Women's Bureau of Sri Lanka

Ministry of Women's and Child Affairs

Project Report

(Project Proposal for Annual Implementation Plan -2025)

Programme

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Project

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District :…….....……

Divisional Secretariat :…….....……

GN Division :…….....……..

1. Project Beneficiary

1.1. Name Ms.……

1.2. Address ……

1.3. Date of Birth :……

1.4. NIC Number :……

1.5. TP Number :……

1.6. Civil Status :……

1.7. Educational Qualification:……..

1.8. No. of Family Members :Adults……Children……. (Disable if any .....……)

1.9. Children

	Age (ys)	Educational Status		Age (ys)	Educational Status
1	.....	.....	3	.....	.....
2	.....	.....	4	.....	.....

1.10. Monthly income of the family:

1.10.1. Beneficiary's contribution (Rs.) .....

1.10.2. Contributions from spouse or family members (Rs.) ….....

1.10.3. House / Land / Vehicle income (Rs.) .....

1.10.4. Other (Rs.) .....

1.11. Whether the 'Aswesuma' / 'Samurdhi' is a beneficiary family:-

1.11.1. Beneficiary family : Yes / No

1.11.2. If 'Yes' type of beneficiary :'Aswesuma'/ 'Samurdhi'.

1.11.3. Monthly Benefit Amount : (Rs.) .....

1.11.4. If 'Aswesuma' Beneficiary Number :…….....

1.12. Name and Number of Women's Action Society:-

Name :……Reg. No:…….....……

2. Project Information

2.1. Selected Project Name and Project Location :

2.1.1. Project

……

……

……

2.1.2. Project Location

Address : .....

Owner : Private /Rent of Lease / Public / .....

2.2. Expected project benefits to apply for:

2.2.1. Expected Amount Rs. .....

2.2.2. Desired training requirements :.....

.....

2.2.3. Equipment / Goods / Raw Materials

	Equipment / Goods / Raw materials	Quantity	Unit Price (Rs.)	Amount(Rs.)
1				
2				
3				
4				
5				

2.3. Are you currently engaged in such income-generating activities? If yes, please provide a brief description:

…….....
.....

2.4. A brief introduction of the project (Relevance and Importance):

……...
……

2.5. Objectives of the project:

.....
.....

2.6. Production goods/ services:

.....
.....

2.7. Marketing Method:

2.7.1. Location :Regional.....Island wide.....Export.....
2.7.2. Target Group :.....
2.7.3. Type of selling: By myself……..... By agent .....
2.7.4. Scale of marketing :Whole seal ..... Retails .....Online .....

2.8. Method of fulfilling labor requirements

2.8.1. By beneficiary .....
2.8.2. By family members .....
2.8.3. By party paying the salary .....

2.9. **Expected Expenditure**

S.No	Activity	1 year expenditure (Rs.)
1		
2		
3		
4		
Total		

2.10. **Expected income**

2.10.1. Annual revenue Rs. .....

I certify that the above information provided by me is correct and true. Accordingly, this project depends on obtaining support to successfully implement and maintain the project in a structured and accurate manner.I agree/ Idisagree.

Date: 2025..... Beneficiary's signature

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I recommended that the above information related to the project is provided by the project beneficiary.

Woman's Development Officer/ Woman's Development Field Assistant

Date: 2025.....

Recommended / Non-recommended implementing the project

Divisional Secretariat/ Additional Divisional Secretariat

Date: 2025.....

Approved/ Not approved for implementing the project

Director,
Woman's Bureau of Sri Lanka

Date: 2025.....

Annexed 1

Group Project Beneficiaries

(For group projects implemented under the 'Diriya Man Petha' program.)

1. Project Coordination

Name :.....

Telephone No. :.....

2. Other Beneficiaries

•	Name	Age(Yrs.)	Address	Telephone No.	No. of beneficiaries in family
1					
2					
3					
4					
5					
6					
7					
8					