

The Sixth Round of the Anti-Epidemic Fund Anti-Epidemic Support Scheme for Cleansing and Security Staff for Licensed Funeral Parlours and Private Cemeteries <u>Application Form</u>

Application Submission Deadline: 31 August 2022

(Applicants shall read the Guidance Notes (see Appendix for details) before completing this application form, and shall observe relevant requirements specified in the Guidance Notes.)

To: The Food and Environmental Hygiene Department

Part I: Particulars of the Applicant

1. Type of the Premises under Application: (Please tick the appropriate bo	ox)
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Licensed Funeral Parlours:	Private Cemeteries ¹ :
Licensed Funeral Parlours: Hong Kong Funeral Home Kowloon Funeral Parlour Universal Funeral Parlour International Funeral Parlour Global Funeral Parlour Po Fook Memorial Hall	Private Cemeteries¹: Roman Catholic Cemetery (Cape Collinson) Roman Catholic Cemetery (Happy Valley) Sai Kung Catholic Cemetery Cheung Chau Catholic Cemetery Cheung Sha Wan Catholic Cemetery Carmelite Cemetery Buddhist Cemetery Buddhist Cemetery Lewish Cemetery Muslim Cemetery Chiu Yuen Cemetery Muslim Cemetery (Cape Collinson) Christian Chinese Cemetery (Pok Fu Lam Road) Christian Chinese Cemetery (Grampian Road, Kowloon) Zoroastrian Cemetery Cheung Chau Christian Cemetery Castle Peak Christian Cemetery Sung Him Tong Sung Chan Wui Kei Tuk Kau Fan Cheung Tao Fong Shan Christian Cemetery Hindu Cemetery Race Course Fire Memorial and Cemetery Chuen Yuen Church Cemetery Military Cemetery (Cape Collinson)
	☐ Gurkha Cemetery

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¹ Private Cemetery means a cemetery specified in Part 2 of the Fifth Schedule to the Public Health and Municipal Services Ordinance (Cap. 132). In respect of cemeteries managed by the Board of Management of the Chinese Permanent Cemeteries, since the Sixth Round of the Anti-Epidemic Fund could be made via the Anti-Epidemic Support Scheme for Environmental Hygiene and Security Staff for Premises under the Home Affairs Bureau's Purview, this application form is not applicable to Chinese Permanent Cemeteries.

2.	Address of the under Application:	_					
3.	Name of Applican	t: (((Chinese)				
	(Shall be the licensee of funeral parlours or the operating institution/ organisation of private cemeteries) (English)						
4.	Particulars of the I Funeral Parlour:	Licence of L	icence No.:				
	(Only applicable to funeral parlours)	o licensed V	/alid Date:				
5.	Name of Contact F		□ Mr. □ Ms.				
6.	Post Tile of Contac	ct Person: _					
7.	Telephone No.:	_			(Mobile Phone	- Mandatory field)	
		_			(Office)		
8.	Correspondence Address of the Applicant:						
9.	Email Address of Contact Person:	_					
10.	Fax No. of Contact Person (if	any):					
11.	The number of el	igible worker	rs directly empl	oyed by license	d funeral parlo	ours/private cemeteries	
	The number of el	igible cleansi	ng workers dir	ectly employed:	:		
	February 2022	March 2022	April 2022	May 2022	June 2022		
	no. of worker(s)	o. of worker(s)	no. of worker(s)	no. of worker(s)	no. of worker(s)		
	The number of el	igible securit	y workers direc	etly employed:			
	February 2022	March 2022	April 2022	May 2022	June 2022		
	no. of worker(s)	o. of worker(s)	no. of worker(s)	no. of worker(s)	no. of worker(s)		

 $[\]square$ Please tick the appropriate box.

If cleansing/security workers employed via third parties by licensed funeral parlours/private cemeteries, please provide information as follows:

Pa	rt II: Cleansing	Service Contra	ctors (if applica	able)				
1.	Name of Cleansing Service Contractor:		(Chinese)					
			(English)					
2.	Correspondence Cleansing Servi							
3.	Name of Contac	et Person:	Telephone No. of Contact Person:					
4. The number of eligible cleansing wo			g workers emplo	oyed by the serv	ice contractors o	or its sub-contractors:		
	February 2022	March 2022	April 2022	May 2022	June 2022			
	no. of worker(s)	no. of worker(s)	no. of worker(s)	no. of worker(s)	no. of worker(s)			
Dα	rt III: Security S	Sarvica Cantra	ctors (if applies	blo)				
1 a	Name of							
	Security Service	e Contractor:	(English)					
2.	Correspondence Security Service							
3.	Name of Contac	et Person:	Telephone No. of Contact Person:					
4.	The number of e	eligible security	workers employ	red by the servic	e contractors or	its sub-contractors:		
	February 2022	March 2022	April 2022	May 2022	June 2022			
	no. of worker(s) no. of worker(s)		no. of worker(s)	no. of worker(s)	no. of worker(s)			

Part IV: Particulars of the Frontline Cleansing and Security Worker(s) to be granted the allowance through the Applicant²

- Particulars of the frontline cleansing and security worker(s) (including part-time or temporary workers) employed for the eligible premises (i.e. item 1 of Part I) by the Applicant or cleansing/security service contractors and their sub-contractors are provided below. The worker(s) will be granted the allowance for the period between 1 February and 30 June 2022 through the Applicant subject to the approval of this application. Duplicate applications will not be accepted.
- The applicant may provide the information in the excel form available for download from the website of the Scheme and attach it to this form for submission.

The total headcount of directly employed cleansing workers	The total headcount of directly employed security workers	The total headcount of cleansing workers employed by	The total headcount of security workers employed by	Total Amount of Subsidy Applied for: ²
Category (a) workers	Category (b) workers	service contractors/sub-contractors Category (c) workers	service contractors/sub-contractors Category (d) workers	(\$2,000 x Total No. of Claims x Total No. of Months)
worker(s)	worker(s)	worker(s)	worker(s)	НК \$

	Name of Staff (Please provide name in English if there is no Chinese name)	HKID Card No. of Staff (Please fill in using the format of A123456(7))	Contact Telephone No. of Staff		Please Security			X" for the 1	nonths clair	ned	Category of Worker (a) Directly employed cleansing workers (b) Directly employed security
				Staff No. (if any)	Personnel Permit No.	February 2022	March 2022	April 2022	May 2022	June 2022	(b) Directly employed security workers (c) Cleansing workers employed by service contractors/sub-contractors (d) security workers employed by service contractors/sub-contractors
1.											
2.											
3.											
4.											
5.											

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² Frontline workers, including part-time or temporary workers, who have been performing duties related to cleansing or security work in an eligible premises (including frontline workers directly employed by licensed funeral parlours/private cemeteries and those employed by cleansing/security service contractor or their sub-contractor to perform duties related to security or environmental hygiene) during the subsidised period will be eligible for a monthly allowance of \$2,000 for the months in which they have provided service. For private cemeteries, frontline workers who were employed as temporary workers to provide additional services during the 2022 Ching Ming Festival period are eligible for an allowance of \$2,000 each.

² The Food and Environmental Hygiene Department will notify the Applicant of the result and the amount to be granted upon consideration of the application.

Part V: Particulars of the Payee

The name of the payee on cheque for receiving payment shall tally with that of the Applicant (i.e. item 3 of Part I), otherwise the Applicant may be required to submit supplementary information for verification. Unless otherwise approved by the Food and Environmental Hygiene Department (FEHD), personal bank account will not be accepted. The allowance and subsidy will not be granted if the Applicant fails to provide the required information.

1.	Name of Payee on Cheque	e
	in English:	(If there is no English name, please fill in the Chinese name.)
		(If the name of payee on cheque is not the same as the applicant's name (i.e. item 3 of Part I), the applicant must fill in item 3 of this part and provide documentary proof showing the relationship between the applicant and the above payee.)
2.	Mailing Address for the Cheque:	
3	The Reason for Using the above Cheque Payee Account:	
	(Only applicable when payee's name on cheque is not the same as the name of the applicant.)	

Part VI: Declaration and Signature

- 1. The completed and signed application form (and the attached Excel form, if any, regarding the particulars of workers under Part IV), shall be submitted together with **copies** of the following documents (the originals of the documents must be kept for 36 months for random check and review by the FEHD/any other organisations authorised by the Government (authorised organisations)):
 - a) A copy of the valid Hong Kong Identity Card or other valid proof of identity (e.g. passport) of the licensee of funeral parlours or the authorised person of the operating institution/ organisation of private cemeteries who signs the declaration of this part;
 - b) Proof of employment of any related frontline workers (including Contracts of Employment and salary payment records or remittance statements for Mandatory Provident Fund) must be provided);
 - c) If the application involves workers of service contractors, a copy of the contract signed by the Applicant and the service contractor must be submitted;
 - d) In respect of licensed funeral parlours, a copy of the valid Funeral Parlour Licence, the valid Business Registration Certificate held by the operating institution/company, and the authorisation letter of the licensee must be submitted;
 - e) In respect of private cemeteries, lawful proof of documents of its operating institutions or organisations must be submitted in conjunction with an authorisation letter issued by its operating institution or organisation which authorises a person to sign and submit the application form (together with relevant supplementary documents and information), make the declaration in the application form, and handle all relevant and affiliated matters on behalf of the operating institutions or organisation. If a private cemetery is operated by religious organisations, proof of lawful establishment of the religious organisations must be submitted (e.g. Business Registration Certificate, Certificate of Incorporation, Certification of Registration of a Society or Certificate of Exemption from Registration of a Society).

If necessary, the Applicant may be required to submit other supplementary document(s)/information for review upon the request from the FEHD.

- 2. I (i.e. the Authorised Person)/My Company/Institution/Organisation have/has read and understood the Guidance Notes (including the Statement of Collection of Personal Data) of the Scheme and the content of this application form, and hereby declare as follows:
 - (a) I/My Company/Institution/Organisation shall disburse the relevant allowance to each of the frontline cleansing/security workers stated in Part IV as soon as possible upon successful application and receipt of the subsidy, and shall ensure that the workers concerned will acknowledge receipt of the relevant allowance in prescribed forms. I/My Company/Institution/Organisation shall prepare a report on the overall payment of the allowance in the format as prescribed by the FEHD, and shall submit the report to FEHD for review and assessment within one month after receiving the allowance, or else the administrative fee for application will not be disbursed. I/My

Company/Institution/Organisation also undertake(s) to ensure that the allowance shall not in any way be used to reduce the wages and benefits payable to any of the workers concerned under the Employment Ordinance (Cap. 57) and/or Contracts of Employment during the subsidised period;

- (b) If FEHD and/or authorised organisations request(s) supplementary document(s) for this application, including but not limited to the management contracts and/or the relevant management information of the subsidised premises, Contracts of Employment and/or supplementary information on the scope of work, remittance statements for Mandatory Provident Fund, proof of employment of frontline cleansing/seucrity workers at the premises (e.g. the relevant Business Registration Certificate, Certificate of Incorporation, Contracts of Employment as proof of cleansing/security service provision at those premises), etc., I/My Company/Institution/Organisation shall accede to the request by submitting the relevant information within the prescribed period for the approval, assessment, review and future monitoring by FEHD and/or authorised organisations;
- (c) I/My Company/Institution/Organisation certify(ies) that the information provided in this form and the attached document(s) (including supplementary information and document(s) (if any)) are true and correct to the best of my/our knowledge. Any incorrect/inaccurate information provided in this application form and the attached document(s) (including supplementary information and document(s) (if any)) may render this application invalid. Full or partial refund of the grant shall be required. I/My Company/Institution/Organisation also understand(s) that if I/we knowingly or willfully make any false statement or withhold any information, or mislead FEHD and/or authorised organisations for the purpose of obtaining the grant under the Scheme, and/or by any deception dishonestly obtain for myself/ourselves or another any pecuniary advantage, I/my company may be liable to criminal prosecution and on conviction to imprisonment;
- (d) I/My company understand(s), agree(s) and authorise(s) FEHD and/or authorised organisations to take the information (including any personal data) contained in this application form and the attached document(s) (including supplementary information and document(s) (if any)) and:
 - i. disclose it to relevant Government departments/institutions/organisations for the purposes of approval, assessment and review of applications as well as monitoring and statistical use (including the purposes of approval, assessment and review of applications as well as monitoring and statistical use for other Government subsidy schemes);
 - ii. subject to approval of this application, I/My Company/Institution/Organisation understand(s), agree(s) and authorise(s) FEHD to upload the relevant information of the application, including the name and address of the premises and the names of service contractors and the payee organisation to the website(s) of FEHD responsible for implementing the Scheme for public inspection.
- (e) I/My Company/Institution/Organisation understand(s) and agree(s) to abide by the terms and requirements for this application issued by FEHD;
- (f) I/My Company/Institution/Organisation understand(s) that the submission of this application form does not constitute any guarantee or undertaking by FEHD in respect of the eventual approval of any subsidy covered in this application. Each application is bound by its own terms and requirements for approval;
- (g) I/My Company/Institution/Organisation understand(s) that the decisions of FEHD in respect of this application are final, and that FEHD reserve(s) the right to adjust the amount of allowance and subsidy and reject the application without giving any reason and without incurring any liability of whatever nature to any person; and
- (h) I/My Company/Institution/Organisation hereby declare(s) that, even though the premises where those frontline cleansing/security workers listed in Part IV carrying out duties may be eligible for other similar subsidy schemes for cleansing/security workers under the sixth round of the Anti-epidemic Fund of 2022, I/My Company/Institution/Organisation have/has not applied for other similar subsidy schemes for the frontline cleansing/security workers concerned, or else this application and/or the application for other similar subsidy schemes might be rendered invalid. FEHD and/or the bureau/authorities administering similar subsidy scheme reserve(s) the right to request me/my company for full or partial refund of the subsidy. In addition, I/My Company/Institution/Organisation acknowledge(s) and understand(s) that making a false declaration might constitute a criminal offence.

Name of Payee on Cheque in English: (If there is no English name, please fill in the Chinese name.)	
Signature of the Licensee of Funeral	
Parlours / the Authorised Person of	Chop of licensed
Private Cemeteries:	 funeral parlours/
Name:	 private cemeteries
No. of Proof of Identity:	
Position:	
Date:	