**Annex H**

To : Commission on Children Secretariat

10/F, West Wing,

Central Government Offices,

2 Tim Mei Avenue, Tamar, Hong Kong

**2025–26 Funding Scheme for Children’s Well-being and Development**

**Final Report**

|  |  |  |
| --- | --- | --- |
| **1.** | **Project No.** |  |
| **2.** | **Name of Organisation** |  |
| **3.** | **Title of Project** |  |
| **4.** | **Project Objectives** |  |
| **5.** | **Details of Project** *(Please use separate sheets if the space provided is insufficient)*  (Please provide details of each activity in accordance with the “Approved Activities” listed in the approved budget. If an activity has more than one session, please input the details of all activity sessions in one single box.)  *Example*   |  |  |  |  | | --- | --- | --- | --- | | ***Activity (1)*** | | | | | *Name of Activity* | *Parent-child Art Workshop* | | | | *Number of Sessions* | *Target#* | *Actual* | | | *6* | *5* | | | *Duration of Each Session* | *Target#* | *Actual* | | | *2 hours* | *2 hours* | | | *Actual Date(s) and Time of Activity*  *(Please list out date and time of every session)* | *3, 10, 24 & 30/6/2026 and 12/7/2026*  *14:00 – 16:00* | | | | *Venue* | *ABC Creative Arts Centre* | | | | *Description of the Activity* | *Various arts activities (e.g. photography, painting, sculpture) were provided to parents and children to promote parent-child communication and stimulate children's thinking.* | | | | *Number of Participants* | *Target#* | *Actual* | | | *60* | *50* | | | *If the activity was not conducted in accordance with the approved details (e.g. change in format, increase/reduction in number of sessions/duration of each session, etc.), please provide justification(s) below.*  *One of the activity sessions on 17/6/2026 was cancelled due to typhoon.* | | | | |  |  |  | | | **Activity (1)** | | | | | Name of Activity |  | | | | Number of Sessions | Target# | Actual | | |  |  | | | Duration of Each Session | Target# | Actual | | |  |  | | | Actual Date(s) and Time of Activity  *(Please list out date and time of every session)* |  | | | | Venue |  | | | | Description of the Activity |  | | | | Number of Participants | Target# | Actual | | |  |  | | | If the activity was not conducted in accordance with the approved details (e.g. change in format, increase/reduction in number of sessions/duration of each session, etc.), please provide justification(s) below. | | | | |  |  |  | | | **Activity (2)** | | | | | Name of Activity |  | | | | Number of Sessions | Target# | Actual | | |  |  | | | Duration of Each Session | Target# | Actual | | |  |  | | | Actual Date(s) and Time of Activity  *(Please list out date and time of every session)* |  | | | | Venue |  | | | | Description of the Activity |  | | | | Number of Participants | Target# | Actual | | |  |  | | | If the activity was not conducted in accordance with the approved details (e.g. change in format, increase/reduction in number of sessions/duration of each session, etc.), please provide justification(s) below. | | | | |  |  |  | | | **Activity (3)** | | | | | Name of Activity |  | | | | Number of Sessions | Target# | Actual | | |  |  | | | Duration of Each Session | Target# | Actual | | |  |  | | | Actual Date(s) and Time of Activity  *(Please list out date and time of every session)* |  | | | | Venue3 |  | | | | Description of the Activity |  | | | | Number of Participants | Target# | | Actual | |  | |  | | If the activity was not conducted in accordance with the approved details (e.g. change in format, increase/reduction in number of sessions/duration of each session, etc.), please provide justification(s) below. | | | | | #Same as that set out in the approved budget. However, if approval has been obtained from the Commission on Children for adjustment to the number of sessions/target number of participants/duration of each session, please fill in the revised figure. | | | | | |
| **6.** | **Overall Comments from Participants**  (Please attach a summary report on participants’ feedbacks and all feedback forms completed by participants) | |
| **7.** | **Assessment / Evaluation of the Project**   1. Please give a brief account of the experience gained through organising the project, difficulties encountered and how they were handled, and any other comments. Please state how far the objectives of the project have been met. 2. Please attach a brief report summarising the value of the funded project and its impacts (e.g. demonstrable contributions, beneficial effects, valuable changes or advantages) in no less than 300 words.) | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name\*#: |  |  | Post: |  |
| Tel. No.: |  |  | Fax No.: |  |
| Signature#: |  |  | Date: |  |

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

# The name, signature and organisation chop should be the same as those provided in the Funding Application Form.