



APPLICATION FOR FUND ASSISTANCE

For NGOs/POs/GOs/cooperative/union/rural workers associations/ Local Government Units

Project/Program: _____

Checklist of Requirements:

For Local Government Units (LGU) as ACP:

- Application Letter by the LGU duly signed by the Local Chief Executive (LCE) addressed to the Regional Director
- Detailed Project Proposal which is duly approved/signed by the LCE
- Board or Sangguniang Bayan (SB) Resolution authorizing the LCE to enter into a MOA to avail of DOLE Programs
- Memorandum of Agreement (MOA) between the DOLE RO and the LGU
- Work and Financial Plan
- Detailed Estimates of Approved Project Expenditures or Estimated Expenses
- Certification of No Unliquidated Cash Advances and /or grants from DOLE

For Other Types of ACPs:

- Application Letter by the ACP addressed to the DOLE Regional Director
- Detailed and duly signed Project Proposal from the ACP (indicating/showing that the ACP has equity equivalent to 20% of the Total Project Cost
- Individual Beneficiary Profile (with Picture) and ACP (Proponent) Profile
- Copy of ACP Certificate of Accreditation
- Board Resolution authorizing a representative to enter into a MOA
- Memorandum of Agreement (MOA) between the DOLE RO and the ACP
- 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
- Disclosure of other related business, if any
- Work and Financial Plan (WFP), and sources of and details of proponent's equity participation in the project
- List and/or photographs of similar projects previously completed, if any, indicating the source of funds for implementation
- 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
- Certification from the DOLE Regional Office's Accountant that the previous cash advance granted has been liquidated, liquidation documents are post-audited and properly taken up in the books.

Profile of LGU/PO/GO/Cooperative/Union/Rural Workers Association Applicant:

Name of Organization:		Type of Organization: <input type="checkbox"/> PO <input type="checkbox"/> Cooperative <input type="checkbox"/> LGU		
Registered Addresses:		<input type="checkbox"/> PO <input type="checkbox"/> Union <input type="checkbox"/> others _____ (pls specify) <input type="checkbox"/> GO <input type="checkbox"/> Rural Workers Association		
Office Telephone No:		Registration No. and Date with DOLE/SEC/CDA		
Affiliation with other organization/s:		Taxpayer Identification Number (TIN)/VAT no:		
PREVIOUS GRANT/ASSISTANCE RECEIVED FROM DOLE		No. of Employees:		
Date	Title	Amount	Duration	Status

Other related information/request/intervention/s from DOLE:

Attached are the documents/requirements which I/we attest to their veracity. Any false statement would cause the automatic cancellation of the services/contract/grant and applicant shall refund amount received and /or pay damages to DOLE or other sanctions in accordance with law.
 I/We declare that the answers given above are true and correct.

 Signature of Representative of Organization*

*Must have Board Resolution/Partnership/Cooperative Board authorization.



For SPES (this serves as Contract of Service between DOLE and Employer):

I, _____ (employer's name) of _____
(Establishment) do hereby commit to employ applicant (attached application form/s as endorse by DOLE)

From _____ to _____ and undertake to pay P _____ Equivalent to 60% of the wage of P _____

Concurred by:

Committed By:

DOLE (Name and Signature)
Date: _____

Employer/Authorized Representative (Name and Signature)
Date: _____

Brief Remarks:

Certified Funds Available: [] 40 % DOLE Counterpart

Chief Accountant
Date: _____

Date Accomplished _____

For DOLE Only

Evaluated by:	Verified and Recommended by:	Recommending Approval by:	Approved by:
_____ Name, Position & signature Date: _____	_____ Name, position & signature Date: _____	_____ Name, Position & signature Date: _____	_____ Name, position & signature Date: _____
Voucher No.: _____	Check No.: _____		
Amount: _____	Amount: _____		
Date: _____	Date: _____		

