NAME OF BENEFICIARY: _____
Project location:_____
Title of Project: _____
Amount requested: _____
Purpose of availment: ☐ Formation ☐ Enhancement ☐ Restoration
Type of beneficiary: _____

Pursuant to Section 19, Department Order No. 173 Series of 2017, DOLE Memorandum dated May 24, 2018 and COA Circular 2007-01, the following are the requirements for the availment of DOLE Integrated Livelihood Program (DILP):

REQUIREMENTS	PROVINCIAL Assessment & Evaluation	TSSD Review and Validation	REMARKS
Direct Administration for Individual			
Application Letter addressed to the DOLE Regional Director;			
Project Proposal using the prescribed template duly signed by the applicant: - objectives of the project; - project partners, if any; - project duration and target dates of completion; - detailed project costs including the equity of the organization in monetary terms; - Equity equivalent to at least 20% of the total project cost; and - other potential or actual sources of project funds.			
Individual beneficiary profile with picture;			
Certification of Non-coverage to Pantawid Pamilya Pilipino Program (4Ps) issued by DSWD *(except for the parent of child laborers);* and			
Photocopy of Valid ID (either SSS ID, Driver's License, Philippine Passport, Digitalized Postal ID, Barangay ID, PRC ID, Senior Citizen ID, PWD ID, Voter's ID, Company ID).			
Additional Requirements for the Dependents of KIA, WIA, KIPO & WIPO, Duly signed Certificate of Legal Beneficiary and Certified True Copy of the following:			
For KIA • Spot Report duly signed by the Battalion Commander or his authorized representative; and • Death Certificate.			
For WIA • Spot Report duly signed by the Battalion Commander or his authorized representative; • Medical Certificate; and • Certification of Total Permanent Physical Disability (TPPD)			
For KIPO • Initial/After Operations Report signed by the Regional or Provincial/City Director of PNP; and • Death Certificate.			
For WIPO • Initial/After Operations Report signed by the Regional or Provincial/City Director of PNP; • Medical Certificate; and • Certification of Total Permanent Physical Disability (TPPD).			
NAME & SIGNATURE OF THE EVALUATOR			
DATE			

NAME & SIGNATURE OF APPLICANT: _____ Date Filed: _____