



Department of Labor and Employment
APPLICATION FORM – Service/ Projects

For NGOs/Pos/GOs/Cooperatives/Union/Rural Workers Associations/Local Government Units/Government Agencies

Support to Employment Generation

- Capacity Building for Specific Sectors (SPES/WYC/TULAY/KABATAAN/WAP)
- Promotion of Rural and Emergency Employment (DOLE-AMP/PFZP/PRESEED)
- Research and Development Program

Employment Facilitation

- Local/Overseas Employment Facilitation, Employment Guidance and Regulatory Program
 - Skills Training Program
- Employment Preservation**
- Dispute Prevention, Resolution and Settlement Program
 - Workers' Organization Tripartism and Empowerment Program (Labor Education/WODP/TIPC)

Employment Enhancement

- Standard Setting and Enforcement Program (Inspectorate Program/WISE)
 - Productivity Promotion Program
 - Social Protection and Welfare Program (WEED/NPACL/FWP)
- Others _____
(pls. specify)

Checklist Requirements:

For MGO/PO/Cooperative/Union/Rural Workers Association/Informal Sector Organization:

- Certificate of registration with the Department of Labor and Employment (DOLE), the Securities and Exchange Commission (SEC), the Cooperative Development Authority (CDA) or other appropriate regulatory agency
- Project Proposal supported by a Feasibility Study to include:
 - Objectives of the project
 - Project management committee
 - Project partners, if any
 - List of intended beneficiaries and their addresses
 - Project duration and target dates of completion
 - Detailed project costs including the equity of the organization in monetary terms
 - Other potential or actual sources of project funds
- Financial statements for the three (3) years immediately preceding the application or proposal:
 - For organizations with less than three (3) years of operation
 - Existing bank account
 - Certification from the LGU or regulatory agency concerned attesting to the credibility and capability of the applicant's officers and staff
- List of similar projects the applicant or proponent is implementing or has previously undertaken, including sources of funds
- Appropriate board resolution, attested and duly subscribed and sworn to by the appropriate officer

For GO/Local Government Unit/Government Agency:

- Project Proposal and Feasibility Study supported by:
 - Applicable existing and duly-approved local development plan
- Appropriate board resolution

Profile of NGO/PO/GO/Cooperative/Union/Rural Workers Association Applicant

Name of Organization:	Type of Organization: <input type="checkbox"/> NGO <input type="checkbox"/> Cooperative <input type="checkbox"/> LGU <input type="checkbox"/> PO <input type="checkbox"/> Union <input type="checkbox"/> Other _____ <input type="checkbox"/> GO <input type="checkbox"/> Rural Workers Association (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:	No. of Employees:

PREVIOUS GRANTS / ASSISTANCE RECEIVED FROM DOLE

Date	Title	Amount	Duration	Status

Other related information / request / intervention/s from DOLE:

Attached are the documents/requirements which I/we hereby attest to their veracity. Any false statement would cause automatic cancellation of the services/contract/grant and applicant shall refund amount received and/or pay damages to DOLE or other sanctions in accordance with law.

I/We declare that the answers given above are true and correct

Signature of Representative of Organization*

*Must have Board Resolution/Partnership/Cooperative Board authorization

For SPES (This serve as Contract of Service between DOLE and Employer):

I, _____ of _____ do hereby commit
(employer's name) (establishment)
to employ applicant/s (with attached application form/s as endorsed by DOLE) _____ to
_____ and undertake to pay P _____ equivalent to 60 % of the
minimum wage of P _____.

Concurred by:	Committed by:
DOLE (Name and Signature)	Employer / Authorized representative (Name and Signature)
Date:	Date:
Brief Remarks:	Certified Funds Available: [] 40% DOLE counterpart
	Chief Accountant
	Date:

Date Accomplished: _____

For DOLE Only			
Received by:	Reviewed by:	Recommending Approval:	Approved by:
Name, Position & Signature	Name, Position & Signature	Name, Position & Signature	Name, Position & Signature
Date:	Date:	Date:	Date:
Voucher No.:		Check No.:	
Amount:		Amount:	
Date:		Date:	