



**ACCREDITED CO-PARTNER (ACP)
 APPLICATION FORM**

ACP FORM 1

Name of Organization:	Type of Organization: NGO Cooperative PO Union Rural Workers Association Others _____ (pls. specify)			
Registered Address:	Registration No. and Date with DOLE/SEC/CDA:			
Office Telephone No.:	Taxpayer Identification Number (TIN)/VAT No.:			
Affiliations with other organizations/s			No. of Employees:	
PREVIOUS GRANTS/ASSISTANCE RECEIVED FROM DOLE				
Date	Title	Amount	Duration	Status
Other related information/request/intervention/s from DOLE:				
<p align="center">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 and other sanctions in accordance with law.</p> <p align="center">I/We declare that the answers given above are true and correct.</p>				
_____			_____	
Signature of Organization's Representative			Date	

Checklist of Requirements:	PROVINCIAL Assessment & Evaluation	TSSD Review and Validation	Remarks
Duly accomplished and signed application form (in 4 sets);			
Certificate of Registration with the Securities and Exchange Commission (SEC), or the Cooperative and Development Authority (CDA), or Department of Labor and Employment (DOLE), as the case maybe;			
Authenticated copy of the latest Articles of Incorporation in the case of a corporation, or the Articles of Cooperation in the case of cooperative or Constitution and By-Laws in the case of unions/associations, showing the original incorporators/organizers and the Secretary's Certificate for the incumbent officers, together with the Certificate of Filing with SEC/Certificate of Approval by the CDA;			
Audited financial report for the past three (3) years preceding the date of project implementation. For applicant which has been in operation for less than 3 years, financial reports for the years in operation and proof of previous implementation of similar projects;			
List and/or photographs of similar projects previously completed, if any, indicating the source funds for implementation; and			
Sword 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 improve proposed Memorandum of Agreement, and release of funds.			
NAME & SIGNATURE OF EVALUATOR			
DATE			