**FICHE DE RETOUR D’EXPERIENCE SUITE AU FINANCEMENT D’UN PROJET PAR Province Sud (mission à la condition feminine)**

**Appel a projets**

**« Objectif égalité des chances entre les femmes et les hommes - 2021»**

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| |  |  | | --- | --- | | *Tout document complémentaire pertinent doit être annexé à cette fiche (photos, schémas, …)* | | |  | |  |   Mission à la Condition Féminine de la Province Sud  **uniquement par mail** à l’adresse suivante :  [objectifegalite@province-sud.nc](mailto:objectifegalite@province-sud.nc) |

# IntitulÉ du projet

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**LIEU OÙ A PRIS PLACE LE PROJET**

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# PRINCIPE DU PROJET

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# description DU PROJET

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# évaluation des indicateurs de suivi au regard des objectifs posés

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# ASPECT egalite entre les femmes et les hommes

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# détails du Plan medias realisé

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# les partenariats effectifs

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# financement réalisé du projet

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| Coût total du projet (1) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | F CFP |
| Montant total ressources (2) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | F CFP |
| Montant de l’aide reçue par la MCF (3) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | F CFP |

**Veuillez remplir les tableaux ci-dessous en détaillant les coûts selon les montants indiqués précédemment**

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| **Dépenses** | **Montant**  (F CFP) |  | **Ressources financières** | **Montant**  (F CFP) |
| Achats |  |  | Contributeurs |  |
|  |  |  | Montant de l’aide reçue par la MCF  (3) : |  |
|  |  |  | État  *(à préciser : appel à projet, …)* |  |
| Services, honoraires  *(à préciser)* |  |  | Nouvelle-Calédonie  *(à préciser)* |  |
|  |  |  | Province Sud  *(autre que la MCF)* |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Frais de communication, sensibilisation, formation  *(à préciser)* |  |  | Fonds propres  *(apport personnel, en compte courant)* |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Contributions volontaires en nature |  |
|  |  |  | Bénévolat |  |
|  |  |  | Prestations en nature |  |
|  |  |  | Dons en nature |  |
| Autres  *(à préciser)* |  |  | Autres  *(à préciser)* |  |
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| **Coût total du projet (1)** |  |  | **Montant total ressources (2)** |  |

# contacts pour des informations complémentaires

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| Signature du représentant de l’association | Tampon de l’association |
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