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| (Official Use Only) | | |
| Date of Receipt: |  |  |
| Report Reference: | ESP- |  |

**The Recycling Fund**

**(Enterprise Support Programme)**

# Final Report of Approved Project

# Part A : Project Details

|  |  |
| --- | --- |
| **Application No.** |  |
| **Name of** **Grantee** |  |
| **Project Title** |  |
| **Project Duration** | As stated in the project agreement:  XX/XX/XXX – XX/XX/XXXX (day/month/year)  Total no. of months: XX Months  #Revised / Actual (if applicable):  XX/XX/XXX – XX/XX/XXXX (day/month/year)  Total no. of months: XX Months |
| Reporting Period\* (from Project Commencement to the End Date of this Final Report) | XX/XX/XXX – XX/XX/XXXX (day/month/year) |

*#Only if the revised project period has been approved by the Advisory Committee on Recycling Fund or the Programme Secretariat.*

*\*Reporting Period is defined as the period from project commencement to project completion date or the expiry or termination date of the funding agreement.*

**Part B : Project Results**

1. **Abstract of Project Effectiveness:**

Summary of the KPI(s) for Monitoring and Evaluation

|  |  |
| --- | --- |
| Please list out the KPI(s) of the project for monitoring and evaluation and the results : | |
|  | The results of the KPI(s) |
| Key Indicator 1 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Key Indicator 2 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Key Indicator 3 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. **Deliverables and Benefits/Results of the Project**

For deliverables and benefits/results of the project involving the increase of quantity of recyclables treated, please fill in the following table. The inputs recyclables and the output recycled products should be clearly provided (if applicable).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Recyclable Materials (e.g. paper, ferrous metals, non-ferrous metals, plastics, textiles, glass, wood, rubber tyres, electrical appliances, food waste, etc.)** | **Recycling operation**  **(collection, processing, recyc**  **ling)** | **Baseline quantity**  **(tonne/**  **year)** | **Interim period** | | | | | | **Project completion** | |
| **Cumulative collection/ processing/ recycling quantity of recyclable**  **(tonne)**  **(please specify the period)** | | | | | | | |
| **Phase 1** | | **Phase 2** | | **Phase 3** | | **Last Phase** | |
| **Period** | | **Period** | | **Period** | | **Period** | |
| **Planned in application form** | **Phase Actual Results** | **Planned in application form** | **Phase Actual Results** | **Planned in application form** | **Phase Actual Results** | **Planned in application form** | **Phase Actual Results** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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Sources of recyclables (Please indicate the percentage of recyclables’ various sources if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outlets for the processed recyclables / recycled products (Please indicate the percentage of outlets for different materials if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Measures and Milestone**

|  |  |  |
| --- | --- | --- |
| **Please report whether the key measures planned to be undertaken during the reporting period as set out in the “Key Measures/Implementation Plan” in the application form for the project were completed.** | | |
| **Please fill in according to the “Key Measures/Implementation Plan” in the application form for the project** | | **Brief Description**  **Please state the implementation details about the measures**  Please “✓” the appropriate box. |
| **Commencement Date / Completion Date**  **(in chronological order)** | **Key Measures /  Milestones** |
|  |  | Completed  Partially completed (Please give the reason(s) and remedial actions taken.)  Cancelled (Please give the reason(s).) |
|  |  | Completed  Partially completed (Please give the reason(s) and remedial actions taken.)  Cancelled (Please give the reason(s).) |
|  |  | Completed  Partially completed (Please give the reason(s) and remedial actions taken.)  Cancelled (Please give the reason(s).) |

1. **Self-sustainability after the completion of project:**

**Self-sustainability of the project after the project period: Please describe how the project could be financially sustainable without further funding after the project period and provide the information such as the profitability of the project, venue continuity or availability of the existing site after the project, stability in the source and outlet of recyclables after the project period, Return on Investment Ratio, break-even analysis, any other information and / or figures, etc.**

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**Part C : Financial Position**

1. **Approved Budget and Actual Expenditure of the Project**

|  |  |
| --- | --- |
| **Approved Budget of the Project (HK$):** | **Maximum Approved Funding Amount (HK$):** |
| **Cumulative fund disbursement received from the Secretariat** **(from project commencement to the end date of the final report) (HK$):** | |
| **Cumulative Actual Total Project Expenditure from project commencement to the end date of the final report (HK$)：** | |
| **Bank interest generated from the project account (HK$):** | |

1. **Project Expenditure**

| **Approved Budget according to the Application Form for the Project** | | **Total Actual Expenditure Accumulated in the Reporting Period  (HK$)** | **Comply with the Approved Budget eventually?**  **If “No”, please provide full justification to explain for the deviation from the approved budget. #** |
| --- | --- | --- | --- |
| **Items\*** | **Total Approved Budget for Each Item (HK$)** |
| (A) Additional Staff Cost |  |  | **Yes**  **No** |
| (a) |  |  |
| (b) |  |  |
| (c) |  |  |
| **Sub-total (A)** |  |  |
| (B) Procuring/ Leasing Additional Machinery/ Equipment Cost |  |  | **Yes**  **No** |
| (a) |  |  |
| (b) |  |  |
| (c) |  |  |
| **Sub-total (B)** |  |  |
| (C) Other Direct Cost |  |  | **Yes**  **No** |
| (a) |  |  |
| (b) |  |  |
| (c) |  |  |
| **Sub-total (C)** |  |  |
| **Total (A+B+C)** |  |  |  |

**\* Please fill in the above table according to the cost breakdown in the application form.**

**# In the event of occurrence of any one of the circumstances set out below, the relevant budget item should be regarded as NOT complying with the approved budget. Changes involved in those circumstances need prior written approval by the RFAC or Programme Secretariat. The grantee should separately submit change requests, together with full justification and any supporting document, to the Programme Secretariat for consideration:**

1. **If the total actual expenditure of any individual budget item exceeds the approved budget, the grantee should seek consent from the RFAC / the Secretariat in writing before the procurement of such item. Please refer to the Guide to Application for details.**
2. **Creation of new budget item which is not included in the approved budget. Please refer to the Guide to Application for details.**

**(c) Deletion of any budget item included in the approved budget. Please refer to the Guide to Application for details.**

1. **Grantees are reminded on the followings:**
2. **Grantee should obtain quotations directly from suppliers as far as possible to ensure the authenticity of the quotations;**
3. **If, under unavoidable circumstances, the Grantee obtains quotation through an agent, such agent cannot be one of the suppliers. The Grantee should also ensure that the agent has no interest in any supplier that provides the quotation;**
4. **Regardless of how quotations are obtained, Grantees are also responsible for ensuring the authenticity of all quotation documents.**

**Part D : Declaration**

1. We confirm that we complied with the procedures and guidelines of the “Guide to Application for the Recycling Fund (Enterprise Support Programme)” / Recycling Fund – Enterprise Support Programme Guidance Notes for Applications on “Small-scale Standard Project” (if applicable) in the procurement of equipment, goods or services for the project, if applicable.
2. We confirm that we complied with the procedures and guidelines of the “Guide to Application for the Recycling Fund (Enterprise Support Programme)” in recruiting staff for the project, if applicable.
3. We confirm that for the project measures that received funding support from the Recycling Fund (Enterprise Support Programme), they had not received/would not receive other sources of funding support provided by the Government, or other sources of sponsorships/donations.

**Signature**

**Prepared by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Project Coordinator

Name of Project Coordinator (in Block Letters):

**Endorsed by:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Company Chop of the Grantee |  | Authorised Signature of the Grantee  Name of Signatory (in Block Letters):  Position: |

Date:

* End -

**Appendix – Details and Breakdown of Project Expenditure**

1. **Additional Staff Cost (in chronological order)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description**  **(Name & Position of the Additional Staff recruited)** | **Actual Hourly/**  **Monthly Rate (HK$)**  **(A)** | **Employment Period Accumulated in the Reporting Period (dd/mm/yyyy -dd/mm/yyyy)** | **No. of Hours/Months Charged Accumulated in the Reporting Period**  **(B)** | **Employer’s Contribution to MPF or other cost in the Reporting Period (Please specify the nature  of the cost)**  **(C)** | **Staff Cost** |
| **Accumulated in the Reporting Period (HK$)**  **(AxB)+C** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Sub-total:** | | | | |  |

1. **Expenses for Additional Equipment (in chronological order)**

Please “✓” the appropriate box.

Please provide the relevant procurement documents.

The table is also served as the ‘Equipment Register.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Receipt** | **Name of Equipment** | **Procured (P)/ Leased (L)** | **No. of Quotations Invited** | **Name of the Sourcing Company** | **Unit Cost**  **(HK$)**  **(A)** | **Quantity**  **(B)** | **Total Cost**  **(HK$)**  **(A) × (B)** |
|  |  | P  L |  |  |  |  |  |
|  |  | P  L |  |  |  |  |  |
|  |  | P  L |  |  |  |  |  |
| **Sub-total:** | | | | | | |  |

1. **Promotional Expenses (in chronological order)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Nature/Function** | **No. of quotations invited** | **Cost details and breakdown** | **Total Cost**  **(HK$)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub-total:** | | | |  |

1. **Rental cost**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New or Existing Rental location** | **Monthly Rental rate (HK$)**  **(A)** | **Rental Period in the Reporting Period (dd/mm/yyyy -dd/mm/yyyy)** | **No. of Months Charged in the Reporting Period**  **(B)** | **Total Cost**  **(HK$)**  **(A) x (B)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub-total:** | | | |  |

1. **Other Direct Cost and External Audit Fee (in chronological order)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transaction Date** | **Description of Expenses** | **No. of quotations invited** | **Name of the Sourcing Company** | **Cost Details and Breakdown** | **Total Cost**  **(HK$)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Sub-total:** | | | | |  |