

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

(for the period \_\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_\_ (dd/mm/yyyy))

(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 (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 <sup>1</sup> (\$)	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: _____ ]	_____	_____
	<b>Sub-total (I)</b>	=====	=====
5.	Funding from the Commission on Children <b>Sub-total (II)</b>	_____	_____
	<b>Total (I) + (II)</b>	_____	_____

<sup>1</sup> 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.

**(ii) Expenditure**

Nature	Actual Amount Expended <sup>2</sup> (\$)
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) and Time of Activity	Proposed Date(s) and Time	Actual Date(s) and Time
Number of Sessions	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
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
Venue		
No. of Participants	Target	Actual

<sup>2</sup> Please fill in the Appendix 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	
Number of Sessions	
Date(s) of Activity	
Venue	
Target No. of Participants	

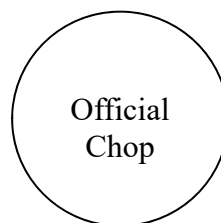
Activity (2)	
Name of Activity	
Number of Sessions	
Date(s) of Activity	
Venue	
Target No. of Participants	

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

Name\*: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Signature: \_\_\_\_\_



Post: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Expenditure during the period covered by this progress report**

<b>Expenditure</b>					
Item	Approved Amount (\$)	Actual Expenditure			Remarks
		Amount to be funded by the Scheme (\$)	Amount to be funded by other source(s) of income (\$)	Total Amount (\$)	
Total:					