PART 3 – CONTRACT SCHEDULES

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CONTRACT SCHEDULE 1 – SERVICE PROVIDER INFORMATION

**(In completing the Contract Schedule, the Service Providers may adjust the spaces provided below.)**

Service Providers are required to provide the following details (including the company / organisation status and relevant experience of any sub-contractor who may be involved in the provision of the proposed Services):

|  |
| --- |
| **I. Details of Service Provider** |
| Name: |  |
| Address: |  |
|  |  |
|  |  |
| Telephone No.: |  | Fax No.: |  |
| Website: |  |
| Please also list out the name, position and address of each director of the Service Provider where the Service Provider is a company incorporated / registered under the *Companies Ordinance*, or the name and address of each trustee where the Service Provider is registered/incorporated under the *Registered Trustees Incorporation Ordinance (Cap. 306)*(as the case may be):

|  |  |
| --- | --- |
| Name and position: | Address: |
| Name and position: | Address: |
| Name and position: | Address: |

*(Please insert more rows for completion if appropriate.)* |
| **II. Details of Contact Person of Service Provider** |
| Name: |  Mr./Ms./Mrs.  |
| Post Title: |  |
| Address: |  |
|  |  |
|  |  |
| Telephone No.: |   | Fax No.: |   |
| Email Address: |  |
|  |
| **III. Organisation Nature of Service Provider** |
| Charitable Organisation\* | 🞏 Yes 🞏 No |
| \**Please “✓” the appropriate box.* |

Please submit the following documentary evidence (as the case may be) to prove the eligibility of the Service Provider in compliance with Clause 3.1 of Part 1 – Terms of Quotation.

1. Where the Service Provider is a charitable body corporate in Hong Kong which have been established by legislation, a certified true copy of:
2. the relevant ordinance; and
3. a valid document issued by the Inland Revenue Department certifying that the Service Provider is a Tax-Exempt Organisation.
4. Where the Service Provider is a company incorporated or registered under the Companies Ordinance, a certified true copy of:
5. a Certificate of Incorporation or a Certificate of Registration of Non-Hong Kong Company (as the case may be) issued under the Companies Ordinance; and
6. a valid document issued by the Inland Revenue Department certifying that the Service Provider is a Tax-Exempt Organisation.
7. Where the Service Provider is a trustee registered under the Registered Trustees Incorporation Ordinance (Cap. 306), a certified true copy of:
8. a Certificate of Incorporation issued/granted under the Registered Trustees Incorporation Ordinance (Cap. 306); and
9. a valid document issued by the Inland Revenue Department certifying that the Service Provider is a Tax-Exempt Organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

**CONTRACT SCHEDULE 1 – SERVICE PROVIDER INFORMATION (CONT.)**

|  |
| --- |
| **IV. Background of Service Provider** |
| *(Please give a brief introduction on the background of the Service Provider, including its objectives, service targets, major activities/services etc.)* |
| **V. Details of Sub-contractor (if applicable)** |
| Name: |  |
| Address: |  |
|  |  |
|  |  |
| Telephone No.: |  | Fax No.: |  |
| Website: |  |
| **VI. Details of Contact Person of Sub-contractor (if applicable)** |
| Name: |  Mr./Ms./Mrs.  |
| Post Title: |  |
| Address: |  |
|  |  |
| Telephone No.: |   | Fax No.: |   |
| Email Address: |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

**CONTRACT SCHEDULE 1 – SERVICE PROVIDER INFORMATION (CONT.)**

|  |
| --- |
| **VII. Organisation Nature of Sub-contractor (if applicable)** |
| Charitable Organisation\* | 🞏 Yes 🞏 No |
| \**Please “✓” the appropriate box.* |
| Please submit the following documentary evidence (as the case may be):1. Where the Sub-contractor is a charitable body corporate in Hong Kong which have been established by legislation, a certified true copy of:
2. the relevant ordinance; and
3. a valid document issued by the Inland Revenue Department certifying that the Sub-contractor is a Tax-Exempt Organisation.

(b) Where the Sub-contractor is a company incorporated or registered under the Companies Ordinance, a certified true copy of:1. a Certificate of Incorporation or a Certificate of Registration of Non-Hong Kong Company (as the case may be) issued under the Companies Ordinance; and
2. a valid document issued by the Inland Revenue Department certifying that the Sub-contractor is a Tax-Exempt Organisation.

(c) Where the Sub-contractor is a trustee registered under the Registered Trustees Incorporation Ordinance (Cap. 306), a certified true copy of:1. a Certificate of Incorporation issued/granted under the Registered Trustees Incorporation Ordinance (Cap. 306); and
2. a valid document issued by the Inland Revenue Department certifying that the Sub-contractor is a Tax-Exempt Organisation.
 |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

|  |
| --- |
| **CONTRACT SCHEDULE 1 – SERVICE PROVIDER INFORMATION (CONT.)****VIII. Background of Sub-contractor (if applicable)** |
| *(Please give a brief introduction on the background of the sub-contractor, including its objectives, service targets, major activities/services etc.)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

**CONTRACT SCHEDULE 1 – SERVICE PROVIDER INFORMATION (CONT.)**

|  |
| --- |
| **IX. Information required under Clause 25.2 of the Terms of Quotation** |
| \*(a) I/We confirm that none of the events as mentioned in Clauses 25.2(a) to 25.2(d) of the Terms of Quotation has ever occurred.\*(b) I/We confirm that the following event(s) as mentioned in Clauses 25.2(a) to 25.2(d) of the Terms of Quotation has occurred:

|  |  |
| --- | --- |
| **Date** | **Details of the Event** |
|  |  |
|  |  |
|  |  |
|  |  |

\**Please delete whichever is not applicable.* |
| **X. Declaration of Service Provider** |
| I/We certify that all the information given herein and in relation to this quotation is complete, true and accurate. I/We understand that any inaccurate information may render the quotation invalid. I/We also confirm that except the Service Fee and the amount agreed to be payable by the Corporation in writing for the Service Provider’s provision of the Additional Services (if any) accepted by the Corporation, no other funding has been or shall be received for any part of the Services from the Corporation or any third party. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

**CONTRACT SCHEDULE 2 – SERVICE TEAM STRUCTURE**

**(In completing the Contract Schedule, the Service Providers may adjust the spaces provided below.)**

Service Providers are required to provide the composition of the proposed Service Team, such as the number of social workers, counsellors, clerical staff and hotline staff etc.:

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Roles and Responsibilities** | **Responsible Services** | **Estimated Efforts****(in man-days per month)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

**CONTRACT SCHEDULE 3 – SERVICE PLAN**

**(In completing the Contract Schedule, the Service Providers may adjust the spaces provided below.)**

Service Providers are required to state clearly their proposed service plan on the following areas:

1. **Proposed catchment area to set up and operate the Centre**

\*I/We propose to set up and operate a Centre in \*Hong Kong Island/Kowloon West and New Territories West to provide the Services.

\**Please delete whichever is not applicable.*

Service Providers who wish to submit a proposal for both catchment areas shall submit two (2) separate quotations (please refer to Clauses 2.1, 2.2 and 5.1 of the Terms of Quotation).

1. **Detailed description of design of the Services and composition of the Service Team in pursuing the following Project Objectives:**

|  |  |  |
| --- | --- | --- |
|  | **(a)** | **provide specialised counselling and treatment services for gamblers with gambling disorder and the individuals affected by them;** |
|  | **(b)** | **facilitate the development of best practices and expertise in counselling and treatment services for gamblers with gambling disorder, as well as the requisite network with the concerned parties;** |
|  | **(c)** | **reach out to the community and schools to provide the public and students with information about gambling disorder and preventive measures; and**  |
|  | **(d)** | **collate appropriate data and statistics for enhancing understanding about the behaviour and risk factors of gambling disorder.** |

*(Please provide an attachment for the details if the space is insufficient.)*

1. **Service Level Requirements**

***Mandatory Services***

**The successful Service Provider will be subject to the output indicators and minimum attainment level for the Mandatory Services respectively set out in the first and second columns of the following table. Service Providers may propose requirements beyond the minimum attainment level in respect of any or all of the output indicators in the third column of the following table:**

| * 1. **Output Indicators (per year)**
 | **Minimum Attainment** **Level** | **Proposed Requirements beyond the Minimum Attainment Level (if any)** |
| --- | --- | --- |
| Total number of calls from service-seekers taken up via the hotline (183 4633) | 3 150 |  |
| Total number of messages received from service-seekers via mobile messaging apps (e.g. WhatsApp, WeChat, etc.) and the social media  | 4 200 |  |
| Total number of new cases receiving Level 1 Services | 2 000 |  |
| Total number of new cases receiving Level 2 Services and/or Level 3 Services (at least 70% should be gamblers) | 500 |  |
| Total number of new clients receiving Level 2 Services and/or Level 3 Services (including families / friends) | 700 |  |
| Total number of counselling and treatment sessions provided | 3 000 |  |
| Total number of mutual support/self-help group sessions organised | 150 |  |
| Total number of staff training sessions organised  | 2 |  |
| Total number of professional training sessions organised  | 8 |  |
| Total number of attendants in the professional training programmes | 200 |  |
| Total number of public education programmes organised | 12 |  |
| Total number of attendants in the public education programmes  | 1 200 |  |

* 1. **The successful Service Provider will be subject to the outcome indicators and minimum attainment level for the Mandatory Services respectively set out in the first and second columns of the following table. Service Providers may propose requirements beyond the minimum attainment level in respect of any or all of the outcome indicators in the third column of the following table:**

| **Outcome Indicators (per year)** | **Minimum Attainment Level** | **Proposed Requirements beyond the Minimum Attainment Level (if any)** |
| --- | --- | --- |
| Percentage of (Level 2 Services and Level 3 Services) cases achieving and maintaining complete abstinence for half a year upon termination of treatment (excluding social gambling) | 60% |  |
| Percentage of cases showing increased ability of control, and ability to manage the emotional, cost and other factors leading to their gambling activities | 70% |  |
| Percentage of cases closed with attainment of agreed goals in the case plans | 70% |  |
| Percentage of cases with improvement in other aspects of the life of the gamblers with gambling disorder which are conducive to eliminating or reducing their gambling problems | 75% |  |
| Percentage of positive feedback from service-seekers on achievement of the Project Objectives and the effectiveness of the Services provided by the Operator in meeting the Project Objectives | 90% |  |

***Additional Services (Optional)***

*(Please provide an attachment for the details if the space is insufficient.)*

1. **Details of the Additional Services**
	1. **Service Providers may also propose the Additional Services to be provided, and the additional funding (if any) required, during the Contract Period. Service Providers are required to provide details of any proposed Additional Services in the following table:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Proposed Additional Services** | **Objectives**  | **Implementation Details** | **Target Group(s)** | **Additional Funding Required** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |

1. **Output Indicators for the Additional Services**
	1. **Service Providers are required to propose output indicators and the minimum attainment level for any Additional Services they propose to offer in the following table:**

| **Proposed Output Indicators (per year)** | **Proposed Minimum Attainment Level** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. **Service Providers are required to propose outcome indicators and the minimum attainment level for any Additional Services they propose to offer in the following table:**

| **Proposed Outcome Indicators (per year)** | **Proposed Minimum Attainment Level** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Overall intervention strategy in pursuing the Project Objectives including screening services/tools and data collection methods for assessing the severity, needs and profiles of the gamblers with gambling disorder; methods for reaching out and engaging the gamblers with gambling disorder to receive counselling and/or medical treatment.**
2. **Other relevant information (if any).**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

CONTRACT SCHEDULE 4 – PUBLICITY PLAN, OPERATIONAL ARRANGEMENTS, SERVICE MONITORING, QUALITY ASSURANCE, TRAINING PROGRAMMES AND PUBLIC EDUCATION PROGRAMMES

**(In completing the Contract Schedule, the Service Providers may adjust the spaces provided below.)**

Service Providers are required to provide details in the following areas:

1. **Publicity Plan**
2. Concrete measures to publicise the Services and enhance accessibility of the Services to the target groups (if social media is used as a publicity strategy, please include viewership).
3. **Operational Arrangements**
4. Operational arrangements including Working Hours and shift patterns to ensure that the Working Hours of the Centre meet the requirements of the Contract.
5. Human resources plan to ensure suitable professionals and personnel are timely recruited and engaged as members of the Service Team to provide the Services required under the Contract.
6. Financial control and accounting including the maintenance of proper books and records and supporting documents.
7. Sustainable development plan including analysis of case, development of knowledge base, publications, transfer of cases upon completion or termination of contract.
8. **Service Monitoring**
9. Monitoring of implementation of the programme and reporting to the Corporation.
10. Case flow management, and case monitoring and client profiling.
11. **Quality Assurance**
12. Quality assurance measures and mechanisms (e.g. service manual, guidelines, records, review system, regular meetings, etc.).
13. **Training Programmes and Public Education Programmes**
14. Staff training programmes to be organised by the Service Provider to its staff including members of the Service Team; and professional training programmes organised by other professional organisations or NGOs that the Service Provider will arrange its staff including members of the Service Team to attend.
15. Professional training programmes to be organised by the Service Provider for personnel of institutions, social workers or human resources personnel of other NGOs or private corporations who need to identify, assess and assist gamblers with gambling disorder in their workplace.
16. Public education programmes to be organised by the Service Provider in the community and schools to disseminate anti-gambling messages.
17. Public education programmes organised by other organisations that the Service Provider will participate in (i.e. by arranging its staff including members of the Service Team to give talks, participate in forums or provide workshops, etc. in such public education programmes) in the community and schools to help disseminate anti-gambling messages.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

CONTRACT SCHEDULE 5 – WORKING TIMELINE FOR THE SETTING UP OF THE CENTRE

**(In completing the Contract Schedule, the Service Providers may adjust the spaces provided below.)**

Service Providers are required to provide details on their working timeline for setting up of the Centre in the following table:

|  |  |  |
| --- | --- | --- |
| **Time** | **Details** (*Service Providers may add other actions items as appropriate.*) | **Remarks****(if the answer is ‘Yes’, please provide a copy for the Assessment Panel’s reference)**  |
|  | Locating and making the premises for the Centre ready for operation | (*Are there any existing premises available?*) |
|  | Making ready a Service Team for the provision of the Services in accordance with the requirements of the Contract | (*Is there an existing Service Team available?*) |
|  | Making ready the publicity plan for the Centre | (*Is there an existing publicity plan available?*) |
|  | Making ready the operational manual and service plan | (*Is there an existing operational manual and service plan available?*) |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

CONTRACT SCHEDULE 6 – KNOWLEDGE AND EXPERIENCE IN THE ADDICTION COUNSELLING AND TREATMENT FIELD

**(In completing the Contract Schedule, the Service Providers may adjust the spaces provided below.)**

1. Service Providers are required to provide details in chronological order their relevant experience in providing services of similar nature in the following table:

|  |  |  |
| --- | --- | --- |
| **Period** | **Type and Scope of Services** | **Details** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Service Providers are required to provide information on the qualifications, specialties of the key members of the Service Team and awards received by them or by the Service Providers (as the case may be) in the following table:

|  |  |  |
| --- | --- | --- |
| **Period** | **Qualifications/Specialities/****Awards** | **Please highlight in what ways these background would contribute to the service delivery of the Centre** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service Provider with Chop: |  | Name (in block letters) and Signature of Authorised Person: |  |
|  |  |  |  |  |  |
| Telephone No.: |  | Fax No.: |  | Date: |  |

PART 5 - OFFER TO BE BOUND

1. Having read the Quotation Documents, I / we, the Service Provider mentioned below, agree to be bound by all of the terms and conditions as stipulated therein.
2. I / We, the Service Provider mentioned below, do hereby agree to carry out the Services at the Service Fee and such other amount (if any) accepted by the Corporation in writing, subject to and in accordance with the terms and conditions of the Quotation Documents.
3. I / We, also certify that the particulars given by me/us below, are correct:

(a) The number of my / our / the company / body corporate’s Business Registration Certificate issued under the Business Registration Ordinance (Cap. 310) / Certificate of Incorporation issued under the Companies Ordinance or Registered Trustees Incorporation Ordinance / Certificate of Registration of Non-Hong Kong Company issued under the Companies Ordinance is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) The date of expiry of my / our / the company / body corporate’s Business Registration Certificate / Certificate of Incorporation / Certificate of Registration of Non-Hong Kong Company is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) I am/We are/The company is covered by an Employees’ Compensation Insurance Policy, the particulars of which are as follows:

 Name of Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Period covered by the Policy is from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Brief particulars of the cover provided and any special conditions are as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) The registered office / principal place of business of the company / body corporate is situated at Hong Kong

|  |  |  |
| --- | --- | --- |
| Signed by the Service Provider / Signed by an authorised signatory for and on behalf of the Service Provider | : |  |
| Name of the Service Provider | : |  |
| Name and title of the authorised signatory (where applicable) | : |  |
| Date | : |  |

**Notes:** (i) All the particulars required above must be completed.

1. Strike out clearly alternatives which are not applicable.