



**DEPARTMENT OF LABOR AND EMPLOYMENT
NATIONAL CAPITAL REGION
Field Office _____**

**Application for Livelihood Project (WIN-AP Formal Sector)
Checklist of Requirements**

Date: _____

Name of Proponent

Address

- Duly accomplished application form
- Project proposal
- Copy of union certificate of registration
- a. Copies of audited financial statements for the last three (3) years (if in existence for more than three years) **or**
- b. Copies of financial statements for the years it has been in operation (if in existence for less than 3 years) **and** report of accomplishment or any equivalent proof certified by the union president and secretary on implementation of similar projects
- Organizational structure and functions of Project Management Team
- Undertaking to put up equity of at least 20% of project cost
- Certification that it has no arrears in loan amortization payments from any credit institution
- Sworn statement of the secretary that none of the officers is an agent or is related by consanguinity or affinity up to the 4th civil degree to DOLE officials authorized to process and/or approve the proposal
- Resolution of the workers' organization endorsing the business plan to the DOLE-RO

Recommendation:

- For Approval
- For Denial

Reasons: _____

Signature	
Name of DOLE-NCR Livelihood Focal Person/Representative	
Designation	
Date	

Received by:

Signature	
Name	
Proponent	
Date	



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