

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)
 Progress Report**

(To be completed by the funded organisation who has applied for 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 WoC Sub-total (II)	_____	_____
	Total (I) + (II)	_____	_____

¹ Other funding resources should fill in as current budget, while funding from WoC 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 WoC		

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

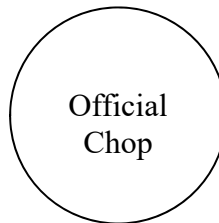
(Please use separate sheets if space provided is insufficient)

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: _____