
| [ ]  Application for Change | [ ]  Cancellation Notification of Funding |

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| Basic Information |
| Name of Activity |  |
| Name of Beneficiary | *(If the funding is given in the name of an association or higher education institution, the beneficiary is the association or institution; if the funding is given in the name of an individual, the beneficiary is the individual.)* |
| [ ]  The following information is not necessary to be filled out as they are consistent with information stated in the application materials. |
| First Contact Person/Person in Charge ofActivity | Name: | Contact No.: | Email: |
| Title: | Do you agree to receive information through mobile messages, if necessary? [ ]  Yes　 [ ]  No |
| Second ContactPerson*(if applicable)* | Name: | Contact No.: | Email: |
| Title: | Do you agree to receive information through mobile messages, if necessary? [ ]  Yes　 [ ]  No |

| Activity Notification*(Keep or delete the whole table based on the application objective.)* |
| --- |
| Expected Target |  | Expected No. of Participants |  |
| Expected Activity Period | *(The period covers the preparatory and follow up activities, excluding the publicity period.)* |
| Start Date: | End Date: |
| Place/Venue |  |
| Rundown  | *(Publicity materials or activity prospectus should also be provided if there is any.)* |
| [ ]  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 funding conditions specified by the Higher Education Fund.[ ]  The actual arrangements of the activity have been updated, but it is not necessary to submit “Application for Change”. Please refer to the attached updated proposal for details.  |
| Application for Prepaid Funding*(Keep or delete the whole table based on the application objective.)* |
| 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 Prepaid Funding | MOP | * *Please include relevant quotations or declarations as attachments.*
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| [ ]   | The activity is going to be launched according to the original proposal. |
| [ ]   | The actual arrangements of the activity have been updated, but it is not necessary to submit “Application for Change”.  *(Please attach an updated proposal.)* |
| [ ]   | There is a need for the “Application for Change”. Please refer to the following table. |

| Application for Change *(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 | [ ]  Form of Activity  | [ ]  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.)*[ ]  The updated income and expenditure budget of the activity is attached. |

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|  Cancellation Notification of Funding*(Keep or delete the whole table based on the application objective.)* |
| Reason(s)*(Please select and specify)* | [ ]  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[ ]  There is sufficient funding from other funding organizations/source of income[ ]  Others: |
| Specifications  |  |

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| Applicant(*If the application is submitted in the name of an association or higher education institution, the applicant’s name should be that of the management personnel or authorized personnel; if the application is submitted in the name of an individual, then the applicant’s name should be that 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 |
| Date for this submission |  | Remarks: |
| Review Status | [ ]  Information is adequate.[ ]  Supplementary information is required. |
| Submission Date(s) of Supplementary Information |  |
| Handled by |  |