**City University of Hong Kong**

**Technology Start-up Support Scheme for Universities (TSSSU)**

**Quarterly / Annual Report**

|  |
| --- |
| **NOTES**1. This report (in soft and hard copy) should be completed by the Person-in-charge and submitted to Connie Ng of Knowledge Transfer Office.

Email: Connie.Ng@cityu.edu.hk Address: Room 2220, Cheng Yick-chi Building, City University of Hong Kong, Tat Chee Avenue, Kowloon.1. Please submit **Quarterly Reports**, Quarterly Reimbursement Request Forms and copies of receipts according to the following timeline:

 1st Quarter (Apr – Jun) : **on or before** **31 July 2020** 2nd Quarter (Jul – Sep) :  **on or before** **31 Oct 2020** 3rd Quarter (Oct – Dec) :  **on or before** **31 Jan 2021**1. Please submit the **Annual Report**, Auditors' report, Statement of expenditure, Annex B, and Annex D(ii), **by 31 May 2021 at the latest.**
 |

|  |  |
| --- | --- |
| TSSSU Reference No.: |  |
| Name of Company: |  |
| Person-in-charge: |  |
| Team Members: |  |
| Assessment Period: | from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yy) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yy) |

**Section A: Performance Assessment**

1. Milestones

|  |  |  |
| --- | --- | --- |
| **Period** | **Approved Milestones** | **Achievements** |
| **From****(dd/mm/yyyy)** | **To****(dd/mm/yyyy)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Please state your performance in the following areas:
2. Technological achievements/deliverables (e.g. R&D achievements, products/software/services developed, IP rights granted, awards etc.)

|  |
| --- |
|  |

1. Improve production capability/product quality

|  |
| --- |
|  |

1. Reduce production/product cost

|  |
| --- |
|  |

1. Financial achievements (e.g. revenue, license fee/royalty, fund raised, admitted to incubation/acceleration programme such as HKSTP, Cyberport, etc.)

|  |
| --- |
|  |

1. Commercialization activities

|  |
| --- |
|  |

1. Social/community impact (e.g. benefits to the society, job/training opportunities created)

|  |
| --- |
|  |

**Section B: Problems/challenges encountered, if any**

|  |
| --- |
|  |

I/We hereby declare that all information provided in this form accurately reflects the status of affairs as at the date of submission.

- Chop -

|  |  |
| --- | --- |
| Authorised Signature with Company Chop: |  |
| Name of signatory: |  |
| Name of Company: |  |
| Date (dd/mm/yy): |  |