

Construction Innovation and Technology Fund (CITF)
Manpower Development Programme – Completion Report

Part (A) Approved Programme Details

Submission ID:			
Programme Type:	<input type="checkbox"/> Non-local Enrichment Courses for Students <i>[Please fill in Appendix A (mandatory).]</i> ; or <input type="checkbox"/> Non-local Training / Visits for Practitioners <i>[Please fill in Appendix B (mandatory).]</i>		
Name of Applicant:			
Name of Programme:			
Programme Duration:	dd/mm/yyyy – dd/mm/yyyy		Day(s)
Estimated Number of Participants:		Actual Number of Participants	Breakdown: Professionals (__ people) Technicians (__ people) Registered Skilled Workers (__ people) Tertiary Students (__ people) Academic Staff (__ people)

Important Notes

- (1) To facilitate monitoring and evaluation of the Approved Project, the Successful Applicant has to submit a Completion Report with the audited financial report to the CITF Secretariat within 9 months upon the completion of the Approved Project.
- (2) All sections of this report should be completed. Please insert ‘N/A’ if the information sought is not applicable. If there is insufficient space for the information, please give details on a separate sheet to be attached to the report.
- (3) Supporting documents have to be submitted to prove that the deliverables stated in the Approved Project have been carried out, income / sponsorship has been actualised and expenses procured / leased with the Funding complies with procurement procedures (mentioned in 10.3 of CITF ‘Terms and Conditions’). Such documents may include: quotations, invoices, receipts, delivery notes, photos, training / course materials, order forms, contracts, Mandatory Provident Fund (MPF) records, participants’ feedbacks, training / evaluation reports etc. The completed Completion Report has to be submitted in both hard and soft copies to the CITF Secretariat. All invoices, receipts, delivery notes, and/or other supporting documents in relation to reimbursable items shall mark a unique number (e.g. C1 ... C11) on the top right hand corner of each page and grouped according to the category of reimbursable items as per Part (C) of this form.
- (4) According to the Application Framework and the Terms and Conditions, certain information provided by the Successful Applicant under this Completion Report (except the Appendices) may be made available to the public on the CITF website for sharing purpose or to the other government authorities for auditing and law enforcement purpose.

Part (B) Summary of Programme Results	
Performance / Achievements <i>(Remarks: Please state how the programme enhance the capacity of participants to harness technology for continuous improvement in the construction industry.)</i>	
Summary of Learning Outcome	
Training / Evaluation Report	Please upload or share training / evaluation report for record.

Part (C) Programme Expenditure Details						
Reimbursable Item	Item per your submitted budget	Description / Details of Implementation			Actual Expense (HK\$)	Audited Expense (HK\$)
Training Fee / Course Fee [C1]		Date:				
		Time:				
		Venue:				
		Name of course:				
		Topics covered:				
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt <input type="checkbox"/> Delivery note <input type="checkbox"/> Conform to procurement procedures			<input type="checkbox"/> Match with approved budget	
Salary of Additional Manpower Directly Incurred for the Programme [C1a] <i>Please fill in Appendix C (mandatory).</i>		Name	Position	Existing / New Staff		
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Employment contract <input type="checkbox"/> CV employee <input type="checkbox"/> Job description / specification <input type="checkbox"/> MPF record <input type="checkbox"/> Employer's assessment or appraisal of employee (if any)			<input type="checkbox"/> Match with approved budget	

Reimbursable Item	Item per your submitted budget	Description / Details of Implementation		Actual Expense (HK\$)	Audited Expense (HK\$)
Associated Enrollment Fees for Participating Staff [C1b]		Date:			
		Time:			
		Venue:			
		Name of course:			
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt <input type="checkbox"/> Delivery note <input type="checkbox"/> Conform to procurement procedures		<input type="checkbox"/> Match with approved budget	
Expenses of Required Insurance [C1c]		Type of insurance:			
		Quantity:			
		Purpose / Coverage:			
		Insurance Period:			
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt <input type="checkbox"/> Delivery note <input type="checkbox"/> Conform to procurement procedures		<input type="checkbox"/> Match with approved budget	
Other Expenses for Participating Staff (if any) [C1d]		Description:	1)		
			2)		
		Purpose:	1)		
			2)		
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt <input type="checkbox"/> Delivery note <input type="checkbox"/> Conform to procurement procedures		<input type="checkbox"/> Match with approved budget	
Expenses of Local Transportation at the Visiting Country / City [C2]		Means of transportation:			
		From (Date):			
		To (Date):			
		Location / Destination:			
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt <input type="checkbox"/> Delivery note <input type="checkbox"/> Conform to procurement procedures		<input type="checkbox"/> Match with approved budget	
Other Training-related Expenses		Description:	1)		
			2)		

[C2a]		Purpose:	1)					
			2)					
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt <input type="checkbox"/> Delivery note <input type="checkbox"/> Photo (if any) <input type="checkbox"/> Conform to procurement procedures					<input type="checkbox"/> Match with approved budget	
Reimbursable Item	Item per your submitted budget	Description / Details of Implementation					Actual Expense (HK\$)	Audited Expense (HK\$)
Travel Expenses (Airfare) [C3] <i>(For Non-local Enrichment Courses for Students ONLY.)</i>		Date	Name of Student	Departure	Destination	Cost (HK\$)	Sub-total	
		Total:						
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt					<input type="checkbox"/> Match with approved budget	
Accommodation Expense [C4] <i>(For Non-local Enrichment Courses for Students ONLY.)</i>		Check-in Date	Check-out Date	Name of Student	Name of Hotel	Cost (HK\$)	Sub-total	
		Total:						
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt					<input type="checkbox"/> Match with approved budget	
Expenses of Training Materials [C5]		Publishing Date	Content	No. of Pages	Distribution Channel	Actual No. of Printed Copies	Sub-total	

		Total:								
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt <input type="checkbox"/> Delivery Note <input type="checkbox"/> Training Material					<input type="checkbox"/> Match with approved budget			
		<input type="checkbox"/> Conform to procurement procedures								
Reimbursable Item	Item per your submitted budget	Description / Details of Implementation					Actual Expense (HK\$)	Audited Expense (HK\$)		
Expenses of Training Equipment [C6]		Date	Item	Functions / Nature	Purpose	Unit Cost (HK\$)	Quantity	Sub-total		
		Total:								
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt <input type="checkbox"/> Delivery note <input type="checkbox"/> Equipment photo					<input type="checkbox"/> Match with approved budget			
		<input type="checkbox"/> Conform to procurement procedures								
Administrative Overheads [C7]		UGC-funded Institutions			<input type="checkbox"/> Yes, ___ %, HK\$ _____					
					<input type="checkbox"/> No					
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt					<input type="checkbox"/> Match with approved budget			
External Audit Fees [C8]		Date of Procurement	Services Procured	Cost (HK\$)						
For Official Use Only	<input type="checkbox"/> Match with Notification of Approval	<input type="checkbox"/> Quotations <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt <input type="checkbox"/> Audited report					<input type="checkbox"/> Match with approved budget			
		<input type="checkbox"/> Conform to procurement procedures								

Part (D) Declaration

(1) We confirm that the information provided in this report is true and correct.

(2) We confirm that we complied with the procedures and guidelines set out in CITF ‘Terms and Conditions’ and ‘Application Framework’.

(3) We confirm that for the Approved Project that received funding support from the CITF, they had not received / would not receive other sources of funding support provided by the Government, or other sources of sponsorships/donations.

Authorised Signature of the Successful Applicant

Company Chop of the Successful Applicant

Name of Signatory (in BLOCK Letters)

Position of Signatory

Date

Appendix for the Report of the Details of Target Beneficiaries [for Non-local Enrichment Courses for Students]

Name of Participant	Name of University / Institution	Name of Department / School	Undergraduate (Year) / Postgraduate	Hong Kong Permanent Resident	
e.g. CHAN Tai Man	e.g. University of ABC	e.g. Department of Architecture	e.g. Undergraduate, Year 3	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No

Appendix B

Appendix for the Report of the Details of Target Beneficiaries [for Non-local Training / Visits for Practitioners]

Name of Participant	Name of Organisation / Association / Company / University / Institution	Job Title / Position	Category (Professionals / Technicians / Registered Skilled Workers)	Hong Kong Permanent Resident	
e.g. CHAN Siu Man	e.g. DEF Company Limited	e.g. General Manager	e.g. Professionals	<input checked="" type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No
				<input type="checkbox"/> Yes HKID: XXX (X)	<input type="checkbox"/> No

Appendix for the Report of the Salary of Additional Manpower [C1a]

Name of Additional Manpower Recruited	Position / Job Title	Role and Responsibility	Hourly / Monthly Rate (HK\$)	No. of Hours / Months Charged	Employer's Contribution to the Mandatory Provident Fund	Employment Period (dd/mm/yyyy – dd/mm/yyyy)	Cost of Additional Manpower (HK\$)
			(I)	(II)	(III)		[(I X II)] + (III)
Subtotal:							