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「健靈慈善基金」



App. Group Type 2: Non-profit-Making Organization Applicant ('Organization') 申請組類 二: 非牟利團體之申請機構 ('機構') Application Number (assigned by The Foundation): 申請檔案編號 (由本慈善基金編配):

# Vita Green Charitable Foundation Application Form 「健靈慈善基金」申請表

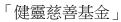
# For Application Group Type 2 (第二類申請組別適用): Name of Organization (in English): \_\_\_\_\_ 申請機構中文名稱: \_\_\_\_\_ Organization Reg No. (機構登記編號): \_\_\_\_\_ Contact No.(聯絡電話號碼): \_\_\_\_\_ Address (聯絡地址): \_\_\_\_\_

# Proposed Project(s) to apply Vita Green Charitable Foundation Health Products and/or Grant:

Proposed Project 建議計劃

Proposed Project Name 建議計劃名稱:				
Project Summary 計劃撮要	Project Details 計劃內容			
Nature 計劃性質				
Objectives 目標				
Geographic / Demographic Profiles 受益區域及受益人簡介				
Project Length 計劃(由開始至完成)所需時間	e.g. anticipated commencement date and completion date 例:預期開始及完成日期、時間、階段			

申請檔案編號 (由本慈善基金編配): \_\_\_\_\_



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維特健靈<sup>®</sup> VITA GREEN

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Feasibility assessment(s) 計劃可行性評估報告	
Proposed Project Implementation Plan	
建議計劃執行草案	
Other scholars and/or investigators involved / to be	
involved (if the application involves collaboration with another institution, some background	
information about the respective institution is	
required)	
其他資助來源 (如有,請提供相關之背景資料)	
Foundation provided product(s) and/or Grant	Detail description / Usages, Cost Justifications
Requested 所需基金提供之產品 / 資助金額	產品項目列寫(種類、數量、用途等) /
	成本消費項目明細
Previous application submitted to The Foundation	If yes, please provide previous application date, previous
過往曾否申請本慈善基金	application number, name of proposal and approval
	status
	如有,請提供前次申請日期、本基金前次申請檔案編號、   建議計劃名稱及審批狀况
	V-MAR I SI DIII/V EI IMI// V/D

Other Information 其他資料:

申請檔案編號 (由本慈善基金編配):

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App. Group Type 2: Non-profit-Making Organization Applicant ('Organization') 申請組類 二: 非牟利團體之申請機構 ('機構') Application Number (assigned by The Foundation):

We declare that all the information and documents provided herein are true and accurate. We understand and acknowledge that any products or funds that may be granted to us are free gifts for the above mentioned proposed project's usage, and shall not be treated as medical advice or treatment or for commercial use. We agree and understand that under no circumstances whatsoever will Vita Green Charitable Foundation, its staff and representatives (collectively "Vita Green") be liable for any loss or damage howsoever arising. We release Vita Green from any and all rights of action that may arise in the future, howsoever arising in relation to this matter, and we waive such rights.

我們聲明所有提供給「健靈慈善基金」之資料及文件均屬實無誤。我們明白和確認,任何產品或資金援助,是免費贈送給本機構作上述建議計劃使用,不得被視為醫療意見或治療,或用於商業用途。我們同意和明白,在任何情況下,健靈慈善基金、其職員和代表(以下統稱為"維特健靈")均不會因此捐贈事宜而引起的任何損失或損害負上法律責任。我們謹此放棄日後就此捐贈事宜向維特健靈提出訴訟的權利;無論我們就此捐贈事宜的申索權利是如何產生,維特健靈均一概免受被起訴或被申索。

Authorized Signature (授權人簽署):				
For and on behalf of Organization (代表的申請機構):				
Name (Please print) (姓名-正楷):				
Position (職位):				
Date (簽署日期):				

Please send your completed and signed application form with the following supporting documents to: 請將已填妥及經簽署的申請表連同下列所需提供的証明文件投寄到以下地址:

The Selection Committee
Vita Green Charitable Foundation
GPO Box 866, Hong Kong

Phone: 29016068 Fax: 81480086

Email: vgcf@vitagreen.com

「健靈慈善基金」

**The Organization's Supporting Documents Provided:** 

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機構所需提供之証明文件:



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Appr Deli Rej Wita Fou 慈善	proved with Effective [ivery Date:ected with Comment: a Green Charitable Findation Administrator 基金行政人員簽署	Internal Use Only 本慈善品 Date / Period: R Oundation Administration: Approved Product/Grant Delivery 審批產品/資助金送遞核實	eceipt Confirmation:	w: Execution Reviewed by: 執行委員會檢視			
App Deli Rej Vita	oroved with Effective I ivery Date: ected with Comment:  a Green Charitable Fundation Administrator	Oate / Period:  R  oundation Administration:  Approved Product/Grant Delivery	eceipt Confirmation:	w: Execution Reviewed by:			
App Deli Rej Vita	oroved with Effective I ivery Date: ected with Comment:  a Green Charitable Fundation Administrator	Oate / Period:  R  oundation Administration:  Approved Product/Grant Delivery	eceipt Confirmation:	w: Execution Reviewed by:			
App Deli Rej	oroved with Effective I ivery Date:ected with Comment:	Oate / Period: R	eceipt Confirmation:				
App Deli	oroved with Effective I	Date / Period: R	eceipt Confirmation:				
App	proved with Effective [	Date / Period:					
App	proved with Effective [	Date / Period:					
Fo	r the Foundation	Internal Use Only 本慈善品	基金內部審批專用:				
	本基金將保留准批、非	:批、或撤銷任何已呈交、已評估、或	<b>已批出的甲請乙所有最終</b> 裁判	<b> 權利 。</b>			
	application at all times. 本基金將保留准批、拒批、或撤銷任何已呈交、已評估、或已批出的申請之所有最終裁判權利。						
ķ	itted, evaluated, or approved						
	為着有效處理是項申請	為着有效處理是項申請所需,本基金將保留向提名人及/或申請人收取額外資料、核實証明、及澄清的所有權利。					
		Applicant for the purpose of proce		na or olarmoduon nom the			
*		erves all rights to acquire additiona					
	-	pal(s) of the Organization and the		E負責人及計劃執行人履歷			
	Registration certifica	ate showing non-profit making sta	tus 非牟利榜	機構及慈善性質註冊証書			
	Memorandum and A	Articles of Association	公司章科	星大綱及細節			
		roport	<b>最</b> 近期 2	2審計報告			
	Most recent audited	report	□ \~#U_	y (空文 [ 土口 / L·			
	Most recent annual  Most recent audited	•		2週年報告			

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## For the Foundation Internal Use Only 本慈善基金內部審批專用:

Part I: Selection Committee Comments / Dated:
Selection Committee Recommendation:
Approved Product(s) / Grant:
Approved Quantity / Amount:
Approved Period:
Any other Comment:
Approved with Effective Date / Period:
Rejected with Comment:
Committee Chairman Approval 評估委員主席簽署:
Date 日期:
Part II:
The Foundation Comments / Dated:
Approved Product(s) / Grant:
Approved Quantity / Amount:
Approved Period:
Any other Comment:
The Foundation Decision:
Approved with Effective Date / Period:
Rejected with Comment:
The Foundation Approval 本慈善基金授權人簽署:
Date 日期: