

**Remuneration Packages for Staff in the Top Three Tiers
of Subvented Non-governmental Organisations**

Review Report for the Reporting Year of 2016-17

(to be completed if not exempt from the Government Guidelines)

To: Director of Social Welfare
(Attn : Subventions Section)
38/F, Sunlight Tower,
248 Queen's Road East
Wan Chai, Hong Kong

Fax No. : 2575 6537

[Please read the explanatory notes before completing this proforma. The completed proforma should reach SWD by 31 October of each reporting year.]

Name of NGO (code) : Hong Kong PHAB Association (348)

Part A: Remuneration Packages

Information of my staff in the top three tiers -

(1) Staff of 1st Tier¹

(a) Number of staff 1

(b) Comparable rank in civil service With reference to CSWO

(c) Post Executive Director

(d) Total annual staff costs² (including those not under SWD subventions, if applicable) \$1,399,148
[1(d) should be equal to or greater than 1(e)] (round up to dollar)

(e) Total annual staff costs under SWD subventions \$1,399,148
[1(e)=1(g)(i)+(ii)+(iii)+(iv)] (round up to dollar)

(f) Please specify the months covered if 1(e) was not incurred for the full year: _____ months

(g) Breakdown of 1(e)

(i) Salary³ \$1,311,990

(ii) Provident Fund \$85,920

(iii) Cash Allowance⁴ (please specify if any:) \$0

(iv) Non-cash based Benefits⁵ (please specify if any: hospitalization insurance) \$1,238

(2) Staff of 2nd Tier ¹

(a) Number of staff	4	
(b) Comparable rank in civil service	With reference to EOI, SEO, ASWO, SSWO	
(c) Post	Senior Manager (Business), Administration & Development Director, Head of PHAB Institute, Service Director	
(d) Total annual staff costs ² (including those not under SWD subventions, if applicable) [2(d) should be equal to or greater than 2(e)]		\$3,053,308 <i>(round up to dollar)</i>
(e) Total annual staff costs under SWD subventions [2(e)=2(f)(i)+(ii)+(iii)+(iv)]		\$2,504,662 <i>(round up to dollar)</i>
(f) Breakdown of (2)(e)		
(i) Salary ³		\$2,362,988
(ii) Provident Fund		\$136,756
(iii) Cash Allowance ⁴ (please specify if any: outpatient medical allowance)		\$1,575
(iv) Non-cash based Benefits ⁵ (please specify if any: hospitalization insurance)		\$3,343

(3) Staff of 3rd Tier ¹

(a) Number of staff	14	
(b) Comparable rank in civil service	With reference to SWO, SSWA, ASWO, AOI, ARSOI, EOI, Analyst Programmer	
(c) Post	Regional Manager/New Territories, Regional Manager/ Hong Kong Island I, Regional Manager/Hong Kong Island II, Regional Manager/Kowloon, Manager/Unity Place, Manager/ Youth Development, Manager/Corporate Communication & Development, Manager/Care for the Carers, Manager/PHAB Institute, Accounting Manager, Camp Manager, Administration Manager, ICT Manager	
(d) Total annual staff costs ² (including those not under SWD subventions, if applicable) [3(d) should be equal to or greater than 3(e)]		\$8,503,009 <i>(round up to dollar)</i>
(e) Total annual staff costs under SWD subventions [3e=3(f)(i)+(ii)+(iii)+(iv)]		\$7,164,462 <i>(round up to dollar)</i>
(f) Breakdown of (3)(e)		
(i) Salary ³		\$6,427,116
(ii) Provident Fund		\$707,005
(iii) Cash Allowance ⁴ (please specify if any: Peng Chau Centre Allowance, outpatient medical allowance)		\$17,439
(iv) Non-cash based Benefits ⁵ (please specify if any: hospitalization insurance)		\$12,902

Part B: Public Disclosure of the Review Report

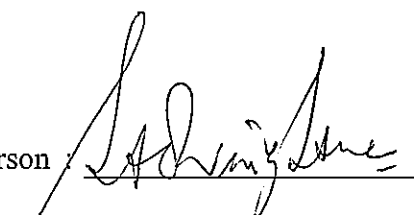
Our organisation ~~*has disclosed~~ / will disclose (please specify the commencement date: 1.11.2017) the Review Report (only Part A) through one or more of the following channels and will make it available to the public upon request -

(*Please delete as appropriate.)

Channel of Disclosure	
<i>(Please tick as appropriate.)</i>	
<input checked="" type="checkbox"/>	Posting the information prominently on the notice board(s) at the Central Administration Unit / Head Office
<input checked="" type="checkbox"/>	Uploading the information to our website
<input type="checkbox"/>	Reporting the information in our Annual Report
<input type="checkbox"/>	Publishing the information through special circular(s), newsletter(s) or whatever means (please enclose the copy/copies for reference)

Part C: Declaration by Chairperson

I declare that the information as provided in Part A and Part B is correct.

Contact Person	: <u>Ms. Deborah Wong</u>	Signature of Chairperson	: 
	: <u>Administration &</u>	Name	: <u>Prof. Frederick W.H. Ho</u>
Title	: <u>Development Director</u>		
Tel.	: <u>25514161</u>	Tel.	: <u>25514161</u>
	: <u>deborahwong@</u>		
Email	: <u>hkphab.org.hk</u>	Date	: <u>12.10.2017</u>