**FONDS D'INITIATIVES LOCALES D'AUBERVILLIERS**

##### COMPTE-RENDU DE L'ACTION

**Date de l'action :**

**Nom du Porteur de Projet :**

**Intitulé du projet :**

**RAPPEL DES OBJECTIFS :**

**RESULTAT DE L'ACTION** Public effectivement touché (*rappeler le public initialement ciblé*)

**DESCRIPTION DE L'ACTIVITE EFFECTIVEMENT REALISEE :**

**Difficultés rencontrées :**

**Suites envisagées :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BILAN FINANCIER** | | | | | | |
|  |  |  |  |  |  |  |
| **Porteur** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Projet** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **DEPENSES** |  |  | **MONTANT** | **RECETTES** |  | **MONTANT** |
| **Achats** |  |  |  | **participation des usagers** | |  |
| Alimentation |  |  |  |  |  |  |
| entrées |  |  |  |  |  |  |
| autres |  |  |  |  |  |  |
|  |  |  |  | **aide du F.I.L** |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Prestation de service** | |  |  |  |  |  |
| Transport |  |  |  |  |  |  |
| Autres locations | |  |  | **Autres financements** |  |  |
| Autres prestations | |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | **Auto financement** |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL DEPENSES** | |  |  | **TOTAL RECETTES** |  |  |

**Date et signature :**