



REPUBLIC OF THE PHILIPPINES

REGIONAL DEVELOPMENT COUNCIL
REGION IV-A (CALABARZON)

SERVICES/ACTIVITIES (*State major services/activities of the organization*)

TARGET CLIENTELE (*Indicate your organization's primary clients/beneficiaries*)

- | | | |
|--|--|---|
| <input type="checkbox"/> women | <input type="checkbox"/> scientists | <input type="checkbox"/> youth |
| <input type="checkbox"/> farmers | <input type="checkbox"/> students | <input type="checkbox"/> landowners |
| <input type="checkbox"/> fisher folks | <input type="checkbox"/> professionals | <input type="checkbox"/> laborers |
| <input type="checkbox"/> urban poor | <input type="checkbox"/> disaster victims | <input type="checkbox"/> landless |
| <input type="checkbox"/> cultural minority | <input type="checkbox"/> vendors | <input type="checkbox"/> others (<i>pls. specify</i>) |
| <input type="checkbox"/> senior citizens | <input type="checkbox"/> persons with disabilities | _____ |
| <input type="checkbox"/> children | <input type="checkbox"/> entrepreneurs | |

SECTORAL CONCERN

- agriculture & fisheries
- environment
- trade & industry
- tourism
- science & technology
- education & manpower development
- health and family planning
- social welfare
- disaster control
- housing
- water
- energy
- transportation
- communication
- local authority
- peace and order and justice
- others (*pls. specify*) _____

AREA OF OPERATION (*List below the specific areas covered by your organization*)

- National _____

- Regional _____

- Provincial _____

- City/Municipal _____

- Barangay _____

- Sitio _____



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FUNDING		
Please list below your organization's funding sources, amount received and purposes for which they were spent for the period <u>2013-2019</u> . Use opposite side if space is not enough.		
Source	Amount	Purpose
PERSONNEL		
Name	Citizenship	Address
CHAIRPERSON (Board of Trustee)		
MEMBERS (Board of Trustees)		
CORPORATE SECRETARY		
TREASURER		
CHIEF EXECUTIVE OFFICER		
MEMBERS (Indicate number of members of the organization or stockholders)	OFFICE STAFF (Indicate number of office and field staff/employees)	
Regular _____	Office: Regular _____	
Associate _____	Part time _____	
Honorary _____	Volunteers _____	
Others _____	Field: Regular _____	
	Part time _____	
	Volunteers _____	



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PROJECTS			
Please list below important projects undertaken by your organization from <u>2013-2019</u> .			
Project Title/Description	Location	Funding source	Beneficiaries

CERTIFICATION	
I hereby certify that the above are correct information about the organization.	
Name: _____	Signature: _____
Designation : _____	Date Accomplished: _____

Form 2

PSR NOMINEE INFORMATION SHEET

PERSONAL DATA		
Name	Sex	Age
Date of Birth	Place of Birth	
Citizenship	Civil Status	
Home Address	Telephone	
	Fax:	
	E-mail	



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EDUCATIONAL BACKGROUND			
LEVEL	SCHOOL	YEAR	COURSE
College			
Post-Graduate			
Others			
BUSINESS/EMPLOYMENT DATA			
Office Address		Telephone	
		Fax	
		E-mail	

MEMBERSHIP IN PRIVATE SECTOR ORGANIZATIONS		
Name of Organization	Position	Period



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PROJECT INVOLVEMENT		
Name of Project	Nature of Project	Period
<p>I hereby certify that I am available and willing to serve as private sector representative to the Regional Development Council (RDC) and that I promise to participate actively in all RDC activities if selected as private sector.</p> <p>I further certify that I am not holding any government position, whether elective or appointive, and do not receive any remuneration from the government.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date Signature</p>		

Form 3

PSR AND VOTER'S NOMINATION FORM

To the RDC Secretariat:

We are pleased to nominate our member _____ as a private sector representative (PSR) in the RDC as agreed by the Board of Directors/Trustees.

Name of Organization:	
Office Address	Telephone
	Fax/Email Address:
Name of Head of Organization	Designation/Position



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NAME OF PSR NOMINEE	
Name	
Office Address	Telephone
	Fax/Email Address

NAME OF OFFICIAL VOTER <i>(any authorized member of the organization other than the nominee)</i>	
Name	
Office Address	Telephone
	Fax/Email Address

_____ Date

_____ (Authorized Board Member or Head of Organization)
Signature



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Date: _____

ENDORSEMENT OF ACCREDITED PRIVATE ORGANIZATIONS

This is to endorse to the Calabarzon Regional Development Council the
_____ with address at _____ as duly
accredited private sector organization of the _____ with
Accreditation Number _____.

Head of the Accrediting Agency