Annex F

To : Women’s Commission Secretariat

 10/F, West Wing,

 Central Government Offices,

 2 Tim Mei Avenue, Tamar, Hong Kong

 (Fax : 2501 0478)

**Funding Scheme for Women’s Development (Women’s Commission Stream)**

**Final Report**

|  |  |  |
| --- | --- | --- |
| **1.** | **Project No.** |  |
| **2.** | **Project Name** |  |
| **3.** | **Name of Organisation**  |  |
| **4.** | **Project Objectives**  |  |
| **5.** | **Details of Project:**(Please use separate sheets if space provided is insufficient.)

|  |  |
| --- | --- |
| Activity (1) |  |
| Name of Activity: |  |
| Date Held: |  |
| Venue: |  |
| Description of the Activity: |  |
| Number of Participants: | Target | Actual |
|  |  |
|  |  |  |
| Activity (2) |  |
| Name of Activity: |  |
| Date Held: |  |
| Venue: |  |
| Description of the Activity: |  |
| Number of Participants: | Target | Actual |
|  |  |
|  |  |  |
| Activity (3) |  |
| Name of Activity: |  |
| Date Held: |  |
| Venue: |  |
| Description of the Activity: |  |
| Number of Participants: | Target | Actual |
|  |  |
|  |  |  |
| Activity (4) |  |
| Name of Activity: |  |
| Date Held: |  |
| Venue: |  |
| Description of the Activity: |  |
| Number of Participants: | Target | Actual |
|  |  |
|  |  |  |
| Activity (5) |  |
| Name of Activity: |  |
| Date Held: |  |
| Venue: |  |
| Description of the Activity: |  |
| Number of Participants: | Target | Actual |
|  |  |
|  |  |  |

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| **6.** | **Overall Comments from Participants:**(Please attach the Summary Report on Participants’ Responses to Questionnaire and all original copies of the Participants’ Questionnaire.) |
| **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 of Officer-in-charge: |  |  | Post: |  |
| Tel. No.: |  |  | Fax No.: |  |
| Signature: |  |  | Date: |  |