



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
REGION VI

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0

Effectivity Date:
July 29, 2013

CP Information Sheet

Name of Organization: _____
Business Address: _____
Telephone No/s: _____
No. of Employee: _____

Board of Directors/Officers:

<u>Name</u>	<u>Designation</u>
_____	_____
_____	_____
_____	_____
_____	_____

Authorized Representative/Designation:

Date Established: _____

Type of Organization:

/ ___ / Single Proprietorship / ___ / Profit
/ ___ / Partnership / ___ / Non Profit
/ ___ / Corporation
/ ___ / Others, pls. specify _____

If registered, with what agency and date of registration:

What existing accreditation does your organization possess?
Please enumerate.

<u>Accreditation Type</u>	<u>Date Issued</u>	<u>Accrediting Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you ever denied accreditation by any government agency?
/ / Yes / / No

If yes, please give name of agency and reason(s) for denial:

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Goals/Objectives of the Organization:

Specific areas of coverage (National/Provincial/Municipality/Brgy.)

Do you have a Livelihood or Income Generating Project?

/ / Yes / / No

Qualification/Criteria of Project Beneficiaries:

Range of Loan Amount Available to Beneficiaries:

Charges for Interest and other Fees:

Sources of Funds for the Livelihood/Income Generating Project:
(Current, if say)

Sources (Agency)	Amount	Int. Rate	Date Started	Maturity Period	Mode of Payment	Present Status
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Present, Repayment Rate: (past 12 mos.) _____
Highest Collection Rate: (past 12 mos.) _____
Lowest Collection Rate: (past 12 mos.) _____

Organizational Set-up: Units/Group Involved in Livelihood Program (must attach Organizational Structure)

Name of Group/Unit's	No. of Staff	
	Paid	Volunteers/Unpaid
_____	_____	_____
_____	_____	_____
_____	_____	_____

Programs and Services (existing):

Programs/Services	Target Clientele
_____	_____
_____	_____
_____	_____

General Strategy for Livelihood/Income. Generating Project Implementation:

Specific Strengths and Weaknesses of your Organization:

Other Assistance/Services Offered under CP's Livelihood Program:

Problems encountered in the implementation of CP's Livelihood Program:

REFERENCES

Name	Address
_____	_____
_____	_____
_____	_____

_____	_____
Date	Name and Signature of Authorized Representative