**ANNEX T**

**TULONG PANGHANAPBUHAY SA ATING DISADVANTAGED/DISPLACED**

 **WORKERS (TUPAD) PROGRAM PROJECT APPRAISAL SHEET**

**TUPAD PROGRAM PROJECT APPRAISAL SHEET**

1. **Project Profile**

|  |  |
| --- | --- |
| **Project Title:**  | Emergency Employment Assistance for |
| **Project Proponent:**  |  |
| **Covered Areas**:  | State areas affected where project will be implemented |
| **Number of Beneficiaries:**  |  |
| **Amount of Assistance Requested**:  |  |
| **Source of Funds:**  |  |
| **Equity of the Proponent:** |  |

1. **Evaluation**

Place a check mark (**/**) on the box if the requirements are met. Otherwise, place “**X**”. Indicate any observations and recommendations under the remarks column.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Evaluation ( / or X)** | **Remarks** |
| 1. **Documentary Requirements**

Complete documentary requirements were submitted (refer to attached checklist of requirements) |  |  |
| 1. **Applicability of Minimum Wage**

Wage is based on the prevailing minimum wage in the locality as provided for by the RTWPB. |  |  |
| 1. **Completeness of Work Program**

Work program is complete, and the nature of work falls under the eligible projects as provided by Section 14 of DO 137-14. |  |  |
| 1. **Provision of Personal Protective Equipment**
* Minimum Personal Protective Equipment (PPEs) i.e. hats and shirt are provided
* Other PPEs i.e. helmet, gloves, booths, etc, are provided depending on the nature of work
* Reasonable costs of PPEs is observed
 |  |  |
| 1. **Orientation on Safety and Health**

Orientation on Safety and Health is provided |  |  |
| 1. **Inclusion of Micro-Insurance Premiums**

Provision of Micro-Insurance premiums is included |  |  |
| 1. **Provision of Equity**

(at least 20% of Total Project Cost) |  |  |

| **Checklist of Documentary Requirements for Availment of TUPAD Program** |
| --- |
| **Requirements** | **Evaluation ( / or X)** |
| **A. For Local Government Units as ACP** |  |
| 1. Application Letter by the LGU duly signed by the Local Chief Executive (LCE) addressed to the DOLE Regional Director
 |  |
| 1. Detailed and duly signed TUPAD Project Proposal and Work Program
 |  |
| 1. Certification from the LGU/Barangay or DSWD that the target beneficiaries are underemployed, or victims of natural disaster/calamity or armed conflict. For laid-off or terminated workers, Certification of displacement from the company/establishment
 |  |
| 1. Individual Beneficiary Profile and Proponent ACP Profile
 |  |
| 1. Board or Sangguniang Bayan (SB) Resolution authorizing the LCE to enter into a MOA to avail of DOLE programs;
 |  |
| 1. Memorandum of Agreement (MOA) between the DOLE RO and the LGU;
 |  |
| 1. For LGUs, City/Provincial/Municipal, copy of the portion of their Local Development Plan referring to Labor and Employment/Social Services, with detailed estimates of Approved Project Expenditures or Estimated Expenses; and
 |  |
| 1. Certification of no unliquidated cash advances and/or grants from DOLE.
 |  |
| 1. **For Other Types of ACP**
 |  |
| 1. Application Letter by ACP addressed to the DOLE Regional Director
 |  |
| 1. Detailed and duly signed TUPAD Project Proposal and Work Program (indicating/showing that the ACP has equity equivalent to at least 20% of the total project cost)
 |  |
| 1. Certification from the LGU/Barangay or DSWD that the target beneficiaries are underemployed, or laid-off or terminated workers, or victims of natural disaster/calamity or armed conflict
 |  |
| 1. Individual Beneficiary Profile (with picture) and ACP (proponent) Profile
 |  |
| 1. Copy of ACP Certificate of Accreditation;
 |  |
| 1. Board Resolution authorizing a representative to enter into a MOA;
 |  |
| 1. Memorandum of Agreement (MOA) between the DOLE RO and the ACP;
 |  |
| 1. Audited financial reports (statements) for the past three (3) years preceding the date of project implementation. For applicant which has been in operation for less than three (3) years, financial reports for the years in operation and proof of previous implementation of similar projects;
 |  |
| 1. Disclosure of other related business, if any;
 |  |
| 1. Work and Financial Plan (WFP), and sources of and details of proponent’s equity participation in the project
 |  |
| 1. List and/or photographs of similar projects previously completed, if any, indicating the source of funds for implementation;
 |  |
| 1. Sworn affidavit of the secretary of the applicant organization/entity that none of its incorporators, organizers, directors or officers is an agent of or related by consanguinity or affinity up to the fourth civil degree to the official of the agency authorized to process and/or approve proposed Memorandum of Agreement (MOA), and release funds; and
 |  |
| 1. Certification from the DOLE Regional Office’s Accountant that the previous cash advance granted has been liquidated and properly taken up in the books.
 |  |

|  |
| --- |
| **General Comments and Recommendation** |
|  |

**Reviewed/Evaluated By: Date:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FO Head

 **Recommending approval (RPMT Members):**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TUPAD Focal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Member Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Member Chair Person

 **Approved by:** **Date:**

**OFELIA B. DOMINGO, CESO III** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Regional Director