



Annex H

**Version: September 2025** 

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 <sup>#</sup>	Actual 5	
	Duration of Each Session		Target <sup>#</sup> 2 hours	Actual 2 hours	
	Actual Date(s) and Time of	•	3, 10, 24 & 30/6/2026 and 12/7/2026 14:00 – 16:00		
	(Please list out date and time of every session)		14.00 - 10.00		





Venue	ABC Creative Arts C	entre
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 <sup>#</sup>	Actual 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				
Name 1 and 6 Company	Target <sup>#</sup>	Actual		
Number of Sessions				
Duration of Each Session	Target <sup>#</sup>	Actual		
Duration of Each Session				
Actual Date(s) and Time of Activity				
(Please list out date and time of every session)				
Venue				
Description of the Activity				
N. 1 OD	Target <sup>#</sup>	Actual		
Number of Participants				
If the activity was not conducted in accordance with the approved details (e.g. change in				

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.

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Name of Activity			
Number of Sessions -	Target <sup>#</sup>	Actual	
Duration of Each Session	Target <sup>#</sup>	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 <sup>#</sup>	Actual	
If the activity was not conducted in accordanc format, increase/reduction in number of sessi provide justification(s) below.	e with the approved dons/duration of each	etails (e.g. chang session, etc.), plo	
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If the activity was not conducted in accordance format, increase/reduction in number of sessi provide justification(s) below.  Activity (3)	e with the approved dons/duration of each	etails (e.g. chang session, etc.), plo	
If the activity was not conducted in accordance format, increase/reduction in number of sessi provide justification(s) below.  Activity (3)  Name of Activity	e with the approved dons/duration of each  Target#	etails (e.g. chang session, etc.), plo	
If the activity was not conducted in accordance format, increase/reduction in number of sessi provide justification(s) below.  Activity (3)  Name of Activity  Number of Sessions	ons/duration of each	session, etc.), plo	
If the activity was not conducted in accordance format, increase/reduction in number of session provide justification(s) below.  Activity (3)  Name of Activity  Number of Sessions  Duration of Each Session	Target#	Actual	
If the activity was not conducted in accordanc format, increase/reduction in number of sessi provide justification(s) below.	Target#	Actual	

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	Number of Participants	Target <sup>#</sup>	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)	ipants' feedbacks and	all feedback forms			
7.	Assessment / Evaluation of the Project  (1. Please give a brief account of the experied difficulties encountered and how they were state how far the objectives of the project by the Proj	e handled, and any other have been met. he value of the funded pr	r comments. Please roject and its impacts			
Nar	me*#:	Post:				
$T_{\sim}1$	No. Organ	isation $\setminus_{\mathbf{Fax}} \mathbf{N}_{\mathbf{G}}$ .				

Chop#

Fax No.:

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Date:

Tel. No.:

Signature#:

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

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