Annex H

To : Commission on Children Secretariat

10/F, West Wing,

Central Government Offices,

2 Tim Mei Avenue, Tamar, Hong Kong

(Fax : 2523 1973)

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

**Final Report**

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| --- | --- | --- |
| **1.** | **Project No.** |  |
| **2.** | **Name of Organisation** |  |
| **3.** | **Title of Project** |  |
| **4.** | **Project Objectives** |  |
| **5.** | **Details of Project**  (Please use separate sheets if space provided is insufficient)   |  |  |  | | --- | --- | --- | | Activity (1) |  | | | Name of Activity |  | | | Number of Sessions | Target | Actual | |  |  | | Actual Date(s) and Time of Activity |  | | | Venue |  | | | Description of the Activity |  | | | Number of Participants | Target | Actual | |  |  | |  |  |  | | Activity (2) |  | | | Name of Activity |  | | | Number of Sessions | Target | Actual | |  |  | | Actual Date(s) and Time of Activity |  | | | Venue |  | | | Description of the Activity |  | | | Number of Participants: | Target | Actual | |  |  | |  |  |  | | Activity (3) |  | | | Name of Activity |  | | | Number of Sessions | Target | Actual | |  |  | | Actual Date(s) and Time of Activity |  | | | Venue |  | | | Description of the Activity |  | | | Number of Participants | Target | Actual | |  |  | |  |  |  | | Activity (4) |  | | | Name of Activity |  | | | Number of Sessions | Target | Actual | |  |  | | Actual Date(s) and Time of Activity |  | | | Venue |  | | | Description of the Activity |  | | | Number of Participants | Target | Actual | |  |  | |  |  |  | | Activity (5) |  | | | Name of Activity |  | | | Number of Sessions | Target | Actual | |  |  | | Actual Date(s) and Time of Activity |  | | | Venue |  | | | Description of the Activity |  | | | Number of Participants | Target | Actual | |  |  | |  |  |  | | |
| **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**  (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.) | |

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

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