APPLICATION FOR ACCREDITATION

______________________________

Date

The Regional Director
Chairman, Regional Livelihood Program Team (RLPT)
DOLE Integrated Livelihood Program (DILP)

Dear Sir:

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)

Attachments: all the requirements included in the checklist of DOLE-NCR
INFORMATION SHEET

I. PROFILE/BACKGROUND

Name of Organization ____________________________________
Office Address ____________________________________________
Legal Personality
Certificate of Registration from any of the following:
( ) DOLE
( ) SEC
( ) DTI
( ) CDA
( ) Others, please specify ____________________________

Organizational Structure: (in a separate sheet, indicating the key positions with the respective officers)

II. ECONOMIC SURVEY (in a capsule)

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
III. ORGANIZATION’S CAPABILITY

Strength/s

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Weakness/es

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

IV. TRACK RECORD

Financial stability
Assets
Liabilities
Net Income
Source 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

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Problems encountered in the implementation of the Livelihood Project

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

V. PROPOSED LIVELIHOOD PROJECT

________________________________________________________________________________________
________________________________________________________________________________________

VI. AMOUNT OF FUND BEING REQUESTED FROM DOLE-NCR

________________________________________________________________________________________