

## Community Investment & Inclusion Fund Manpower of Funded Project

Name of Grantee: \_\_\_\_\_

Project Title: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Period: \_\_\_\_\_ to \_\_\_\_\_

### 1. Project staff subsidised by CIIF

Please list out all project staff including former employees who are subsidised by CIIF. Please inform the CIIF Secretariat as early as possible for the alteration of staff.

There is/are \_\_\_\_\_ subsidised project staff in total, who is/are subsidised by CIIF.

| Post | Name | Full time/<br>Part-time* | Academic Background<br>and Relevant<br>Qualifications | Working<br>Experience | Monthly<br>Salary | Date of<br>Employment  | Roles and Duties |
|------|------|--------------------------|---|-----------------------|-------------------|------------------------|------------------|
|      |      |                          |   |                       |                   | From _____<br>To _____ |                  |
|      |      |                          |   |                       |                   | From _____<br>To _____ |                  |
|      |      |                          |   |                       |                   | From _____<br>To _____ |                  |

\* “Full-time” refer to those staff who is /are employed and work full-time for the project. Please fill in the "part-time" and list out the working hours and its ratio to the total working hours, if full-time staff in your organisation do not work full time for the project, e.g. work part-time for 22 hours a week (account for 50% of total working hours), or work for 33 hours a week (account for 75% of total working hours)

**2. Project Co-ordinator (The Project Co-ordinator refers to the person stated in item 19.1 of the CoG signed by both parties. Prior approval is required for the alteration of Project Co-ordinator)**

Please provide the information of current and former Project Co-ordinator

| Post | Name | Academic Background and Relevant Qualifications | Working Experience | Date of Employment     | Roles and Duties |
|------|------|---|--------------------|------------------------|------------------|
|      |      |   |                    | From _____<br>To _____ |                  |
|      |      |   |                    | From _____<br>To _____ |                  |
|      |      |   |                    | From _____<br>To _____ |                  |

**I hereby certify on behalf of the Grantee that the information provided is true and correct.**

Signature of Project Co-ordinator \_\_\_\_\_

Chop of Grantee \_\_\_\_\_

Name of Project Co-ordinator \_\_\_\_\_  
(Please fill in block letters)

Date \_\_\_\_\_