**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, …)* |
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Mission à la Condition Féminine de la Province Sud **uniquement par mail** à l’adresse suivante : 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)*  |  |
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| Frais de communication, sensibilisation, formation*(à préciser)* |  |  | Fonds propres*(apport personnel, en compte courant)* |  |
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|  |  |  | 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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