

GENERAL INFORMATION		
Name of Organization		
Office Address	Telephone	
	Fax	
	Email address	
Type of Organization (check the type that best describes your organization)		
<input type="checkbox"/> business organization	<input type="checkbox"/> cultural association	
<input type="checkbox"/> non-government organization	<input type="checkbox"/> professional organization	
<input type="checkbox"/> people's organization	<input type="checkbox"/> civic club	
<input type="checkbox"/> industry association	<input type="checkbox"/> cooperative	
<input type="checkbox"/> religious organization		
Registration (The government entity which granted legal status of the organization)		
<input type="checkbox"/> SEC	CR. No. _____	Date _____
<input type="checkbox"/> CDA	CR. No. _____	Date _____
<input type="checkbox"/> Others _____	CR. No. _____	Date _____
Accreditation (check the government agency (ies) that have officially acknowledged your organization (for purpose of program participation and/or eligibility for development assistance. In case of LGU accreditation, fill in space for LGU.)		
<input type="checkbox"/> DOLE	<input type="checkbox"/> DENR	<input type="checkbox"/> CPD (formerly POPCOM)
<input type="checkbox"/> DAR	<input type="checkbox"/> DTI	<input type="checkbox"/> DOH
<input type="checkbox"/> DA	<input type="checkbox"/> NNC	<input type="checkbox"/> DILG
<input type="checkbox"/> PCUP	<input type="checkbox"/> DSWD	<input type="checkbox"/> LGU _____
<input type="checkbox"/> DOST	<input type="checkbox"/> DepED	<input type="checkbox"/> Others _____
Objectives (State the purpose/s for your organization)		
Scope of Geographical Operations (indicate the provinces/cities in Davao Region covered by your organization)		

FUNDING

Please list below your organization's funding sources, amount received and purposes for which they were spent for the period 2017-2019. Please use additional separate sheet if necessary.

Source	Amount	Purpose

PERSONNEL

Name	Citizenship	PSO Address	Employer/Business Name & Address
Chairman (Board of Trustees)			
Members (Board of Trustees)			
Corporate Secretary			
Treasurer			
Chief Executive Officer/President			
Members (Indicate number of members of the organization of stockholders)	Office Staff (Indicate number of Office and field staff/employees)		
Regular	Office: Regular _____ Part time _____ Volunteer _____ Field : Regular _____ Part time _____ Volunteer _____		
Associate			
Honorary			
Others			

PROJECTS

Please list below important development projects undertaken by your organization from 2017-2019

Project Title/Description	Location	Funding Source	Beneficiaries

CERTIFICATION

I hereby certify that the above correct information about the organization

Name _____

Signature _____

Designation _____

Date _____