

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 for all projects except
one-year smaller-scale projects without advance payment)**

| | | | |
|-------------------------------|--|------------------|--|
| Project No. | | Title of Project | |
| Name of Organisation | | | |
| Project Implementation Period | | | |

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(\$) |
|------|---|--|----------------------------|
| 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) | _____ | _____ |
| 5. | Funding from the Commission on Children Sub-total (II) | _____ | _____ |
| | Total (I) + (II) | _____ | _____ |

¹ For funding from the Commission on Children, please fill in the total approved funding amount. For other sources of income, please fill in the current estimated amounts.

(ii) Expenditure

| Nature | Approved Funding Amount (\$) | Actual Amount Expended ² (\$) |
|---|------------------------------------|--|
| Total project expenses to be funded by the Commission on Children | _____ | _____ |

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

| Activity (1) | | |
|---------------------|------------------|----------------|
| Name of Activity | | |
| Date(s) of Activity | Proposed date(s) | Actual date(s) |
| | | |
| Venue | | |
| No. of Participants | Target | Actual |
| | | |

| Activity (2) | | |
|---------------------|------------------|----------------|
| Name of Activity | | |
| Date(s) of Activity | Proposed date(s) | Actual date(s) |
| | | |
| Venue | | |
| No. of Participants | Target | Actual |
| | | |

| Activity (3) | | |
|---------------------|------------------|----------------|
| Name of Activity | | |
| Date(s) of Activity | Proposed date(s) | Actual date(s) |
| | | |
| Venue | | |
| No. of Participants | Target | Actual |
| | | |

² Please attach duplicate copies of the certified official receipts concerned if an advance payment has been received from the Commission on Children.

Details of Activities to be Conducted**(Please use separate sheets if space provided is insufficient)**

| | |
|----------------------------|--|
| Activity (1) | |
| Name of Activity | |
| Date(s) of Activity | |
| Venue | |
| Target No. of Participants | |

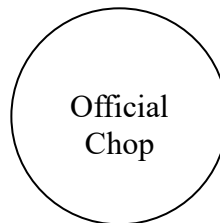
| | |
|----------------------------|--|
| Activity (2) | |
| Name of Activity | |
| Date(s) of Activity | |
| Venue | |
| Target No. of Participants | |

| | |
|----------------------------|--|
| Activity (3) | |
| Name of Activity | |
| Date(s) of Activity | |
| Venue | |
| Target No. of Participants | |

Name*: _____

Tel. No.: _____

Signature: _____



Post: _____

Fax No.: _____

Date: _____

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