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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 of  Activity | Name: | Contact No.: | Email: |
| Title: | Do you agree to receive information through mobile messages, if necessary?  Yes　  No | |
| Second Contact  Person  *(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.)* | | | | | | |
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| 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.* | | |
|  | 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 |  |