

Attachment 1

Group and Individual Income and Expenditure Details for Applying for the OCAC Public Funds				
Subsidized Unit:				
Program/Activity duration:				
Program/Activity Name:				
Estimated total spending of the program/activity:				
Subsidy from the OCAC (A):				
Total other income (B): ^{Note 1}				
Actual expenditure (C):				
Surplus or deficit (D)=(A)+(B)-(C): ^{Note 2}				
Statements and Receipts of Expenditures				
Receipt No.	Date	Purpose of Use	Amount	Note
		Total		
Group Subsidy				
Unit:		Person in Charge:		
Tax ID No.:		Handled by:		
Address:				
Individual Subsidy				
Subsidy Recipient:		ID No.:		
		Address:		

Date: (Year) (Month) (Day)

Note 1 : Other income refers to all kinds of donations and funds you collected in the program, excluding the public funds from the OCAC.

Note 2 : A positive number indicates surplus, while a negative one refers to your out-of-pocket expenses.