



**Republic of the Philippines**  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
 REGION VI

Document Number:  
**FM 5.3.1-01**

Revision No.  
**1**

Effectivity Date:  
**January 15, 2016**

## APPLICATION FORM – DILEEP

Name of Proponent	<input type="checkbox"/> NGO <input type="checkbox"/> Cooperative <input type="checkbox"/> LGU <input type="checkbox"/> PO <input type="checkbox"/> Union <input type="checkbox"/> Others _____ (pls. specify)
Title of the Project:	Amount Requested from DOLE:
Registered Address:	Registration No. and Date with DOLE/SEC/CDA:
Office Telephone No.:	If NGO/PO, DOLE Accreditation No. Valid until _____
Contact Person:	Position:
Affiliations with other organization/s:	If NGO/PO, No. of Project Staff:

**PREVIOUS GRANTS/ASSISTANCE RECEIVED FROM DOLE**

Date	Title	Amount	Duration	Status

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

Attached are the documents/requirements which I/we hereby 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 \**

**DOLE only**

Received by:	Reviewed by:	Recommending Approval by:	Approved by:
Name, Position and Signature	Name, Position and Signature	Name, Position and Signature	Name, Position and Signature
Date:	Date:	Date:	Date: