**ANNEX X**

**APPLICATION FORM FOR ACCREDITATION OF CO-PARTNER**

**APPLICATION FOR ACCREDITATION**

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

Date

Name of Regional Director

Department of Labor and Employment

Regional Office No. \_\_\_\_\_

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

(Address)

Dear Sir/Ma’am:

We, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to apply for accreditation under the DILP.

We understand that accreditation shall qualify our organization to apply for funding assistance but does not guarantee such assistance since it shall still be subjected to other requirements and procedures of the DILP.

Thank you very much.

Respectfully yours,

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

(Signature over Printed Name

of Head of Organization)

**INFORMATION SHEET**

* + 1. **PROFILE/BACKGROUND**

Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Personality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered in any of the following:

|  |  |  |
| --- | --- | --- |
| **Agency** | **Date of Registration** | **Registration Number** |
| DOLE |  |  |
| SEC |  |  |
| DTI |  |  |
| CDA |  |  |
| Others, please specify |  |  |

Organizational Structure (in a separate sheet)

List of Officers, their positions and addresses:

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Present Economic Activities of Officers/Members: Mention at least three viable

activities:

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

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Present Activities of the Organization and the Areas where each is being done. Include the number of beneficiaries of the respective activity.

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Proposed activities of the Organization and the area where each is to be done. Include

the number of target beneficiaries.

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**II. ORGANIZATION’S CAPABILITY**

Strength/s

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

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Weakness/es

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**III. TRACK RECORD**

Financial Stability

Assets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liabilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sources of Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For established organization with previous livelihood loan within the last two (2) years

Lending agency/ies (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date acquired /amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much has been paid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last payment made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Livelihood Project/s implemented

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

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Problems encountered in the implementation of previous Livelihood Project/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. Proposed Livelihood Project**

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1. **Amount of Funding Assistance Being Requested from DOLE Regional Office No.**\_\_\_ **for the proposed livelihood project**

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