

EXPRESSION OF INTEREST FORM

I. Project Proposal	
Project Title	
Vision / Objectives	
Expected Duration	<input type="checkbox"/> ≤1 year <input type="checkbox"/> 1-3 year(s) <input type="checkbox"/> 3-5 years <input type="checkbox"/> ≥5 years
Brief Description	
Target Beneficiaries	
Expected Social Benefits	
Expected Source(s) of Funding (may choose ≥1 option)	<input type="checkbox"/> Organization Internal Resources <input type="checkbox"/> Donations / Sponsors <input type="checkbox"/> Activity / Participation Fee <input type="checkbox"/> Other (Please specify: _____)

II.																						
Location	<p>Please specify: _____; OR</p> <p><input type="checkbox"/> HONG KONG ISLAND</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Central and Western</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Eastern</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Southern</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Wanchai</td> <td></td> <td></td> </tr> </table> <p><input type="checkbox"/> KOWLOON</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Kowloon City</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Kwun Tong</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Sham Shui Po</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Wong Tai Sin</td> <td style="padding: 2px;"><input type="checkbox"/> Yau Tsim Mong</td> <td></td> </tr> </table> <p><input type="checkbox"/> NEW TERRITORIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Islands</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Kwai Tsing</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> North</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Sai Kung</td> <td style="padding: 2px;"><input type="checkbox"/> Sha Tin</td> <td style="padding: 2px;"><input type="checkbox"/> Tai Po</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Tsuen Wan</td> <td style="padding: 2px;"><input type="checkbox"/> Tuen Mun</td> <td style="padding: 2px;"><input type="checkbox"/> Yuen Long</td> </tr> </table>	<input type="checkbox"/> Central and Western	<input type="checkbox"/> Eastern	<input type="checkbox"/> Southern	<input type="checkbox"/> Wanchai			<input type="checkbox"/> Kowloon City	<input type="checkbox"/> Kwun Tong	<input type="checkbox"/> Sham Shui Po	<input type="checkbox"/> Wong Tai Sin	<input type="checkbox"/> Yau Tsim Mong		<input type="checkbox"/> Islands	<input type="checkbox"/> Kwai Tsing	<input type="checkbox"/> North	<input type="checkbox"/> Sai Kung	<input type="checkbox"/> Sha Tin	<input type="checkbox"/> Tai Po	<input type="checkbox"/> Tsuen Wan	<input type="checkbox"/> Tuen Mun	<input type="checkbox"/> Yuen Long
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Minimum Size (m²)																						
<p>Any Requirement(s)/ Preference(s) on the Site for Project Implementation</p> <p>(e.g. additional building structure, far away from residential area.....)</p>																						

III. Organization			
Name of Organization			
Year of Establishment			
Registration Status		<input type="checkbox"/> A charitable institution or trust of a public character exempt from tax under section 88 of the Inland Revenue Ordinance (Cap. 112); <input type="checkbox"/> A company incorporated under the Companies Ordinance (Cap. 622) or the former Companies Ordinance (Cap. 32) as limited by guarantee whose objects and powers do not include distribution of profits to members; <input type="checkbox"/> A non-profit-making society registered or body established under any legislation sample in Hong Kong; <input type="checkbox"/> A Social Enterprise listed under the “Hot Spots for consumptions at SEs” compiled by the Home Affairs Department; <input type="checkbox"/> A Social Enterprise listed under the “Social Enterprise Directory” compiled by the Social Enterprise Business Centre; <input type="checkbox"/> A Social Enterprise accredited by the Hong Kong General Chamber of Social Enterprises <input type="checkbox"/> Others: _____ <input type="checkbox"/>	
Background and Past Experiences (i.e. past projects and activities.....)			
Website / FB page			
Contact Information			
Name	(Mr/Mrs/Ms)	Job Title	
Tel		Email	
Office Address			

I understand the information provided herein will not be disclosed for public use or for any commercial purposes. I hereby consent the use of this information by CollaborateHK to consider potential partnership and to liaise with government departments/bureaux on project enquiries.

I understand that CollaborateHK reserves the right to consider whether or not to proceed with my community project proposal.

Signature

Name:

Date:

