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| No. of the approved proposal |  |

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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. *The final report is mainly composed of this utilization report form, activity report, income and expenditure statement, copies of documentary proofs and receipts of funded items, and other information that can help account for details of the activity. Please refer to the “Provisions on Submission of the Final Activity Report” in the “Application Guidelines for ‘Funding for Higher Education Student Activities’”.* 3. *The final activity report shall be submitted within 30 days after completion of the activity.* |

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| Basic Information of Activity | | | | |
| 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 should be the individual.)* | | | |
| Activity Period | Start Date: | | End Date: | |
| Activity Target |  | | No. of Participants |  |
| Place/Venue |  | | | |
| ☐ 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: | Contat No.: | | Email: |
| Title: | Do you agree to receive information through mobile messages, if necessary? ☐ Yes　 ☐ No | | |

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| Income and Expenses of Activity  *(Please list the details in the statement of actual income and expenditure statement.)* | | |
| Items | | Amount (MOP) |
| Total Expenses | |  |
| Income: | Amount (MOP) |  |
| Funding from Higher Education Fund |  |
| Amount borne by the beneficiary |  |
| Other income sources*:*  *(including fees collected from participants)* |  |
|  |  |
| Total Income *(must balance with the total expenses)* | |  |

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| Declaration | | | | |
| *I hereby declare that:*   1. *The information of the final activitiy report is true and accurate.* 2. *I accept the contents of the “Personal Information Collection Statement” as follows:*   *In accordance with the relevant provisions of Law No. 8/2005 on “Personal Data Protection”,*   * *the personal data of the applicant included in the application for the “Funding for Higher Education Student Activities” will only be used to process issues directly relevant to the current application by the Higher Education Bureau and the Higher Education Fund.* * *under the circumstances of meeting the application objective or fulfilling legal obligations, the application information may be transferred to other organizations or authorized entities.* * *the applicant has the right to legally apply for access, correction, deletion or archiving of the corresponding personal data stored in the Higher Education Bureau and the Higher Education Fund.* * *Higher Education Bureau and Higher Education Fund will follow the relevant provisions of Law No. 8/2005 on “Personal Data Protection” when processing the collected personal data.* | | | | |
| Beneficiary  *(In the case of an association or higher education institution, the beneficiary’s name should be that of the management personnel or authorized personnel; in the case of an individual, it should be the beneficiary’s name.)* | | | | Stamp  *(not applicable to individuals as beneficiaries)* |
| Name |  | Title  *(if applicable)* |  |  |
| Signature |  | Date |  |

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| For Use by Supporting Staff Only | | |
| No. of approved  proposal |  | Remarks: |
| Date for this submission |  |
| Review Status | ☐ Information is adequate.  ☐ Supplementary information is required. |
| Submission Date(s) of Supplementary Information |  |
| Handled by |  |