

Letter of Application Template

(Logo of FCA/CBO)

(Date)

Regional Executive Director
DA-Regional Field Office (RFO) - ____

Subject: Application for Grant Assistance under Enhanced Kadiwa Program

Dear **Executive Director** _____:

The (FCA/CBO name) is an organization duly registered with the (government registering agency) under Registration No. (registration number) with office address at (address of the FCA/CBO).

We would like to formally express our intention to apply for financial grant assistance under the “**Department of Agriculture-Kadiwa ni Ani at Kita Inclusive Food Supply Chain Program**” in the amount of _____ PESOS (Php _____). The **grant** shall be for the following purpose: _____ (state the intended utilization of the grant).

Attached is our **Board Resolution no. ____ series of ____** and the following documentary requirements (please check documents submitted):

	Filled-up FFEDIS Agri-Fisheries Enterprise Enrollment Form
	Copy of Registration with _____ (specify registering government agency)
	Authenticated copy of Articles of Incorporation/Cooperation with Certificate of compliance
	Secretary’s Certificate of list of incumbent officers (with certificate of filing with SEC/CDA)
	Financial Reports for the year/s: _____, _____, _____
	Disclosure Statement of other related business
	Sworn Affidavit of the Secretary of FCA/CBO that none of its incorporators, organizers, directors or officers is an agent of or related by consanguinity or affinity up to the fourth civil degree to the officials of the agency authorized to process and/or approve the proposal, proposed MOA, and the release of funds.
	Project Proposal approved by the Board
	Reports of similar projects/activities (with photos)
	Certificate on fund liquidation/status and list of previous government funds received, if there are any.

Our authorized contact person/s to represent our organization is/are the following:

Name	Position	Contact #

Thank you very much.

Very truly yours,
(Name, position and signature of authorized representative)

Board Resolution for the Grant Application

Excerpt from the minutes of the Board meeting held last *(date)* at *(place)*.

RESOLUTION No. _____, SERIES OF _____

RESOLUTION TO APPLY FOR GRANT ASSISTANCE UNDER THE DEPARTMENT OF AGRICULTURE (DA)- ENHANCED KADIWA NI ANI AT KITA INCLUSIVE FOOD SUPPLY CHAIN PROGRAM the amount of _____ PESOS (Php _____) AND DESIGNATING AUTHORIZED REPRESENTATIVE/S TO ENTER INTO AGREEMENT WITH THE DA.

WHEREAS, the *(name of FCA/CBO)* is an organization duly registered with the *(government institution)* under Registration No. *(registration number)* with office address at *(address of the institution)*;

WHEREAS, the *(name of FCA/CBO)* expressed its interest to apply for financial grant assistance in order to address the needs of farmers and fisherfolk in *(area of coverage)*;

NOW THEREFORE, on motion duly approved and seconded by the majority;

BE IT RESOLVED, AS IT IS HEREBY RESOLVED, that the *(name of FCA/CBO)* is hereby authorized to apply with the DA for financial grant under the Enhanced Kadiwa Inclusive Food Supply Chain Program in the amount of: _____ PESOS (Php _____) for the purpose of: _____ as per our Project Proposal (Annex A).

RESOLVED FURTHER, to designate the following officer/s, whose specimen signature/s appear/s opposite his/her name/s, to negotiate and sign Memorandum of Agreement and other pertinent documents in behalf of the organization:

Name	Designation	Specimen Signature

RESOLVED FINALLY, to submit a copy of this resolution to the DA for their immediate action.

APPROVED UNANIMOUSLY.

Certified true and correct:

(Name and signature)
Secretary

ATTESTED:

(Signatures of Board of Directors and Members above printed names and position)

REPUBLIC OF THE PHILIPPINES

(municipality, province) S.S.

SUBSCRIBED AND SWORN to before me this ____ day of _____ 2020 in _____ Philippines.

NOTARY PUBLIC

Doc. No. _____

Page No. ____
Book No. ____
Series of 2020

SECRETARY'S CERTIFICATE FOR INCUMBENT OFFICERS

I, *(name)*, Filipino and of legal age residing at *(address)*, after being sworn in accordance with law, do hereby depose and say:

That I am the Secretary of the *(name of FCA/CBO)* with office address at _____;

That I do hereby certify that the following persons were duly elected and appointed to the positions indicated, and said persons shall continue to act as designated to the end of their tenure:

NAMES	POSITION
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

IN WITNESS whereof I have hereunto subscribed my name and affix my name and signature this ____ day of _____ 2020.

(Name and signature of Secretary)

Affiant

Government-issued ID: _____

Place Issued: _____

Date of Issuance: _____

SUBSCRIBED AND SWORN to before me this ____ day of _____ 2020 at _____.

NOTARY PUBLIC

Doc. No. ____
Page No. ____
Book No. ____
Series of 2020

DISCLOSURE OF RELATED BUSINESS

This is to certify that *(name of FCA/CBO)* is engaged in the following businesses:

- 1. *(line of business)*
- 2. *(line of business)*
- 3. *(line of business)*
- 4. *(line of business)*
- 5. *(line of business)*

Issued this ____ day of _____ 2020 at _____.

(Name, position and signature of representative)

Affiant

Government-issued ID: _____

Place Issued: _____

Date of Issuance: _____

SWORN AFFIDAVIT OF RELATIONSHIP OR CONSAGUINITY

I, *(name)*, Filipino and of legal age residing at *(address)*, after being sworn in accordance with law, do hereby depose and say:

That I am the Secretary of the *(name of FCA/CBO)* with office address at *(address of FCA/CBO)*;

That none of the incorporators, organizers, directors or officers of *(name of FCA/CBO)* is an agent of or related by consanguinity or affinity up to the fourth civil degree to the official of the agency authorized to process and/or approve proposed MOA and release funds.

IN WITNESS WHEREOF, I have hereunto affixed my signature this ____ day of _____ 2020 at

_____.

(Name and signature of Secretary)

Affiant

Government-issued ID: _____

Place Issued: _____

Date of Issuance: _____

SUBSCRIBED AND SWORN to before me this ____ day of _____ 2020 in _____ Philippines.

NOTARY PUBLIC

Doc. No. ____

Page No. ____

Book No. ____

Series of 2020

BOARD RESOLUTION FOR OPENING SEPARATE BANK ACCOUNT (SAMPLE FORMAT)

RESOLUTION No. _____, SERIES OF _____

RESOLUTION AUTHORIZING THE OPENING OF A SEPARATE BANK ACCOUNT FOR THE “DEPARTMENT OF AGRICULTURE (DA) FINANCIAL GRANT FOR ENHANCED KADIWA INCLUSIVE FOOD SUPPLY CHAIN PROGRAM”

WHEREAS, the *(name of FCA/CBO)* is an organization duly registered with the (SEC, CDA, DOLE-BRW, _____) under Registration No. *(registration number)* with office address at *(address of the FCA/CBO)*;

WHEREAS, the *(name of FCA/CBO)* has an approved financial grant of _____(Php _____) as per DA Letter of Approval dated _____;

WHEREAS, to safeguard the cash resources, there is a need to open a separate bank account for the DA-Kadiwa Grant Fund;

NOW THEREFORE, on motion duly approved and seconded by the majority;

BE RESOLVED, AS IT IS HEREBY RESOLVED, to open a savings account with the Land Bank of the Philippines *(name of branch)* to be used exclusively for the DA-Kadiwa Grant Fund.

RESOLVED FURTHER, to designate the following as the authorized signatories of the bank account:

Name	Designation	Specimen Signature

RESOLVED FINALLY, to submit a copy of this resolution to the DA-_____(concerned office) and Land Bank of the Philippines for immediate action and approval.

APPROVED UNANIMOUSLY.

Certified true and correct:
(signature of Secretary above printed name)
Secretary

ATTESTED:

(Signatures of Board of Directors and Members above printed names and position)

REPUBLIC OF THE PHILIPPINES
(municipality, province) S.S.

SUBSCRIBED AND SWORN to before me this _____ day of _____ 2019 in _____ Philippines.

NOTARY PUBLIC

Doc. No. _____

Page No. _____

Book No. _____

Serie

s of
2020

Farmers and Fisherfolk Enterprise Development Information System (FFEDIS)

AGRI-FISHERIES ENTERPRISE ENROLLMENT FORM**FORM A**

Registration No.: _____



GENERAL INFORMATION			
Registered Enterprise Name			
Business Address			
If production, farm site/location			
Name of Head of Enterprise :		Name of Contact Person :	
Designation/ Position :		Designation/ Position :	
Business Email Address :		Business Email Address :	
Business Tel. Nos.:		Business Tel. Nos.:	
Mobile Nos. :		Mobile Nos. :	

Type of Business Entity	Assets	Membership (if cooperative/association)
<input type="checkbox"/> Individual Farmer RSBSA Registered? <input type="checkbox"/> YES or <input type="checkbox"/> NO <input type="checkbox"/> Single proprietor <input type="checkbox"/> Cooperative <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Government Organization (NGO)	<input type="checkbox"/> Micro-scale (Up to ₱ 3,000,000) <input type="checkbox"/> Small-scale (₱ 3,000,001-₱ 15,000,000) <input type="checkbox"/> Medium-scale (₱ 15,000,001- ₱ 100,000,000) <input type="checkbox"/> Large-scale (₱ 100,000,001 and above)	Total No. of members: _____ Farmers (no.) _____ Fishers(no.): _____ Others: _____ No.: _____ _____ No.: _____
	Membership in any industry association: 1. _____ 2. _____	If corporation, % ownership Filipino: _____ % Foreign: _____ %

Nature of Business (please click appropriate boxes)	Primary business	Secondary business	Customers/ target market of primary business (please click appropriate boxes)
<input type="checkbox"/> Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> End Consumer
<input type="checkbox"/> Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trader. Specify type: _____
<input type="checkbox"/> Trading/Wholesaling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Retailer
<input type="checkbox"/> Retailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Institutional buyer (specify type.): _____
<input type="checkbox"/> Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> International-based buyers (please specify country) _____
<input type="checkbox"/> Transport/Logistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Others (please specify): _____
<input type="checkbox"/> Warehousing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Services	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Agriculture and Fishery Commodities/Products (Please check appropriate boxes)	
Commodity Group	Products (please specify)
<input type="checkbox"/> Cereals	<input type="checkbox"/> Rice <input type="checkbox"/> Corn (food) <input type="checkbox"/> Corn (feed) <input type="checkbox"/> Cassava <input type="checkbox"/> Others, specify : _____
<input type="checkbox"/> Lowland vegetables	<input type="checkbox"/> Eggplant <input type="checkbox"/> Tomato <input type="checkbox"/> Squash <input type="checkbox"/> Sitaw <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Upland vegetables	<input type="checkbox"/> Potato <input type="checkbox"/> Cabbage <input type="checkbox"/> Carrots <input type="checkbox"/> Pechay baguio <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Fruits and Nuts	<input type="checkbox"/> Mango <input type="checkbox"/> Banana, specify : _____ <input type="checkbox"/> Watermelon <input type="checkbox"/> Papaya <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Spices	<input type="checkbox"/> Garlic <input type="checkbox"/> Onion, specify : _____ <input type="checkbox"/> Ginger <input type="checkbox"/> Sili, specify: _____ <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Root crops	<input type="checkbox"/> Sweet potato <input type="checkbox"/> Yam <input type="checkbox"/> Gabi <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Poultry Products	<input type="checkbox"/> Chicken (live) <input type="checkbox"/> Dressed chicken <input type="checkbox"/> Chicken eggs <input type="checkbox"/> Salted Eggs <input type="checkbox"/> Quail Eggs <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Livestock Products	<input type="checkbox"/> Live Animals, specify: _____ <input type="checkbox"/> Pork <input type="checkbox"/> Beef <input type="checkbox"/> Processed meat, specify : _____ <input type="checkbox"/> Milk and dairy products, specify: _____
<input type="checkbox"/> Fisheries and Aquaculture	<input type="checkbox"/> Bangus <input type="checkbox"/> Tilapia <input type="checkbox"/> Galunggong <input type="checkbox"/> Dried fish <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Industrial Crops and Products	<input type="checkbox"/> Cacao <input type="checkbox"/> Coffee <input type="checkbox"/> Rubber <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Others:	<input type="checkbox"/> Coconut products, specify: _____ <input type="checkbox"/> Sugar <input type="checkbox"/> Others, specify : _____

Business Registration/Permits (Please check applicable boxes and attach scanned copy/ photocopy of these)				
Permits	Registration No.	Date issued (mm/dd/yyyy)	Valid Until (mm/dd/yyyy)	Place Issued
Legal Entity				
<input type="checkbox"/> SEC <input type="checkbox"/> DOLE				
<input type="checkbox"/> CDA <input type="checkbox"/> DTI				
<input type="checkbox"/> Mayor's/Business Permit				
Other certifications/licenses(e.g. BAI, NMIS, PCA, SRA, FDA, LTO, GAP, GMP, Organic, Halal, HACCP, etc.)				

I hereby declare that all information indicated above are true and correct, and that they may be used by Department of Agriculture for the purposes of registration to the Farmers and Fisherfolk Enterprise Development Information System (FFEDIS) and other legitimate interests of the Department pursuant to its mandates.

AFFIANT-Authorized	Signature	
	Name	

Representative	Position/ Designation	THUMBMARK
Date Executed (mm/dd/yyyy)		
Place Executed		

PROJECT PROPOSAL FORM

PROJECT PROPOSAL

A. PROJECT INFORMATION

1. Project Title	
2. Name of Organization	
3. Chairman/President	
Address	
Contact Number	
4. Project Location	
5. Grant Amount Requested	
6. Grant Purpose	
7. Total Project Cost	
8. Project Duration	

B. AGRIBUSINESS PROJECT DESCRIPTION:

1. Project Objectives	Description of intended benefits
2. Project Beneficiaries	Number, description and location of target direct beneficiaries
3. Project Location	Grant A and B: Geographical coverage of the project (production area), commodities and number of producers, existing and expansion area coverage Grant C: Location (barangay/community) where store operates
4. Products/commodities	List of commodities/products of the enterprise.
5. Assets financed by grant	Description of assets to be acquired out of the grant and the capacity/specifications of such assets
5. Nature of business (agribusiness activities)	Description of the existing agribusiness activities engaged in (e.g. assembly, processing, warehousing, logistics/transport, distribution, retail) and the new/additional value-adding activities as a result of the grant.
6. Capacity or volume of business	Production capacity (for processors) or volume of sales (for those engaged in selling, marketing). Indicate sales/capacity per commodity group. The FCA/CBO must fill up and attach the <i>"Kadiwa Agribiz Portal Participation Form"</i> (Form B1 or Form B2).

C. MARKETING ASPECTS. Description of target market. Sample format:

Target Buyer (specify)	Location	Existing Volume Sold	Target New Volume Sold/Unit	Frequency of Delivery	Payment Terms	Marketing Arrangements

C. BUSINESS OPERATIONS

1. Management. Describe the management system of the business that would include:

(a) Management set-up – identifying and defining the responsibilities of key officers and personnel involved in managing and operating the business. Indicate whether they are working full time or part time for the Project and their brief backgrounds.

(b) Financial recording and internal control system on cash handling and business operations (procurement, inventory management, sales). Indicate the financial records maintained and the persons handling financial and business transactions and their responsibilities.

2. Technical Aspects. Description of the technical specifications of the machinery, equipment, vehicle or facility to be funded by the grant. Indicate the basis of the cost estimates e.g. price quotes from suppliers obtained or from websites, company brochures, or other sources of information.

D. FINANCIAL ANALYSIS AND PROJECTIONS

The analysis must be able to show that cash revenues are enough to cover the operation and maintenance costs of the facility, equipment and/or vehicle funded by the grant and that the business generates positive net income (if assembly, processing, logistics/distribution, or marketing business) or at least break-even (in case of Kadiwa retail stores). By break-even, it means the gross profit from sales can cover the cost of operating and maintaining the Kadiwa store. The financial statements required are (a) projected cashflow statement and (b) projected income statement. The profitability analysis shall include: (a) net profit analysis, and (b) return on investment.

D. PROJECT COST REQUIREMENTS

Project cost component	Description	Amount (Php)	Source of funds
a. Investment cost/fixed assets			
Land			
Office/building/warehouse			
Machinery, equipment, vehicle			
b. Working capital			
Purchase of produce for sale			
Operating expenses (specify expenses)			
Total project cost			

E. PROJECT BENEFIT ANALYSIS

Direct Benefits of the Project	Specify economic benefits of the Project to the area
--------------------------------	--

	coverage e.g. procurement at higher farm gate price, reduced losses, etc.
Number and type of direct beneficiaries	How many farmers/fisherfolk are benefitted? How many are members of the FCA/CBO? How many are non-members?
Grant amount /Beneficiaries Ratio	Amount of grant divided by number of direct beneficiaries

E. WORK PLAN

Activities	Amount of grant releases	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Upon execution of MOA							
First release							
Activity:							
Activity:							
Second Release							
Activity:							
Activity:							
Third release							
Activity:							
Activity							
Monthly Reports of fund status and disbursements							

Prepared by:

Signature : _____
Name : _____
Position : _____
Date : _____

Approved by:

Signature : _____
Name : _____
Position : (Chairperson/President)
Date : _____



**Department of Agriculture
Agribusiness and Marketing Assistance Service (AMAS)**

FORM B1

KADIWA AGRIBIZ PORTALSUPPLIER'S PARTICIPATION FORM

General Information

Registered Enterprise Name	
Registration Number	

Supply Information *(please use separate sheet if necessary)*

Agriculture and Fishery Commodities/ Products Available for Sale	Specifications <i>(e.g. for fresh produce, indicate type or variety; for processed products, indicate packaging description, size, etc.)</i>	Available Volume for Sale	*Selling Price per Unit (Php) <i>(indicate price and unit used)</i>	Source of Supply <i>Please indicate whether: a) Own Production; b) Individual Farmers; c) Producer groups; d) Traders; or e) Others e.g. Consolidator; Wholesaler; Assembler, etc.</i>	Months available	Status <i>(please click applicable box and indicate date)</i>
						<input type="checkbox"/> Available <input type="checkbox"/> Not available As of (please indicate date): _____
						<input type="checkbox"/> Available <input type="checkbox"/> Not available As of (please indicate date): _____
						<input type="checkbox"/> Available <input type="checkbox"/> Not available As of (please indicate date): _____
						<input type="checkbox"/> Available <input type="checkbox"/> Not available As of (please indicate date): _____

**Indicated prices are as of (please indicate date): _____*

Delivery Arrangements

Frequency of delivery (i.e. daily, weekly, twice a week, etc.)	
Minimum volume per delivery	
Mode of Delivery <i>(please click applicable box)</i>	<input type="checkbox"/> Pick-up at your farm/ designated pick-up area <i>(please specify pick-up address/ location):</i> _____ <input type="checkbox"/> Deliver to buyer <i>(please click applicable box):</i> <input type="checkbox"/> At any area/ location identified by the buyer <input type="checkbox"/> Within specific area/ location only <i>(please specify up to what area):</i> _____ <input type="checkbox"/> Other mode <i>(please specify):</i> _____

Transportation/ Delivery Services *(please click applicable box)*

<input type="checkbox"/> Owned	<input type="checkbox"/> Hired	<input type="checkbox"/> None	No. of vehicle: _____
Type of Vehicle (e.g. closed van, truck, etc)	Capacity	With Food Pass (YES/NO)	

DA Projects/ Programs interested in *(please click applicable box)*

<input type="checkbox"/> KADIWA ni Ani at Kita Project	<input type="checkbox"/> Capable to conduct retail selling in Metro Manila
	<input type="checkbox"/> Capable to conduct retail selling within the province/ region only

<input type="checkbox"/> Other projects/ programs	Please specify: _____ _____
---	-----------------------------------

I hereby declare that all information indicated above are true and correct, and that they may be used by the Department of Agriculture for the purposes of inclusion in the DA Online Portal without violating the Data Privacy Law.

**Department of Agriculture
Agribusiness and Marketing Assistance Service (AMAS)**

FORM B2

Printed Name and Signature of Applicant: _____
Date: _____

KADIWA AGRIBIZ PORTAL BUYER'S PARTICIPATION FORM

General Information					
Registered Enterprise Name					
Registration Number					
Commodity/ Product Requirement Information (please use separate sheet if necessary)					
Agriculture and Fishery Commodities/ Products Description and Specifications <i>Indicate specific commodity/product needed; type/variety; packaging description; other specifications</i>	*Buying Price per Unit (Php) <i>(indicate price and unit used)</i>	Volume Needed per Delivery <i>(Please indicate unit)</i>	Frequency of Delivery <i>(i.e. daily, weekly, twice a week, etc.)</i>	Months needed	Status <i>(please click applicable box and indicate date)</i>
					<input type="checkbox"/> Required <input type="checkbox"/> No longer required As of (please indicate date): _____
					<input type="checkbox"/> Required <input type="checkbox"/> No longer required As of (please indicate date): _____
					<input type="checkbox"/> Required <input type="checkbox"/> No longer required As of (please indicate date): _____
					<input type="checkbox"/> Required <input type="checkbox"/> No longer required As of (please indicate date): _____

Mode of Delivery Specification (please click applicable box)	
<input type="checkbox"/> Deliver to your designated address/ Location	Please specify delivery address/ location: _____
<input type="checkbox"/> Pick-up from supplier's designated address/ location	<input type="checkbox"/> At any location identified by the supplier <input type="checkbox"/> Within specific area/ location only (please specify up to what area): _____

Mode of Payment (please click applicable box)	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cash-on-delivery (COD) <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Others (please specify): _____
<input type="checkbox"/> On credit	Indicate term (no. of days): _____

DA Projects/ Programs interested in (please click applicable box)	
<input type="checkbox"/> KADIWA ni Ani at Kita Project	<input type="checkbox"/> Capable to conduct retail selling in Metro Manila <input type="checkbox"/> Capable to conduct retail selling within the province/ region only

<input type="checkbox"/> Other projects/ programs	Please specify: _____ _____
---	-----------------------------------

I hereby declare that all information indicated above are true and correct, and that they may be used by the Department of Agriculture for the purposes of inclusion in the DA Online Portal without violating the Data Privacy Law.

Printed Name and Signature of Authorized Representative

This is to certify that the [FCA/CBO] has submitted all the documentary requirements for application under the DA Grant Assistance under Enhanced Kadiwa Inclusive Food Supply Chain Program as follows:

Documentary Requirements
1. Letter of Application with attached (a) notarized Board Resolution authorizing the FCA/CBO to apply in the Kadiwa Grant Program and designating its authorized signatories to enter into an agreement with DA and (b) Organizational Profile (filled-up FFEDIS Enrollment Form)
2. Certificate of Registration from Securities and Exchange Commission (SEC), Cooperative Development Authority (CDA) with Certificate of Compliance or Department of Labor and Employment –Bureau of Rural Workers (DOLE-BRW), or Housing and Land Use Regulatory Board (HLURB).
3. Authenticated copy of latest Articles of Incorporation or Articles of Cooperation, showing the original incorporators/organizers and the Secretary’s certificate of incumbent officers, together with the Certificate of Filing with the SEC or Certificate of Approval by CDA.
4. Financial reports audited by independent Certified Public Accountant for the past three years preceding the date of proposal application. For FCA/CBO which has been in operation for less than three years, financial reports for the years in operation and proof of previous implementation of similar projects.
5. Disclosure statement by the FCA/CBO of other related business if any and extent of ownership therein
6. Work and Financial Plan and the details of FCA/CBO equity participation to the Project
7. Project proposal approved and signed by FCA/CBO officers indicating objectives, direct beneficiaries, business operational plan and financial feasibility/projections
8. List and/or photographs of previous similar projects of the FCA/CBO indicating the source of funds for their implementation
9. Sworn Affidavit of the Secretary of FCA/CBO that none of its incorporators, organizers, directors or officers is an agent of or related by consanguinity or affinity up to the fourth civil degree to the officials of the agency authorized to process and/or approve the proposal, proposed MOA, and the release of funds.
10. Others: _____(specify documents)

Certified by:

--	--

Name: _____ Position: _____ Date: _____	Name: _____ Position: _____ Date: _____
---	---

FUND UTILIZATION REPORT (SAMPLE FORMAT)¹

(FCA/CBO LOGO)

Project Title: _____

Name of Organization: _____

Fund Utilization Report

For the Period: From _____ to _____

Beginning Balance	P xxxxxx	
Funds Received	xxxxx	
Balance		P xxxxx
Funds disbursed		
_____	xxxx	
_____	xxxx	
_____	xxxx	
_____	xxxx	
_____	xxxx	
_____	xxxx	
Ending Fund Balance		P xxxxx

Certified Correct:

Accountant

Approved by:

President/Chairman

Attachments/Schedules:

- () Copy of bank statement/Passbook
- () Other supporting documents/schedules (specify)
 - () _____
 - () _____
 - () _____

¹Must be submitted by the FCA/CBO within 60 days after completion of Project as per Section 5.4 COA Circular 2007-01