

APPLICATION FORM FOR ACCREDITATION

Name of Organization : _____
Address : _____
Contact No. : _____
Date Organized : _____ Date Registered: _____

Registering Agency: (Check appropriate box.)

- Securities and Exchange Commission
- Cooperatives Development Authority
- Department of Labor and Employment
- Department of Social Welfare and Development
- Others (Please specify): _____

Organizational Level: (Check the applicable box.)

- Barangay-based
- Chapter
- Affiliate of a large organization
- Others (Please specify.): _____

Purposes/Objectives: (Use additional sheet if necessary.)

CY _____

PROJECTS	COSTS	BENEFICIARIES	STATUS
_____	_____	_____	_____
_____	_____	_____	_____

Project Financing (Sources or Schemes)

Services the Organization provides or can participate in

Depending on your organization's technical area of expertise and scope of activity, which local special body are you most capable to be a member of?

- Local Development Council
- Local School Board
- Local Health Board
- Local Peace and Order Council

List of Members: (use Separate sheet.)

- Within the LGU
- Outside of the LGU, if any

WE HEREBY CERTIFY to the correctness of the above information.

(Secretary)

(President)