Name of Organization :
Registered Address : $\qquad$
Contact Nos.
Date Organized
Date Registered
$\qquad$
$\qquad$
: $\qquad$
: $\qquad$

Registering or Accrediting Agency: (Check appropriate box)
$\square$ Securities and Exchange Commission
$\square$ Cooperatives Development Authority
$\square$ Department of Labor and Employment
$\square$ Department of Social Welfare and Development
$\square$ Department of Health
$\square$ Department of Agriculture
$\square$ Department of Agrarian Reform
$\square$ Department of Education
$\square$ Department of the Interior and Local Government
$\square$ National Commission on Indigenous People
$\square$ National Housing Authority
$\square$ Insurance Commission
$\square$ Philippine Regulatory Commission
$\square$ Housing and Land Use Regulatory Board
$\square$ Others: (Please specify) $\qquad$

Organizational Level: (Check appropriate box)
$\square$ Barangay-Based
$\square$ Chapter
$\square$ Affiliate of a larger organization (Please specify larger organization) $\qquad$
$\square$ Others: (Please specify) $\qquad$

Purposes/Objectives: (Use of additional sheets, if necessary)
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

CY

| Projects | Costs | Beneficiaries | Status |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Project Financing (Sources of Schemes)
$\qquad$
$\qquad$
$\qquad$

Services the Organization provides or can participate in:
$\qquad$
$\qquad$
$\qquad$
$\qquad$

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 CouncilLocal School BoardLocal Health BoardLocal 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.

