**Annex H**

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 (the Scheme) –**

**Special Call for Projects on Promotion of Child Protection in**

**Ethnic Minority Communities**

**Progress Report for the First Six Months**

**(for the period 1 August 2025 to 31 January 2026)**

**(To be completed within February 2026 for projects with 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)**):**

1. **Income for the Whole Project**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item | Nature | | Current Budget/  Approved Funding Amount[[1]](#footnote-1)  ($) | | Actual Amount Received($) | |
|  | Participants’ Fees (if applicable) | | |  | | --- | |  | | | |  | | --- | |  | | |
|  | Contribution from the Funded Organisation (if applicable) | | |  | | --- | |  | | | |  | | --- | |  | | |
|  | Sponsorship and Donation (if applicable) | | |  | | --- | |  | | | |  | | --- | |  | | |
|  | Others (if applicable) [Please specify: \_\_\_\_\_\_\_\_ ] | | |  | | --- | |  | |  | | | |  | | --- | |  | |  | | |
|  |  | **Sub-total (I)** | | |  | | --- | |  | | | |  | | --- | |  | | |
|  | Funding from  Commission on Children | **Sub-total (II)** | | |  | | --- | |  | |  | | | |  | | --- | |  | |  | | |
| **Total (I) + (II)** | | | |  | | --- | |  | | | |  | | --- | |  | | |

**(ii) Expenditure**

|  |  |
| --- | --- |
| Nature | Actual Amount Expended  ($) |
| Total project expenses to be funded by Commission on Children | |  | | --- | |  | |

**Details of Activities Held***(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* | |
| *Date(s) and Time of Activity* | *Proposed Date(s) and Time* | *Actual Date(s) and Time* |
| *3, 10, 17, 24, 30/8/2025 and 12/9/2025*  *14:00 – 16:00* | *3, 10, 24 & 30/8/202514:00 – 16:00* |
| *Number of Sessions* | *Target#* | *Actual* |
| *6* | *4* |
| *Duration of Each Session* | *Target#* | *Actual* |
| *2 hours* | *2 hours* |
| *Venue* | *ABC Creative Arts Centre* | |
| *No. of Participants* | *Target#* | *Actual* |
| *60* | *40* |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  | |  |
| Duration of Each Session | 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 |
|  | |  |
| Duration of Each Session | 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 |
|  | |  |
| Duration of Each Session | Target# | | Actual |
|  | |  |
| Venue |  | | |
| No. of Participants | Target# | | Actual |
|  | |  |

**Details of Activities to be Conducted***(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* | *1* |
| *Date(s) of Activity* | *12/9/2025* |
| *Venue* | *ABC Creative Arts Centre* |
| *Target No. of Participants*# | *10* |

|  |  |
| --- | --- |
| **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 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.

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

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

**Appendix**

**Expenditure during the period covered by this progress report for the first six months**

| **Expenditure** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Item  *(Please list out all approved items/sub-items specified in the approved budget)* | Approved  Amount2~~[[2]](#footnote-2)~~  ($) | Actual Expenditure | | | Remarks |
| Amount to be funded by the Scheme  ($) | Amount to be funded by other source(s) of income  ($) | Total  Amount  ($) |
| *For example:* |  |  |  |  |  |
| ***1. Publicity*** |  |  |  |  |  |
| *1.1 Poster (Activity 1)* |  |  |  |  |  |
| *1.2 Promotional leaflet (Activity 2)* |  |  |  |  |  |
| ***2. Printed items*** |  |  |  |  |  |
| *2.1 Notes (Activities 1 & 2)* |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total: |  |  |  |  |  |

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. [↑](#footnote-ref-1)
2. 2 If approval has been obtained from the Commission on Children for adjustment to the approved amount of an expenditure item, please fill in the revised amount. [↑](#footnote-ref-2)