




<div>Civil Society Participation Fund (CSPF) Department of the Interior and Local Government (DILG) Bureau of Local Government Supervision (BLGS) CSO Partnership Coordination Office (PCO)</div>		<div></div>		<div>For Official Use Only: To be Filled up only by DILG-BLGS/ CSO-PF Secretariat</div> <div><div><div></div>Theme Code: 1<div></div>2<div></div>3<div></div></div><div><div></div>Application Control Number : 2012 - <div></div> - <div></div></div><div><div></div>Date Received : <div></div>, 2012 Time : <div></div> am/ pm</div></div>	
Instructions: Supply all information required (typewritten) in the spaces provided and attach all the supporting documents as may be required. Email to dilg.csopartnership@gmail.com on or before July 31, 2012					
The CSO Proponent		The Project			
Name of Organization /Proponent		Project Title:		Theme: (Refer to Approved Themes as per CSPF Guidelines)	
		Brief Project Description (Max of 100 words):		Project Objectives (Max of 150 words):	
<div>Proponent Type : (Pls. Check One)</div> <div><div><input type="checkbox"/> A CSO w/ SEC Registration</div><div><input type="checkbox"/> B CSO Network/Coalition</div><div><input type="checkbox"/> C LGU-CSO Partnership</div></div>					
Contact Person: Designation: Signature:					
CONTACT DETAILS: Address: <div></div> <div></div> <div></div> Zip Code: <div></div> <div></div> Mun./ City/ Prov.: <div></div> <div></div> Region: <div></div> <div></div> NCR <input type="checkbox"/> LUZ <input type="checkbox"/> VIS <input type="checkbox"/> MIN <input type="checkbox"/> Phone: (<div></div>) - <div></div> <div></div> Cel no.: <div></div> <div></div> Fax: (<div></div>) - <div></div> <div></div> E-mail: <div></div> <div></div> Website: <div></div> <div></div>		How does the Project respond to the CSPF’s objectives and theme? (Max of 200 words)		What are its innovative features, if any? (Max of 50 words)	

Vision/ Mission: <i>(Max of 20 words)</i>	Expected Outputs <i>(Max of 100 words)</i>	Project beneficiaries/ Target Number <i>(Max of 100 words):</i>	Area(s) of Expertise/ Track Record: Top 3 Projects previously handled: 1. _____ 2. _____ 3. _____ Project Partners <i>(LGU / Others, if any)</i> 1. _____ 2. _____ 3. _____																																																																																																					
CHECKLIST OF REQUIREMENTS: <i>Scan and submit/email the ff. supporting documents (*as may be required/applicable).</i> <input type="checkbox"/> SEC registration of CSO, Network/Coalition or LGU-CSO Partnership* <input type="checkbox"/> 2011 CSO's Annual Report <input type="checkbox"/> Brochure or Profile of CSO, Network or LGU Partnership* <input type="checkbox"/> Latest Audited Financial Statement <input type="checkbox"/> LGU Sanggunian Resolution on LGU-CSO Partnership* <input type="checkbox"/> Project logo/photo(s) (jpeg file) <input type="checkbox"/> Others: _____ _____ (Pls. specify)	Proposed Key Activities vis-a-vis Budget and Timeline: (Maximum of Three (3) Month Project Implementation, i.e. September-November 2012) <table><tr><th rowspan="2">Activity</th><th colspan="3">Budget</th><th colspan="3">Month <i>(Put an x mark)</i></th></tr><tr><th>Amount Requested</th><th>Local counterpart</th><th>Project Cost</th><th>Sept.</th><th>Oct.</th><th>Nov.</th></tr><tr><td><input type="checkbox"/> PREPARATORY</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> ACTUAL IMPLEMENTATION <i>(incl. Management Cost)</i></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> ADMINISTRATIVE COST* <i>(*Should not be more than 10% of Total Project Grant)</i></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> REPORTING/EVALUATION:</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> TOTAL: OVER-ALL PROJ. MGT./ADMIN. COST:</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <small>*Use additional sheet if necessary. Note that for approved application, submission of a more detailed budget will be required for submission to DILG-BLGS.</small>							Activity	Budget			Month <i>(Put an x mark)</i>			Amount Requested	Local counterpart	Project Cost	Sept.	Oct.	Nov.	<input type="checkbox"/> PREPARATORY																					<input type="checkbox"/> ACTUAL IMPLEMENTATION <i>(incl. Management Cost)</i>																					<input type="checkbox"/> ADMINISTRATIVE COST* <i>(*Should not be more than 10% of Total Project Grant)</i>																					<input type="checkbox"/> REPORTING/EVALUATION:														<input type="checkbox"/> TOTAL: OVER-ALL PROJ. MGT./ADMIN. COST:						
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Date CSO was Organized / Incorporated: _____ BIR TIN No. <i>(if any)</i> _____ Date/Time Submitted/emailed: _____ Received by (DILG-BLGS): _____	Amount Requested (in PhP): (*maximum of P250,000)	Local Counterpart (if any) (in PhP)	Total project cost (in PhP):																																																																																																					
	DECLARATION: <i>We certify the correctness of the foregoing and hereby agree to abide by and comply with all the CSPF Guidelines and requirements, COA Rules and Regulations should our application be approved.</i> <div>Name, Designation and Signature CSO Representative</div>			Project Location/Area(s) Covered: (Specify Brgy./Mun./City/Province/Region)																																																																																																				