

To : Commission on Children Secretariat
10/F, West Wing,
Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong

Funding Scheme for Children's Well-being and Development

Progress Report

(for the period _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy))

**(To be completed for all projects except
one-year smaller-scale projects without advance payment)**

Project No.		Title of Project	
Name of Organisation			
Project Implementation Period (dd/mm/yyyy to dd/mm/yyyy)			

Up-to-date Financial Summary of the Project (as at _____ (dd/mm/yyyy)):

(i) Income for the Whole Project

Item	Nature	Current Budget/ Approved Funding Amount ¹ (\$)	Actual Amount Received(\$)
1.	Participants' Fees (if applicable)	_____	_____
2.	Contribution from the Funded Organisation (if applicable)	_____	_____
3.	Sponsorship and Donation (if applicable)	_____	_____
4.	Others (if applicable) [Please specify: _____]	_____	_____
	Sub-total (I)	=====	=====
5.	Funding from the Commission on Children	Sub-total (II)	_____
	Total (I) + (II)	=====	=====

¹ For items 1 – 4, please fill in the current estimated amounts. For item 5, please fill in the total approved funding amount. If approval has been obtained from the Commission on Children for adjustment to the budget, please state the revised total funding amount.

(ii) Expenditure

Nature	Actual Amount Expended ² (\$)
Total project expenses to be funded by the Commission on Children	_____

Details of Activities Held**(Please use separate sheets if space provided is insufficient)**

Activity (1)		
Name of Activity		
Date(s) and Time of Activity	Proposed Date(s) and Time	Actual Date(s) and Time
Number of Sessions	Target [#]	Actual
Venue		
No. of Participants	Target [#]	Actual

Activity (2)		
Name of Activity		
Date(s) and Time of Activity	Proposed date(s) and Time	Actual date(s) and Time
Number of Sessions	Target [#]	Actual
Venue		
No. of Participants	Target [#]	Actual

Activity (3)		
Name of Activity		
Date(s) and Time of Activity	Proposed date(s) and Time	Actual date(s) and Time
Number of Sessions	Target [#]	Actual
Venue		
No. of Participants	Target [#]	Actual

² Please fill in the Appendix if an advance payment has been received from the Commission on Children.

Details of Activities to be Conducted

(Please use separate sheets if space provided is insufficient)

Activity (1)	
Name of Activity	
Number of Sessions	
Date(s) of Activity	
Venue	
Target No. of Participants [#]	

Activity (2)	
Name of Activity	
Number of Sessions	
Date(s) of Activity	
Venue	
Target No. of Participants [#]	

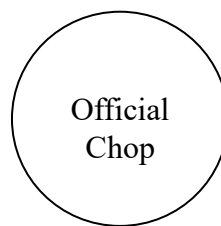
Activity (3)	
Name of Activity	
Number of Sessions	
Date(s) of Activity	
Venue	
Target No. of Participants [#]	

[#] Same as that provided in the funding application form. However, if approval has been obtained from the Commission on Children for adjustment to the number of sessions or target number of participants, please fill in the revised figure.

Name*: _____

Tel. No.: _____

Signature: _____



Post: _____

Fax No.: _____

Date: _____

* Name of authorised person of the funded organisation or officer-in-charge of the project

Expenditure during the period covered by this progress report

Expenditure					
Item	Approved Amount ³ (\$)	Actual Expenditure			Remarks
		Amount to be funded by the Scheme (\$)	Amount to be funded by other source(s) of income (\$)	Total Amount (\$)	
Total:					

³ If approval has been obtained from the Commission for adjustment to the approved amount of an expenditure item, please fill in the revised amount.