

## Republic of the Philippines **DEPARTMENT OF LABOR AND EMPLOYMENT**Regional Office No. IV-A (CALABARZON)



NAME OF PROPONENT/ACP:					
Project location:					
Title of Project:					
Amount requested:					
Purpose of availment: Formation Enh		Enhancement		Restoration	
Total no. of beneficiaries:		Female:	Female:		
Type of beneficiary:					
Pursuant to Section 19, Departmen 2007-01, the following are the requi					
REQUIREMENTS		PROVINC Assessme & Evaluat	ent	TSSD Review and Validation	REMARKS
For Local Government Units (LGUs), National Government Agencies (NGAs) & State Universities and Colleges (SUCs)					
Application letter duly signed by the the DOLE Regional Director;	e authorized official addressed	to			
Project Proposal indicating the equi- by the authorized officials; - objectives of the project; - project management commit - project partners, if any; - list of intended beneficiaries a - project duration and target da	tee; and their addresses;	ed			
<ul><li>detailed project costs includ least 20% of the total project</li><li>other potential or actual sour</li></ul>	ing the equity of the ACP of cost; and ces of project funds.				
For LGUs and SUCs, Board or Sangguniang Bayan (SB) Resolution authorizing an official to enter into a MOA to avail of DOLE livelihood program;					
Individual beneficiary profile with picture and Proponent profile;					
Beneficiaries' Certification of Non-coverage to Pantawid Pamilya Pilipino Program (4Ps) issued by DSWD (except for the parent of child laborers);					
For LGUs, City/Provincial/Municipa Local Development Plan referring to Services, with detailed estimate expenditures or estimated expenses	to Labor and Employment/Soc es of the approved proje s;	ial ect			
Copy of Seal of Good Local Governance (SGLG) for Cities, Municipalities and Provincial Governments;					
Certification from the DOLE Regi unliquidated cash advances and/or §	grants from DOLE;				
Certification issued by the author Person to coordinate and transact program and services; and					
To be submitted prior to the release MOA between DOLE and the project	partner				
NAME & SIGNATURE	OF THE EVALUATOR				
DAT	Œ				

NAME & SIGNATURE OF APPLICANT: \_\_\_\_\_ Date Filed: \_\_\_\_\_