

## “Support Scheme for Arts & Cultural Sector” Application Form

### Introduction

- 1 The Legislative Council Finance Committee approved on 21 February the injection of \$30 billion into establishing the Anti-epidemic Fund under the Financial Secretary Incorporation Ordinance (Cap. 1015), and has channelled HK\$150 million to establish the “Arts and Culture Sector Subsidy Scheme”(“Scheme”). The “Support Scheme for Arts & Cultural Sector” is a one-time project launched by the Hong Kong Arts Development Council (HKADC) with funding provided by the Anti-epidemic Fund. HKADC is the implementation organisation for the Anti-epidemic Fund under the “Arts and Culture Sector Subsidy Scheme”.
- 2 This form is for “Support Scheme for Arts & Cultural Sector” applications by individual arts practitioners.
- 3 **Before completing the application form, please read the “Application Guideline”** and follow the listed guidelines, HKADC is expected to disburse the approved subsidy within approximately one month after receipt of an eligible application.
- 4 Please send the form by e-mail to [supportscheme@hkadc.org.hk](mailto:supportscheme@hkadc.org.hk), or by mail to the HKADC Administration Office at 10/F, 1063 King’s Road, Quarry Bay, Hong Kong. Application submitted in person should be deposited in the collection box at HKADC Administration Office. Please **submit one application only** by e-mail/mail/in person. Multiple applications will delay application processing.
- 5 HKADC is entrusted by the government to process some of the “Support Scheme for Arts & Cultural Sector” applications. Personal data collected in this application form will be used by HKADC, Home Affairs Bureau or Leisure and Cultural Services Department for purposes related to Anti-epidemic Fund application. Any personal data provided will be handled in accordance with the Personal Data (Privacy) Ordinance (Cap. 486).
- 6 Data subjects have a right to request access to and correction of their personal data provided in the application form in accordance with the Personal Data (Privacy) Ordinance (Cap. 486). Requests for making access to and/or correction of personal data in the application form, please contact HKADC by phone at 2827-8786.
- 7 For enquiries, applicants are welcome to contact HKADC by phone at 2827-8786.

### A. Personal Information

1.Chinese Name (as on ID card)	English Name (as on ID card)
2. HKID Card No. (including letter or digit in bracket)	
<input style="width: 100%; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	
3.Contact Number	4. E-mail Address / Mailing address

**B. Beneficiary’s Bank Information** (To avoid any unnecessary delay in payment processing caused by inaccurate bank accounts’ details, successful applicants will be requested to provide copies of bank statement / bank book / ATM card for verification. All the information will be destroyed after completion of this “Scheme”)

1.Name of Account Holder (must be identical to name on ID card)	2.Bank Name
3. Bank Code                      Branch Code                      Account Number	
<input style="width: 100%; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	

### For HKADC’s Official Use Only

Date Received	Application Number
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**C. Detail on Arts Activities Affected by Epidemic (Required)**

**(a). Activities not funded by HKADC** (Please use separate sheet if more than 3 activities)

Name of activity	Date of activity	Activity venue (e.g. Ko Shan Theatre, <u>Theatre</u> )	Position hired	Name & Contact no. of employer	Remuneration	Signature/Chop of employer
1.						
2.						
3.						

**(b). Activities by Grant recipients of HKADC's "Year Grant", "Eminent Arts Group Scheme", "Literary Arts Platform Project", "Project Grant" (except "Cultural Exchange Grant"), or LCSD's "Venue Partnership Scheme", or HAB's "Arts Capacity Development Funding Scheme"**

(Please use separate sheet if more than 1 activity)

Name of activity & Project No. (for ADC Project Grant)	Date of activity	Activity venue (e.g. Ko Shan Theatre, <u>Theatre</u> )	Position hired	Name & Contact no. of organisation/ responsible person	Original total amount of remuneration	Amount of remuneration paid	Amount of remuneration applied for	Signature/Chop of responsible person of organisation/ project
1.								

**(c). School Tour engaged/commissioned by Government Bureaux/Departments and/or Advisory and Statutory Bodies** (Please use separate sheet if more than 1 activity)

Name of activity	Date of activity	Activity venue (e.g. Ko Shan Theatre, <u>Theatre</u> )	Position hired	Name of organizer	Name & Contact no. of organisation/ responsible person	Remuneration	Signature/Chop of responsible person of organisation
1.							

**Total [(a)+(b) +(c)] :** \$

**Category (D) For individual arts practitioners**

Only for the cancelled or postponed programmes that originally to be held between 1 July and 30 September 2020

**D. Declaration** (Please tick “✓” the 2 boxes)

- I hereby declare that the information provided in this form are all accurate and authentic. I understand that if I knowingly or willfully make any false statement or withhold any information, it will render me liable to prosecution.
- I hereby declare that I read and understand fully the contents of this application form as well as the “Guide to Application”.

Signature of Applicant	Name of Applicant
	Date

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<p>[C(a)] Activity and venue information verified</p> <p>Activity 1. Yes / No</p> <p>Activity 2. Yes / No</p> <p>Activity 3. Yes / No</p> <p>Activity 4. Yes / No</p>	<p>[C(b)] Activity and venue information verified</p> <p>Activity 1. Yes / No</p>
Name/Title and Signature of Officer	Date

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<p>[C(a)] Activity and venue information verified</p> <p>Activity 1. Yes / No (Eligible : Y / N / D)</p> <p>Activity 2. Yes / No (Eligible : Y / N / D)</p> <p>Activity 3. Yes / No (Eligible : Y / N / D)</p> <p>Activity 4. Yes / No (Eligible : Y / N / D)</p>	<p>[C(b)] Activity and venue information verified</p> <p>Activity 1. Yes / No (Eligible : Y / N / D)</p>
	<p>[C(c)] Activity and venue information verified</p> <p>Activity 1. Yes / No (Eligible : Y / N / D)</p>
Name/Signature of Processing Officer and Date	Name/Signature of Supervising Officer and Date