



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)):

(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)		

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.



5.	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 3, 10, 17, 24, 30/8/2025 and 12/9/2025 14:00 – 16:00	Actual Date(s) and Time 3, 10, 24 & 30/8/2025 14:00 – 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 [#]	

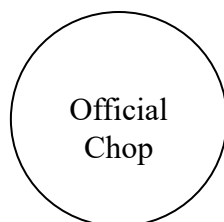
Activity (3)	
Name of Activity	
Number of Sessions	
Date(s) of Activity	
Venue	
Target No. of Participants [#]	

[#] 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*: _____

Tel. No.: _____

Signature: _____



Post: _____

Fax No.: _____

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 <i>(Please list out all approved items/sub-items specified in the approved budget)</i>	Approved Amount ²² (\$)	Actual Expenditure			Remarks
		Amount to be funded by the Scheme (\$)	Amount to be funded by other source(s) of income (\$)	Total Amount (\$)	
<i>For example:</i>					
1. Publicity					
1.1 Poster (Activity 1)					
1.2 Promotional leaflet (Activity 2)					
2. Printed items					
2.1 Notes (Activities 1 & 2)					
Total:					

²² 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.