



Annex I

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 – Special Call for Projects on Promotion of Child Protection in Ethnic Minority Communities

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 5		
	Duration of Each Session		Target [#] 2 hours	Actual 2 hours		





Actual Date(s) and Time of Activity	3, 10, 24 & 30/8/2	025 and 12/9/2025
(Please list out date and time of every session)	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 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 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		
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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.





Name of Activity		
Number of Sessions	Target [#]	Actual
Number of Sessions		
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 accordan format, increase/reduction in number of sess	ce with the approved of sions/duration of each	letails (e.g. chang session, etc.), pl
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If the activity was not conducted in accordan format, increase/reduction in number of sess provide justification(s) below. Activity (3) Name of Activity Number of Sessions Duration of Each Session	Target#	Actual





	N. 1. CD (C)	$Target^{\#}$	Actual		
	Number of Participants				
	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 participants/duration of each session, please fill	the number of sessio			
6.	Overall Comments from Participants				
	(Please attach a summary report on partic completed by participants)	ipants' feedbacks and	all feedback forms		
7.					
Naı	me*:	Post:			
Tel	. No.: Offi	L Hav No.			
Sig	nature:	Date:			

Special Call Version: May 2025

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