

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
