

Education Development Fund

Report on Free Subsidy Scheme For schools

School code		School name	
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Name of contact person		Tel.		Fax		Email	
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Plan Information			
Name of the plan			
Cooperating institution or individual			
Date of implementation	Form _____ to _____	Total No. of implementation years	
Continuation or extension of the plan	(It is not necessary to fill out this part, if the plan is not going to be continued.)		

Date _____ / _____ / _____
 Year Month Day

_____ Signature of person in charge and school seal

Overall evaluation of the plan

Objective	Degree of achieving the objectives (Indicated in percentage)	Evidence of achieving the objectives (Such as: report, questionnaire and analysis of the result, performance/ response of the participants, photos, works, publications, etc., all of the above need to be submitted)	Item not achieving the objectives/ situation and reasons (Fill in this part only if there is/are item(s) not achieving the objectives)
1.			
2.			
3.			

Influence of the plan on curriculums and teaching/students' learning effectiveness/ professional development of staff and school development etc.

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Income	Amount	Expenditure	Amount
Subsidy from the Education Development Fund		Human resources: (List item by item, and submit the signed receipt of the payment)	
Total amount of fees collected from participants			
Name of other sponsoring institutions: (List one by one):		Construction/Equipment (List item by item, and submit the list of construction/ equipment, as well as clearly indicate the serial number of the related receipt of the expenditure)	
		Activities: (List item by item, and clearly indicate the serial number of the related receipt of the expenditure)	
		Others: (List item by item, and clearly indicate the serial number of the related receipt of the expenditure)	
Total		Total	

Difficulties encountered in carrying out the plan and solutions

Item/Activity	Difficulties encountered	Reasons for difficulties/ Solution(s)
1.		
2.		
3.		

Note: 1. For difficulties encountered in carrying out the plan and solutions, it is necessary to explain the reasons, in particular if the actual implementation of the plan (including budget, time, process, implemented targets, etc) is different from that of the original.
2. It is not necessary to fill out, if there are no difficulties.

Recommendable outcome and experience

Summary of item/activity (Such as: the name, type, number, target, content, etc.)	Successful factors/experience	Feasibility of promoting by DSEJ and suggestion of promotion mode
1.		
2.		
3.		

I hereby declare that all the information on this report and the submitted information are true.

Date / /
 Year Month Day

Signature of person in charge and school seal

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Proof of the expenditure of human resources

Name of the plan

No.	Name of item	Payment to the teacher/instructor per hour/session	Total No. of hours/sessions in the academic year	Amount	Name of the teacher/instructor (Write in block letters)	Signature of the teacher/instructor	Remark
Total							

Date / /

 Year (aaaa) Month (mm) Day (dd)

 Signature of person in charge and school seal