

(For ReTAAS Secretariat Official Use Only)

Date of Receipt \_\_\_\_\_

Reference No. \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

Funding Sought: \_\_\_\_\_

 Upfront Payment \_\_\_\_\_

To: ReTAAS Secretariat  
 HKPC Building,  
 78 Tat Chee Avenue,  
 Kowloon Tong, Hong Kong

Email: [retaas\\_sec@hkpc.org](mailto:retaas_sec@hkpc.org)

## Application Form for Retail Technology Adoption Assistance Scheme for Manpower Demand Management (ReTAAS)

Please read the Guide to Application ([http://www.retaas.hkpc.org/en/download/application-guide\\_en.pdf](http://www.retaas.hkpc.org/en/download/application-guide_en.pdf)) before completing this application form. An applicant enterprise shall submit one application form for each project. For enquiries, please contact the Secretariat at 2788 6350.

### Section A – Particulars of the Applicant Enterprise (Put a “√” in the appropriate boxes)

#### 1. Enterprise Information<sup>1</sup> (Please refer to Section 2.1 of the Guide to Application for details.)

Name in English : Good Good Health Group

Name in Chinese : 健健康康集團

Business Registration No. : 12345678-000-00-00-0 Year of Establishment : 1999

Registered Address : No. 222, DE Drive, Kowloon Bay, Hong Kong

Tel No. : 31234567 Fax No. : 31234568

Email Address : info@ghealthgroup.com

Website : www.ghealthgroup.com

#### Type of Business #

<input type="checkbox"/> 471 - Supermarket, convenient store, department store	<input type="checkbox"/> 4771 - Clothing, footwear, leather articles
<input type="checkbox"/> 472 - Food, alcoholic beverages, drinks, tobacco	<input checked="" type="checkbox"/> 4772 - Medical & health goods, Chinese drugs & herbs, cosmetics, personal care products
<input type="checkbox"/> 473 - Fuel, petrol, kerosene, L.P. Gas	<input type="checkbox"/> 4773 - Vehicles & accessories
<input type="checkbox"/> 474 - Computers, phone, audio and video equipment	<input type="checkbox"/> 4774 - Jewelry, optical, photographic equipment, watches & clocks, musical instruments, flowers & plants, pets, gifts, office appliances
<input type="checkbox"/> 475 - Household equipment, electrical appliance, furniture	<input type="checkbox"/> 4775 - Antiques, stamp collection, second-hand goods
<input type="checkbox"/> 476 - Books, newspapers, stationery, toys, sporting equipment, computer games	<input type="checkbox"/> 478 - mobile stalls, mail order or internet sales
<input type="checkbox"/> Others, Please specify:	

# Please refer to the Hong Kong Standard Industrial Classification Version 2.0 (<https://www.censtatd.gov.hk/hkstat/sub/sc30.jsp?productCode=B2XX0005>). Business other than those listed above may also apply for ReTAAS funding.

<sup>1</sup> All non-listed enterprises registered in Hong Kong under the Business Registration Ordinance (Chapter 310) with substantive retail business operations in Hong Kong (excluding the catering enterprises) are eligible to apply.

Type of Sales Channels (May choose more than one)

- Shop in street level / mall
  Upstairs shop  
 Online shop
  Consignment counter in department stores  
 Exhibition/Fair : \_\_\_\_\_
  Others, Please specify: \_\_\_\_\_

Is the enterprise listed in Hong Kong or elsewhere<sup>2</sup>?  Yes  No

Form of Business

Form of Business (Please select one of the following box)		Name (Hong Kong Identity Card / Passport No.)	
<input type="checkbox"/>	Sole Proprietorship	Owner	
<input type="checkbox"/>	Partnership	All Partners	
<input checked="" type="checkbox"/>	Limited Company <sup>3</sup>	Individuals holding ≥ 30% shares	Leung Sze Sze C345678(9) (25%) / Lam Man Man Z987654(3) (25%) / Ho Ka Ka H678123(0) (25%) / Wong Yee Yee G123456(1) (25%)

## 2. Project Co-ordinator<sup>4</sup>

Name in English : Li Siu Ming 李小明  
 (Mr/ Ms/ Prof/ Dr)\* (Last Name) (First Name) (Name in Chinese)  
 Position : Administration Assistant  
 Tel No. : 35612345 Fax No. : 31234568  
 Email Address : lisiuming@ghealthgroup.com

If the project coordinator is not the staff of Applicant Enterprise, please briefly explain his/her relationship with the Applicant Enterprise in Section B6.

\* Please cross out as appropriate.

## 3. Has/have/is your company and/or any related enterprises<sup>5</sup> sought / seeking funding support from ReTAAS / other government funding schemes for this or a similar project?

(Note: Examples of government funding schemes include the Innovation and Technology Fund, SME Development Fund, SME Loan Guarantee Scheme (SGS), Dedicated Fund on Branding, Upgrading and Domestic Sales (BUD Fund). Project which is or will be in receipt of other government funding will NOT be considered by ReTAAS.)

- Yes Please state the company name, project name and progress of the application in Section B6.  
 No

<sup>2</sup> ReTAAS provides funding support to non-listed enterprises registered in Hong Kong with substantive retail business in Hong Kong. Subsidiaries of listed enterprises may be eligible if they themselves are not listed.

<sup>3</sup> If there is no individual holding 30% or more shares, please provide the name(s) and information of all director(s).

<sup>4</sup> The grantee is required to appoint a project coordinator who will be responsible for overseeing the implementation of the project, monitoring the proper use of funds in accordance with the approved budget, terms and conditions of funding and funding agreement, exercising economy and prudence in the use of funds, liaising with the Secretariat and attending meetings on the project as necessary.

<sup>5</sup> Enterprises registered as different businesses under the Business Registration Ordinance (Chapter 310) but having the same individual shareholder with 30% or more ownership, would be considered as one single enterprise for the purpose of calculating the cumulative funding amount. Each enterprise is subject to a cumulative funding ceiling of HK\$50,000.

**4. Where did you learn about ReTAAS? (May choose more than one)**

- HKPC Seminar
  Exhibition
  HKPC / ReTAAS Website  
 ReTAAS Videos
  HKPC Staff Visit
  HKPC Newsletter / Publication  
 Referral by Trade Association (name of association: Hong Kong Retail Management Association )  
 Referral by ReTAAS Applicant Enterprise / Solution Provider  
 Others: \_\_\_\_\_

**Section B – Project Proposal** (Put a “√” in the appropriate boxes)**1. Project Title** (E.g. Inventory Management Improvement Plan):Automated Warehouse Management System**2. Solution(s) Involved** (May choose more than one)

1.  Point-of-sales (POS) System
 2.  Inventory Management System  
 3.  e-Shop
 4.  Mobile Apps  
 5.  Accounting System
 6.  Customer Relationship Management (CRM) System  
 7.  Security and Surveillance
 8.  Human Resources / Staff eLearning System  
 9.  Product Kiosk
 10.  Enterprise Resource Planning (ERP) System  
 11.  Others: \_\_\_\_\_

**3. Total Time Required for Project:** (Maximum of 6 months)4 months**4. Implementation Locations** (Please provide addresses)

	Shop	Office	Warehouse
1. <u>No. 111, CD Street, Kowloon Bay, Hong Kong</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>No. 222, DE Drive, Kowloon Bay, Hong Kong</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Flat A, 3/F, No.1, XY Lane, Kowloon Bay, Hong Kong</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Justifications for the Project**

Please indicate how the project will help the applicant enterprise address, mitigate or improve on manpower resources problems. (May choose more than one)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Streamline work process and improve efficiency            | <input checked="" type="checkbox"/> Reduce manual errors and improve accuracy          |
| <input type="checkbox"/> Improve working environment  | <input type="checkbox"/> Enhance operational workflow                                  |
| <input checked="" type="checkbox"/> Alleviate manpower shortage problem, reduce overtime work | <input type="checkbox"/> Redeploy staff to develop and promote other areas of business |
| <input type="checkbox"/> Increase productivity  | <input checked="" type="checkbox"/> Reduce operating costs                             |
| <input type="checkbox"/> Improve service quality  | <input type="checkbox"/> Save resources and reduce carbon footprint                    |
| <input type="checkbox"/> Others, please specify: _____  |  |

**6. Other information in support of the application, if any**

[Note: If your company and/or any related enterprises have sought / are seeking funding support from ReTAAS / other government funding schemes for this or a similar project, please state the company name, project name and progress (i.e. approved, being processed or declined) of the relevant application.]

(1) Approved ReTAAS project "Customer Flow Intelligence System" in Jan 2016 (Ref. No.:16111111)

The project completed in Dec 2016 with approved funding Amount \$12,000.

(2) Approved project "Product Promotion Plan" project under SME Export Marketing Fund in

March 2016 (Ref. No.: 13579/16). The project completed with an approved \$45,000

**7. Self-Assessment on Manpower Savings**Existing Number of Staff : 6 Salaried Staff: Full-time employees: 4 / Part-time employees: 2 No salaried staff. Please provide reason with relevant information (if any): \_\_\_\_\_

(a) Workflow Description (Please contact Secretariat if assistance is needed in filling this part. Contact details is on page 1 of this form)

Solution (Quote the items selected in B2)	New Workflow (Please describe the steps/tasks involved)	No. of staff required	Total man-hours required (per month)	Current Workflow (Please describe the steps/tasks involved)	No. of staff required	Total man-hour required (per month)	
2. Inventory Mgt System	Automate inventory and warehouse records by using Barcode Scanner and Barcode Printer and automate statistics on inventory	2	90	Records of incoming & outgoing goods are processed manually and inventory is checked & recorded manually	3	240	
Total Hours (A)			90	Total Hours (B)			240

(b) Man-hours saving

Monthly man-hour reduction, (B) – (A) : 150 hours x Staff average hourly wages: HK\$ : 55 = Monthly saving in manpower cost: HK\$ : 8,250

## Section C – Project Budget

				Value in HK\$	
Item	Implementation Location (Relevant item number(s) from Section B4)	(a) Unit	(b) Unit/ Monthly <sup>6</sup> Cost (\$)	Total (\$) : (a) x (b)	
<b>Solution# :</b> Inventory Management System					
<b>Software Costs</b>					
(i) Warehouse Management System	3	1	50,000	50,000	
(ii)					
<b>Hardware Costs</b>					
(i) Server(inventory data storage)	3	1	15,000	15,000	
(ii) Barcode Scanner	1,2,3,	3	2,000	6,000	
(iii) Receipt Printer	3	1	2,000	2,000	
				<b>Sub-total (A)</b>	<b>73,000</b>
<b>Solution# :</b>					
<b>Software Costs</b>					
(i)					
(ii)					
<b>Hardware Costs</b>					
(i)					
(ii)					
				<b>Sub-total (B)</b>	
<b>Other Direct Costs (E.g. Setup Cost, Training Cost)</b>					
(i) System Operation Training Course	3	1	1,000	1,000	
(ii)					
				<b>Sub-total (C)</b>	<b>74,000</b>
<b>Project Cost (D) : (A) + (B) + (C)</b>				<b>37,000</b>	
<b>Cash Contribution by the Applicant Enterprise (E): (Minimum of 50% of Project Cost (C))</b>				<b>37,000</b>	
<b>Funding Support Applied (F): (D) – (E)</b>				<b>37,000</b>	
<b>Estimated Audit Fee Applied (G) (Maximum of \$2,000 per Project)<sup>7</sup> :</b>					<b>1,000</b>
<b>Total Funding Support Applied (F) + (G) (Maximum of \$50,000 per Enterprise) :</b>					<b>38,000</b>

# Please quote the solution item selected in B2

<sup>6</sup> Maximum of 6 months.

<sup>7</sup> A grantee may be reimbursed a maximum of HK\$2,000 for the preparation of audited accounts, on a dollar-to-dollar matching basis, if the funding ceiling of HK\$50,000 per enterprise has not been reached. The grantee should provide the relevant invoice to the Secretariat for reimbursement (upon submission of the audited account).

## Section D – Fund Disbursement

### Initial Payment (Put a “√” in the appropriate box)

**Required**

(required to designate a project bank account and deposit an amount equivalent to the initial payment into the project bank account before project commencement)

**Not required**

Depending on whether initial payment is required or not, different fund disbursement arrangements and financial management requirements will apply to successful applicants. For details, please refer to Section 6 of the Guide to Application.

## Section E – Declaration

I, on behalf of, Good Good Health Group,  
(Name of Applicant Enterprise)

declare that:-

- (A) all factual information provided in this application as well as the accompanying information is true, valid and accurate and reflect the status of affairs as at the date of submission;
- (B) understand the consequence of wilfully giving any false, invalid or inaccurate information or withholding any material information and undertake to inform the ReTAAS Secretariat immediately if there are any subsequent changes to the above information;
- (C) utmost dedication and determination will be given to complete and monitor the Project according to the proposal stated in this application; and
- (D) the ideas of the proposed Project do not constitute any act or potential act of infringement of the intellectual property rights of other individuals and/or organisations.

The Applicant Enterprise shall fully indemnify the Government and/or the Secretariat against any or all losses, liabilities and claims that may suffer, incur or in relation to this application or the Project.

The Applicant Enterprise undertakes to repay in full all the disbursement of the approved grant made by the Government under ReTAAS, with interest, within such time specified upon notification by the Government or the Secretariat, in the event that any information provided herein is found to be false, invalid or inaccurate.

The Applicant Enterprise acknowledges that the Government reserves the right to take any actions, including termination of the funding agreement and commencing legal actions, deemed appropriate against the Applicant Enterprise for providing false, invalid or inaccurate information in support of this application.

The Applicant Enterprise authorises the Secretariat and the Government to handle the personal data provided in this application in accordance with the Guide to Application for ReTAAS.

(Signature of Lam Man Man and Company Chop)

Authorised Signature with Company Chop

Lam Man Man Director

Name and Position of Signatory

(Signature of Li Siu Ming)

Signature of Project Coordinator

15/11/2017

Date

Notes

- (1) Please use separate sheets if the space provided in the application form is insufficient.
- (2) Applicant enterprise should submit the completed application form and relevant supporting documents to the ReTAAS Secretariat by post, in person or by electronic means.
- (3) Please note that information provided by the applicant enterprise in *item 1 of Section A, item 1 of Section B and Section C* of this application form may be made publicly available on the ReTAAS website at [www.retaas.hkpc.org](http://www.retaas.hkpc.org) if the application is approved. The public will be allowed to copy, distribute copies, or otherwise make use of the materials available at the website for non-commercial use. If an applicant enterprise does not wish release certain information, please forward the request and justifications upon submission of the application.