

Form A: Community Partnership

Filling guidelines and details:

- Each Form A must be filled out with **collaboration project(s) within 2024** between corporates applying for the Caring Company Logo or organisations applying for Caring Organisation Logo (Applicant), and the individual community partners (Nominator).
- An eligible nominator must be a charitable organisation exempt from tax under Section 88 of the Inland Revenue Ordinance (according to the effective date of Inland Revenue Department and registered in Hong Kong for at least 1 year).
- Form A includes 5 criteria. When 2 or more criteria are mutually confirmed by the Applicant and the Nominator, the application qualifies for this section. Please note that it does not imply approval, the results will be released after review.
- The validity period is from 1 January to 31 December 2024.
- Unless otherwise specified, achieving any sub-items under a criterion suffices to meet that criterion.
- The Applicant and the Nominator must designate one party to fill out the Form A (the Filling Party). Only the Filling Party can fill out or modify the form through the online system, while their partners can only review / feedback / confirm the form content. If the partners agree with the contents, they can click “Confirm and Submit” for final submission. No amendment is allowed once final submission is made.
- There is no limit on the number of submissions for Form A. Applicants may invite any of their community partners during the validity period to be their nominators or accept their nomination invitations.
- If an applicant has only 1 partner becoming their nominator, the Form A is regarded as qualified when 2 or more criteria are fulfilled. If there are multiple partners, the criteria from each form will be combined for calculation and must fulfil 2 or more criteria to qualify the applications.

Examples of Qualified Applications

Example I: The applicant and nominator Z confirmed 2 criteria from Form A #1. (e.g. Criteria 1 and 5)

Example II: The applicant confirmed 2 criteria with nominator Y (Criteria 1 from form#1) and Z (Criteria 5 from form#2) respectively.

- Except for Criteria 3.2, no supporting document for the Community Partnership section is required to be uploaded.

Partnership Details

* All fields are required.

Name of community partner *: _____

Name of collaboration project (if applicable): _____

Collaboration scope * (Multiple Selections can be made):

- Diversity and Inclusion Mental Health Carer Support Poverty Relief
 Sustainability / Environmental Protection Life Education & End-of-life Care Other, please specify: _____

Collaboration nature *: One-off Multiple times

Main contact person (Corporate / Organisation) *: Name: _____ Tel. No.: _____ Email: _____

Main contact person (Community partner) *: Name: _____ Tel. No.: _____ Email: _____



Collaboration period*:

- ≤ 6 months 7-11 months 1-2 years 3-5 years 6-10 years > 10 years

Satisfaction level of the collaboration within this year*:

Both the applicant and nominator are required to fill out this part. The ratings are for internal reference only and will not be disclosed to your partners or the general public.

	Most Satisfied				
	1	2	3	4	5
Communication and collaboration between partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainability of the collaboration project(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovation of the collaboration project(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of resource allocation (e.g. manpower, in-kind, money)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opinion on overall collaboration for this year:

Expectation or advice on future collaboration:

Collaboration Content

All fields are required under that specific criteria.

Criteria 1 Volunteering

- 1.1 Type of Participants# (Multiple Selections can be made): Employees / Members Employees' / Members' family and friends Customers Suppliers Producers
 Distributors Other Business Partners
- 1.2 Service Target# (Multiple Selections can be made): Children & Youth Elderly Family Rehabilitant Ethnic Minority Women Community
 New Arrivals Persons with disabilities (including Physical or mental disabled) Fulltime / Working Carer
 Animals Other, please specify: _____
- 1.3 Service Content# (Multiple Selections can be made): Visit Environmental Protection Maintenance / Engineering Escort / Caretaking
 Fundraising (e.g.: Charity Events, Cause-related Marketing Activities, Flag Day)
 Mentorship / Peer Relationship Medical & Health Education & Training Recreation, Sports & Culture
 Other, please specify : _____
- 1.4 Total number of services provided#: _____
- 1.5 Total number of volunteers involved#: _____
- 1.6 Total service hours#: _____

Criteria 2 Giving

- 2.1 Cash donation / Sponsorship: ≤ HK\$10,000 HK\$10,001 – HK\$50,000 HK\$50,001 – HK\$100,000 HK\$100,001 – HK\$200,000
 HK\$200,001 – HK\$500,000 HK\$500,001 – HK\$1,000,000 HK\$1,000,001 – HK\$2,000,000
 ≥ HK\$2,000,001
- 2.2 In-kind donation (Multiple Selections can be made): Venue / Shop Equipment Products of corporates / organisations Food Other, please specify: _____

Criteria 3 Mentoring

- 3.1 Share business expertise, and techniques with the nominator(s) in the following areas on Pro bono basis charge / One-off nominal charge (Multiple Selections can be made):
- HR Marketing / Public Relations Financial Management Legal Services IT
 Construction Management Production Process Redesign Social Entrepreneurship Management
 Organisation Management Recreation, Sports & Culture Art & Design Medical Nursery
 Other, please specify: _____
- 3.2 Employee(s) holds voluntary position(s) in nominator's organisation, such as advisory committees and boards (Supporting documents must be uploaded.):
- Employee Name : _____
 Employee Post : _____

Criteria 4 Employing the vulnerable through nominator

4.1 Offering employment / job training opportunities to the following groups through the nominator # (Multiple Selections can be made):

Group	No.	Group	No.	Group	No.
<input type="checkbox"/> Visually-impaired	_____	<input type="checkbox"/> Hearing-impaired	_____	<input type="checkbox"/> Mentally-challenged	_____
<input type="checkbox"/> Ex-mentally ill	_____	<input type="checkbox"/> Physically-challenged	_____	<input type="checkbox"/> Chronically ill	_____
<input type="checkbox"/> Rehabilitated ex-offenders	_____	<input type="checkbox"/> Language impairment	_____	<input type="checkbox"/> Autism spectrum disorders	_____
<input type="checkbox"/> Specific learning disabilities	_____	<input type="checkbox"/> New arrivals	_____	<input type="checkbox"/> Attention deficit / Hyperactivity disorder	_____
<input type="checkbox"/> Ethnic minorities	_____	<input type="checkbox"/> People with low education levels	_____	<input type="checkbox"/> Emotional and behavioral difficulties	_____
<input type="checkbox"/> Elderly	_____	<input type="checkbox"/> Re-employed women	_____	<input type="checkbox"/> Carer	_____
<input type="checkbox"/> Other, please specify: _____	_____				

Total number of employment/job training opportunities offered throughout the year (Total number for 4.1) #: _____

Criteria 5 Procurement of products or services provided by nominator

5.1 Purchase the following products / services # (Multiple Selections can be made):

Type	Time	Amount	Type	Time	Amount
<input type="checkbox"/> Catering Service	_____	_____	<input type="checkbox"/> Cleaning Service	_____	_____
<input type="checkbox"/> Training / Activities	_____	_____	<input type="checkbox"/> Retail Products	_____	_____
<input type="checkbox"/> Consultation Service	_____	_____	<input type="checkbox"/> Packaging Service	_____	_____
<input type="checkbox"/> Other, please specify: _____	_____	_____			

5.2 Total purchase throughout the year (Total sum of time for 5.1) #: _____

5.3 Annual proceeds of these orders (Total sum of amount for 5.1) #: _____

