

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 Progress Report

(To be completed by the funded organisation who has applied for large-scale territory-wide projects or smaller scale two-year projects)

Project No.		Project Name	
Name of Organisation			
Project Objectives			
Date of Implementation			

Up-to-date (as at _____) Financial Summary of the Project:

(i) Income for the Whole Project

Item	Nature	Current Budget/Approved Funding Amount ¹ (\$)	Actual Amount Received as at _____ (\$)
1.	Participants’s fees (if applicable)	_____	_____
2.	Contribution from the Funded Organisation (if applicable)	_____	_____
3.	Sponsorship and Donation (if applicable)	_____	_____
4.	Others (if applicable)	_____	_____
	Sub-total (I)	=====	=====
5.	Funding Approved by the Commission on Children	Sub-total (II)	=====
	Total (I) + (II)	=====	=====

¹ Other funding resources should fill in as current budget, while funding from the Commission on Children should fill in as approved funding amount.

(ii) Expenditure

Item	Nature	Approved Funding Amount (\$)	Actual Amount Expended as at (\$)
1.	Total project expense for the funding approved by the Commission on Children		

Details of Activities Held**(Please use separate sheets if space provided is insufficient)**

Activity (1)		
Name of Activity:		
Date Held:	Proposed date	Actual date
Venue:		
No. of Participants:	Target	Actual

Activity (2)		
Name of Activity:		
Date Held:	Proposed date	Actual date
Venue:		
No. of Participants:	Target	Actual

Activity (3)		
Name of Activity:		
Date Held:	Proposed date	Actual date
Venue:		
No. of Participants:	Target	Actual

Details of Activities to be Conducted

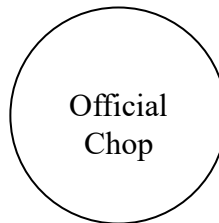
(Please use separate sheets if space provided is insufficient)

Activity (1)	
Name of Activity:	
Date to be Held:	
Venue:	
Target No. of Participants:	

Activity (2)	
Name of Activity:	
Date to be Held:	
Venue:	
Target No. of Participants:	

Activity (3)	
Name of Activity:	
Date to be Held:	
Venue:	
Target No. of Participants:	

Name of Officer-in-charge: _____
Tel. No.: _____
Signature: _____



Post: _____
Fax No.: _____
Date: _____