

Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
Intramuros, Manila

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DOLE-DO  
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**GUIDELINES IN THE IMPLEMENTATION OF THE DEPARTMENT OF LABOR  
AND EMPLOYMENT INTEGRATED LIVELIHOOD AND EMERGENCY  
EMPLOYMENT PROGRAM (DILEEP)**

In the interest of the service, this Guidelines is hereby issued for the effective and efficient implementation of the DOLE Integrated Livelihood and Emergency Employment Program.

**I. PROGRAM DESCRIPTION, OBJECTIVES, COVERAGE, GUIDING  
PRINCIPLES, DEFINITION OF TERMS AND MODES OF  
IMPLEMENTATION**

**Section 1. Description.** The DOLE Integrated Livelihood and Emergency Employment Program (DILEEP) is the Department's contribution to inclusive growth through job creation and poverty reduction. It has two components, namely: (1) DOLE Integrated Livelihood Program (DILP) otherwise known as the Kabuhayan Program; and (2) Emergency Employment Program (EEP) otherwise known as the Tulong Panghanapbuhay sa Ating Disadvantaged Workers (TUPAD) Program.

**Section 2. Objectives.** The DILEEP seeks to reduce vulnerability to risks of the disadvantaged workers and to augment the income of workers by providing income opportunities through: (1) emergency employment; (2) entrepreneurship; and (3) skills training.

**Section 3. Coverage.** This Guidelines shall govern the implementation of DILP and TUPAD Program nationwide.

**Section 4. Guiding Principles.** The implementation of the DILP and TUPAD Program shall, at all times, observe the following principles: 1) convergence of services through complementation of resources in the delivery of interventions; 2) promotion of sustainable livelihoods consistent with ILO Recommendation 204 (Transition from the informal to the formal economy) and principles of social and solidarity economy (SSE); 3) decentralization; and 4) promotion of accessibility, inclusivity, responsiveness, and sustainability of program implementation.

**Section 5. Definition of Terms.** For the purpose of this Guidelines, the following terms shall mean:

- a) **Beneficiary** - refers to individual or group of individuals or Co-partners who are qualified to be recipients of assistance under the DILEEP<sup>1</sup>;

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<sup>1</sup> Department Order 173-17 (Revised Guidelines in the Implementation of DILEEP)

b) **Co-partner** - refers to the program partner, which may be a peoples'/workers' organization, union, association, federation, cooperative, business association, church-based organization, educational institution, or private foundation, or national/local government agencies<sup>2</sup>;

c) **Disadvantaged Workers** - refer to the vulnerable, marginalized and displaced workers, as follows:

**Vulnerable workers** - refer to workers who are less likely to have formal work arrangements, decent working conditions, adequate social security, and whose employment is characterized by inadequate earnings, low productivity, and difficult conditions of work that undermine their fundamental rights<sup>3</sup>;

**Marginalized workers** - refer to workers who have not benefited from education, health, employment, and other opportunities by reasons of poverty, geographical inaccessibility, culture, gender, among others<sup>4</sup>; and

**Displaced workers** - refer to workers in the formal and informal sectors who became unemployed, underemployed, or have lost or disrupted their livelihood as a result of closure of establishment, retrenchment, termination, economic crisis, natural and human-induced disasters/calamities, developmental efforts, and armed conflict<sup>5</sup>;

d) **Equity** - refers to the proponent's counterpart which may be in the form of labor, land for the project site, facilities, equipment, micro-insurance, cleaning tools, training cost, monitoring expenses and the like, to be used in a project<sup>6</sup>;

e) **Equipment** - refers to a tangible property that is used to produce a product, provide a service or use to sell, store, and deliver merchandise<sup>7</sup>;

f) **Micro-insurance** - refers to a scheme that provides specific insurance and similar products and services that meet the needs of the low-income sector for risk protection and relief against distress, misfortune, and other contingent events<sup>8</sup>;

g) **Micro-entrepreneur** - refers to the owner of an establishment employing less than 10 employees;

h) **Micro-establishment** - refers to an establishment employing less than 10 employees<sup>9</sup>;

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<sup>2,4,5,7</sup> Department Order 173-17 (Revised Guidelines in the Implementation of DILEEP)

<sup>3</sup> International Labor Organization. Vulnerable employment and poverty on the rise.  
Retrieved from: [https://www.ilo.org/global/about-the-ilo/mission-and-objectives/features/WCMS\\_120470/lang-en/index.htm](https://www.ilo.org/global/about-the-ilo/mission-and-objectives/features/WCMS_120470/lang-en/index.htm)

<sup>6</sup> COA Circular 2012-001 (Prescribing the Revised Guidelines in the Granting, Utilization, Accounting and Auditing of the Funds Released to NGOs/POs)

<sup>8</sup> Insurance Memorandum Circular No. 1-2010

<sup>9</sup> Republic Act No. 11058 (An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof)

- i) **Personal Protective Equipment (PPE)** - refers to a specialized clothing, or equipment designed to protect workers against safety and health hazards that may cause serious workplace injuries and illnesses<sup>10</sup>;
- j) **Proponent** - refers to individuals and groups who propose and undertake livelihood and/or emergency employment projects, which may either be a co-partner or a beneficiary; and
- k) **Social and Solidarity Economy (SSE)** - refers to enterprises, organizations and other entities that are engaged in economic, social, and environmental activities to serve the collective and/or general interest, which are based on the principles of voluntary cooperation and mutual aid, democratic and/or participatory governance, autonomy and independence, and the primacy of people and social purpose over capital in the distribution and use of surpluses and/or profits as well as assets<sup>11</sup>.

**Section 6. Modes of Implementation.** The DILEEP shall be implemented through direct administration by the DOLE Regional Offices (RO), Provincial Offices (PO), Field Offices (FO) or through co-partnership.

## **II. TUPAD PROGRAM**

**Section 7. Program Description.** It is a community-based package of assistance that provides safety net through temporary wage public employment projects for a period of 10 to 90 days, continuous or otherwise<sup>12</sup> depending on the nature of work to be performed.

**Section 8. Qualified Beneficiaries.** All disadvantaged workers aged 18 years old and above are qualified beneficiaries of TUPAD program except for government employees regardless of status of employment (permanent, contractual, project-based) including those who are regularly receiving honorarium or allowances for work performed.

Senior citizens are qualified as beneficiaries of the program, provided that they are fit to work and they will not engage in hazardous work.

Only one member per family shall be eligible to avail of the assistance. In no instance shall they avail more than once in a calendar year except in cases of natural or human-induced calamity.

**Section 9. Eligible Projects.** Qualified beneficiaries may be engaged in community-based, disaster recovery and rehabilitation projects (Annex A).

Projects may be implemented in partnership with other government and private sector entities willing to engage in public and community-based projects.

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<sup>10</sup> Department Order 198-2018

<sup>11</sup> 110th ILC Resolution concerning decent work and the social and solidarity economy

<sup>12</sup> The TUPAD community projects can have different phases to include immediate response, as well as long-term development projects, with a period of work to be implemented either continuously or on a staggered basis.

**Section 10. Phases of Implementation.** The implementation of TUPAD Program consists of the following phases:

- a. **Pre-Implementation Phase.** This includes the identification and profiling of beneficiaries, validation, and submission of documentary requirements;
- b. **Implementation Phase.** This includes the conduct of Basic Occupational Safety and Health (BOSH), Emergency First Aid Orientation, provision of Personal Protective Equipment (PPE)<sup>13</sup>, enrollment in micro-insurance, appropriate training, issuance of TUPAD ID, and engagement in actual work in accordance with the approved Work Program. The period of work shall not exceed eight (8) hours a day; and
- c. **Post-Implementation Phase.** This includes payment of wages within seven (7) working days upon receipt of the DOLE-Regional Offices of the complete documentary requirements such as Daily Time Record (DTR) or Attendance Sheet and TUPAD Completion Report, as the case may be, among others. It is prohibited for any person or entity to ask or solicit any amount from the program beneficiaries. This phase also includes the liquidation of funds released in accordance with the existing rules and regulations.

The DOLE RO/PO/FO shall refer interested TUPAD beneficiaries to active labor market programs such as employment facilitation services offered by DOLE and the Public Employment Service Offices (PESO), livelihood assistance or training opportunities as provided under Section 21 thereof.

**Section 11. Requirements for Availment of TUPAD.** The following are the requirements to be complied with in availing the TUPAD Program:

**a. For the Beneficiaries**

Intended beneficiaries shall submit any of the following government-issued Identification Cards:

1. Voter's ID	8. Passport
2. Postal ID	9. ID Card issued by LTO, LGU or SSS
3. Unified Multi-Purpose ID	10. Barangay ID
4. PhilHealth ID	11. Other proof of identification such as
5. PagIBIG ID	Police clearance, NBI clearance,
6. PhilSys ID	Barangay clearance
7. Senior Citizen's ID	

TUPAD ID shall also be issued by DOLE to the beneficiaries.

In addition to the government-issued identification card, senior citizens shall submit Certification of Fit to Work to be issued by the Local Health Unit or other private health office.

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<sup>13</sup> Basic Personal Protective Equipment (PPE) include T-shirt, and hat. Additional PPEs such as gloves, hard hats, safety glasses, shoes, vests, ear plugs, and full body suits, among others are to be prescribed depending on the nature of work.

## b. For the Implementing Agency

Mode of Implementation	Application Requirements	Additional Requirements once approved
<b>Direct Administration: DOLE-RO/PO/FO</b>	<ol style="list-style-type: none"> <li>1. TUPAD Work Program (Annex B) for projects with a maximum of 30 days of work; or  Project Proposal (Annex C) with Work Program for projects with at least 31-90 days duration of work</li> <li>2. Profile of TUPAD Beneficiaries (Annex D)</li> </ol>	<p>Prior to commencement of work:</p> <ol style="list-style-type: none"> <li>1. Contract of Service between DOLE and the TUPAD Workers (Annex E-1) (no need to be notarized)</li> </ol>
<b>LGUs and Other Government Institutions as Co-partner</b>	<ol style="list-style-type: none"> <li>1. Letter of intent (Annex F)</li> <li>2. TUPAD Work Program (Annex B) for projects with a maximum of 30 days of work; or  Project Proposal (Annex C) with Work Program for projects with at least 31-90 days duration of work, indicating at least 20% equity of the total project cost</li> <li>3. Profile of TUPAD Beneficiaries (Annex D)</li> <li>4. Local Development Plan referring to Labor and Employment/Social Services</li> <li>5. Board or Sangguniang Bayan (SB) Resolution authorizing the Local Chief Executive to enter into a MOA to avail of DOLE programs</li> <li>6. Memorandum of Agreement (MOA) (Annex G)</li> </ol> <p>To be Provided by DOLE</p> <ol style="list-style-type: none"> <li>1. Certification of no unliquidated cash advance</li> </ol>	<p>Prior to commencement of work:</p> <ol style="list-style-type: none"> <li>1. Contract of Service between the Co-Partner and the TUPAD workers (Annex E-2) (no need to be notarized)</li> </ol>
<b>NGOs/POs as Accredited Co-partner</b>	<ol style="list-style-type: none"> <li>1. Letter of intent (Annex F)</li> <li>2. TUPAD Work Program for projects with a maximum of 30 days of work (Annex B); or  Project Proposal (Annex C) with Work Program for projects with at least 31-90 days duration of work indicating at least 20% equity of the total project cost</li> <li>3. Profile of TUPAD Beneficiaries (Annex D)</li> <li>4. Three (3) year recent audited financial reports <i>(For applicant which has been in operation for less than three (3) years, financial reports for the years in operation and proof of previous implementation of similar projects)</i></li> <li>5. Work and Financial Plan and sources of and details of proponent's equity in the project</li> <li>6. Board Resolution authorizing a representative to enter into a Memorandum of Agreement (MOA)</li> <li>7. MOA (Annex G)</li> <li>8. Sworn affidavit of the secretary of the applicant organization/entity 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</li> </ol>	<p>Prior to commencement of work</p> <ol style="list-style-type: none"> <li>1. Contract of Service between the Co-partner and the TUPAD workers (Annex E-2) (no need to be notarized)</li> </ol>



Mode of Implementation	Application Requirements	Additional Requirements once approved
	<p>official of the agency authorized to process and/or approve proposed MOA, and release funds</p> <p>To be Provided by DOLE</p> <ol style="list-style-type: none"> <li>1. Copy of Co-partner Certificate of Accreditation</li> <li>2. Certification of no unliquidated cash advance</li> </ol>	

For project proposals or requests to be sourced from the DOLE Centrally-managed funds, the following requirements should be submitted to the concerned Undersecretary through the Bureau of Workers with Special Concerns (BWSC) and the Financial and Management Service (FMS) for vetting, prior to endorsement to the Secretary for approval:

- a. TUPAD Work Program or Project Proposal; and
- b. Regional Project Management Team (RPMT) Evaluation

## **Section 12. Procedures in the Processing of Applications for TUPAD Program.**

The following steps shall be observed by the proponent in the availment of the TUPAD program:

### **For Direct Administration**

- a. The proponent shall submit the complete documentary requirements (as indicated in Section 11) to the nearest DOLE Regional/Provincial/Field Office.
- b. The DOLE PO/FO shall review the documents submitted by the proponent based on the criteria set for the purpose (Annex H - TUPAD Program Appraisal Sheet).
- c. If found complete and compliant with existing guidelines, the DOLE PO/FO shall endorse the results of the initial evaluation to Regional Office - Technical Support and Services Division (TSSD). Otherwise, the DOLE PO/FO shall notify the proponent of the lacking documents for revision/appropriate action.
- d. The DOLE Regional Project Management Team composed of the Assistant Regional Director, and Chiefs of Technical Support Services Division (TSSD) and Internal Management Services Division (IMSD) shall validate the results of PO/FO evaluation as indicated in the TUPAD Appraisal Sheet and recommend for its approval, disapproval or revision.
- e. If approved, the DOLE RO shall issue the Notice to Proceed (Annex I) to the DOLE PO/FO, who shall then facilitate the provision of assistance to the beneficiaries, as indicated in Section 10 of this Guidelines.
- f. The DOLE PO/FO shall notify the beneficiaries of the schedule of orientation, deployment for work, and pay-out. Likewise, it shall ensure that the beneficiaries perform the assigned tasks or activities under the TUPAD Work Program.

- g. The DOLE PO/FO shall submit to DOLE RO the Daily Time Record (Annex J-1) or Attendance Sheet (Annex J-2) and TUPAD Completion Report (Annex K) and payroll (Annex L), as the case may be, for processing of payment through money remittance service provider (MRSP) or through direct pay-out in case the MRSP is not accessible in the area, or as may be determined by the Secretary.

#### **For Co-partnership**

- a. The proponent shall submit the complete documentary requirements (as indicated in Section 11) to the nearest DOLE Regional/Provincial/Field Office.
- b. The DOLE PO/FO shall review the documents submitted by the proponent based on the criteria set for the purpose (Annex H - TUPAD Program Appraisal Sheet).
- c. If found complete and compliant with existing guidelines, the DOLE PO/FO shall endorse the results of the initial evaluation to Regional Office - Technical Support and Services Division. Otherwise, the DOLE PO/FO shall notify the proponent of the lacking documents for revision/appropriate action.
- d. The DOLE Regional Project Management Team composed of the Assistant Regional Director, and Chiefs of Technical Support Services Division (TSSD) and Internal Management Services Division (IMSD) shall validate the results of PO/FO evaluation as indicated in the TUPAD Appraisal Sheet and recommend for its approval, disapproval or revision.
- e. The DOLE PO/FO shall endorse the complete documentary requirements to the DOLE RO for signature/appropriate action.
- f. The DOLE RO-IMSD shall process the disbursement vouchers and prepare Checks or Advice to Debit Account.
- g. The DOLE RO shall release the Check and issue the Notice to Proceed (Annex I) to the Co-partner, who shall then facilitate the provision of assistance to the beneficiaries, as indicated in Section 10 of this Guidelines. The Co-partner shall issue the corresponding Official Receipt to acknowledge the funds received from DOLE.
- h. The Co-partner shall inform the DOLE RO/PO/FO of the schedule of implementation, at least three (3) working days prior to the start of work.
- i. The Co-partner shall notify the beneficiaries of the schedule of orientation, deployment for work, schedule of pay-out, and liquidation of fund releases. Likewise, it shall ensure that the beneficiaries perform the assigned tasks or activities under the TUPAD Work Program. Pay-out can be made through MRSP or through direct pay-out in case the MRSP is not accessible in the area or as may be determined by the Secretary, subject to submission of Daily Time Record (Annex J-1) or Attendance Sheet (Annex J-2) and

TUPAD Completion Report (Annex K), and payroll (Annex L – TUPAD Payroll), as the case may be.

- j. The Co-partner shall submit liquidation reports, Report on Monthly Disbursement if implementation through LGU (Annex V) or Fund Utilization Report if thru NGOs/POs (Annex W), within the timeline as prescribed in Section 26 of the Guidelines, with supporting documents such as invoices and acknowledgement receipt by the beneficiaries, payroll, pictures, among others.

**Section 13. Compliance.** Program implementers, program partners and beneficiaries shall strictly comply with the established control measures (Annex M), Commission on Audit (COA) rules and regulations, and other rules and procedures in the implementation of the TUPAD Program.

### **III. DOLE INTEGRATED LIVELIHOOD PROGRAM (DILP)**

**Section 14. Program Description.** It is a grant assistance on livelihood for disadvantaged workers either for individuals, groups, with the following components:

- a. **Formation.** Enabling the program beneficiaries to start individual or group livelihood undertaking;
- b. **Enhancement.** Upgrading<sup>14</sup> or complementing<sup>15</sup> existing livelihood undertakings to grow into more viable and sustainable businesses that provide income at par with those of the minimum wage earners; and
- c. **Restoration.** Enabling the re-establishment of lost or damaged livelihoods due to occurrence of natural, human-induced disaster or calamity, or economic crisis.

**Section 15. Qualified Beneficiaries.** All disadvantaged workers aged 18 years old and above are qualified beneficiaries of the DILP except for beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps) and government employees regardless of the status of employment (regular, contractual, or project-based) including those who are regularly receiving honorarium or allowances for work performed.

The following are also qualified as beneficiaries:

- a. Indigenous people (IPs)
- b. Parents of child laborers who have been profiled by DOLE, regardless of being active 4Ps
- c. Technical Education and Skills Development Authority (TESDA) graduates
- d. Micro-establishments' beneficiaries of National Wages and Productivity Commission (NWPC)'s and Regional Tripartite Wages and Productivity Boards (RTWPB)'s Productivity Trainings

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<sup>14</sup> Upgrading refers to improvement of livelihood undertaking to a higher standard through technological improvements in equipment and machinery or provision of additional capital

<sup>15</sup> Complementing refers to establishment of another livelihood undertaking that complements the existing current livelihood project.



- e. Labor organizations and workers' association under the Bureau of Labor Relations (BLR)'s Workers Organization Development Program (WODP) Plus; and
- f. Micro-entrepreneur/micro-establishment under the Bureau of Working Conditions (BWC)'s Technical and Advisory Visits

**Section 16. Eligible Projects.** Eligible projects include undertakings that support the needs of workers and/or the development needs of the community taking into consideration the regional or local development priority such as off-farm/non-farm livelihood diversification in rural agricultural economy, and key employment generating sector (KEGS) - related projects.

Eligible projects may either be individual or group undertakings:

**a. Individual Project**

An individual beneficiary may avail of Livelihood Kits and/or Negosyo sa Kariton (Nego-Kart) in the amount ranging from Php 10,000.00 to Php 30,000.00, depending on the project requirement.

For individual motorized boats, the maximum financial assistance is Php 40,000.00.

**b. Group Project**

Group beneficiary may avail of a grant assistance, depending on the project requirement, as follows:

Category	No. of Members	Maximum Amount of Assistance
Micro-Livelihood	15 – 25 members	maximum of 500,000.00
Small-Livelihood	26 – 50 members	maximum of 1,000,000.00
Medium-Livelihood	51 members or more	maximum of 1,500,000.00

Training-cum-production<sup>16</sup> may also be funded under the DILP.

Micro-lending projects, projects involving construction works, and projects that would require purchase of motor vehicles<sup>17</sup> are not eligible projects except for tractors, trailers and traction engines of all kinds used exclusively for agricultural purposes provided that maintenance and other attendant costs to operate shall be shouldered by the proponent beneficiary/co-partner.

<sup>16</sup> It is a type of assistance wherein the beneficiaries will be provided with skills training with a tangible output/product, which can be used to start their own small business.

<sup>17</sup> It refers to any vehicle propelled by any power other than muscular power using the public highways, except road rollers, trolley cars, street-sweepers, sprinklers, lawn mowers, bulldozers, graders, fork-lifts, amphibian trucks, and cranes if not used on public highways, vehicles which run only on rails or tracks, and tractors, trailers and traction engines of all kinds used exclusively for agricultural purposes per R.A. 4136, an Act to Compile the Laws relative to Land.

**Section 17. Phases of Implementation.** The implementation of DILP consists of the following phases:

- a. **Pre-Implementation Phase.** This includes the identification and profiling of beneficiaries, validation, and submission of documentary requirements. Trainings will also be provided such as: Basic Occupational Safety and Health (BOSH), and Emergency First Aid Orientation, productivity, life skills and technical know-how to build the capacities of beneficiaries on how to plan, set-up, start and operate their respective livelihoods, before the turnover of assistance.

Training may be provided by concerned DOLE agencies i.e. NWPC, RTWPBs, and TESDA, and partner-agencies such as Department of Science and Technology (DOST), and Department of Trade and Industry (DTI), among others or as equity of the Co-partner or beneficiary. For the beneficiaries in the formal sector such as labor organization, the training may be funded under the WODP funds;

- b. **Implementation Phase.** This includes the provision of working capital in the form of raw materials, equipment, tools, common service facility, and other support services necessary in setting-up the business. Micro-insurance will also be given as well as PPEs which could be provided either by DOLE or the co-partner.

Only one (1) member per family can avail individual project. Livelihood projects shall in no case engage child labor; and

- c. **Post-Implementation Phase.** This includes monitoring, liquidation of fund released, and provision of continuing technical and business advisory services, as applicable, to ensure efficiency, productivity, and sustainability of the livelihood undertakings.

**Section 18. Requirements for Availment of DILP.** The following are the requirements to be complied with in availing the DILP:

a. **For the Beneficiaries**

Intended beneficiaries shall submit an accomplished Beneficiary Profile with attached photo and any of the following government-issued Identification Cards:

1. Voter's ID	8. Passport
2. Postal ID	9. ID Card issued by LTO, LGU or SSS
3. Unified Multi-Purpose ID	10. Barangay ID
4. PhilHealth ID	11. Other proof of identification such as
5. PagIBIG ID	Police clearance, NBI clearance,
6. PhilSys ID	Barangay clearance
7. Senior Citizen's ID	



**b. For the Implementing Agency**

Mode of Implementation	Application Requirements	Additional Requirements once approved
<b>Direct Administration: DOLE-RO/PO/FO</b>	<ol style="list-style-type: none"> <li>1. Project Proposal (Annex N-1 for Individual, Annex N-2 for Group)</li> <li>2. Beneficiary Profile Form (Annex O)</li> </ol> <p>Additional Requirements for Group</p> <ol style="list-style-type: none"> <li>1. Certificate of Registration with government agency (i.e. DOLE, CDA, SEC)</li> </ol>	<ol style="list-style-type: none"> <li>1. Katunayan sa Pagtanggap at Pagsang-ayon sa mga Alituntunin (Annex P - for Individual/Group)</li> </ol>
<b>LGUs and Other Government Institutions as Co-partner</b>	<ol style="list-style-type: none"> <li>1. Letter of Intent (Annex Q for LGUs/ Co-Partner)</li> <li>2. Project proposal indicating equity of at least 20% of total project cost (Annex N-1 for Individual, Annex N-2 for Group)</li> <li>3. Beneficiary Profile Form (Annex O)</li> <li>4. Local Development Plan referring to Labor and Employment/Social Services</li> <li>5. Board or Sangguniang Bayan (SB) Resolution authorizing a representative to enter into a MOA with DOLE</li> <li>6. MOA between the DOLE RO and the LGU or Government institutions (Annex R)</li> </ol> <p>To be Provided by DOLE</p> <ol style="list-style-type: none"> <li>1. Certification of no unliquidated cash advance</li> </ol>	<ol style="list-style-type: none"> <li>1. Katunayan sa Pagtanggap at Pagsang-ayon sa mga Alituntunin (Annex P - for Individual/Group)</li> </ol>
<b>DOLE-registered WODP Plus workers' associations, and labor organizations, as Co-Partner</b>	<ol style="list-style-type: none"> <li>1. Letter of Intent (Annex Q for LGUs/ Co-partner)</li> <li>2. Project proposal indicating equity of at least 20% of total project cost (Annex N-1 for Individual, Annex N-2 for Group)</li> <li>3. Beneficiary Profile Form (Annex O)</li> <li>4. Three (3) year recent audited financial reports <i>(For applicant which has been in operation for less than three (3) years, financial reports for the years in operation and proof of previous implementation of similar projects)</i></li> <li>5. Work and Financial Plan <i>and sources of and details of proponent's equity in the project</i></li> <li>6. Resolution authorizing a representative to enter into a MOA with DOLE</li> <li>7. MOA between the DOLE RO and the Co-partner (Annex R)</li> <li>8. Sworn affidavit of the secretary of the applicant organization/entity 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 official of the agency authorized to process and/or approve proposed Memorandum of Agreement (MOA), and release funds</li> </ol>	<ol style="list-style-type: none"> <li>1. Katunayan sa Pagtanggap at Pagsang-ayon sa mga Alituntunin (Annex P - for Individual/Group)</li> </ol>

Mode of Implementation	Application Requirements	Additional Requirements once approved
	9. Authenticated latest copy of Constitution and By-laws and updated list of officers and members 10. List and/or photographs of similar projects previously completed, if any, indicating the source of funds for implementation  To be Provided by DOLE: 1. Copy of Certificate of Registration to DOLE 2. Certification of no unliquidated cash advance	
<b>NGO/POs (Not registered with DOLE, non-WODP Plus Beneficiaries) as Accredited Co-partner</b>	1. Letter of Intent (Annex Q for LGUs/ Co-partner) 2. Project proposal indicating equity of at least 20% of total project cost (Annex N-1 for Individual, Annex N-2 for Group) 3. Beneficiary Profile Form (Annex O) 4. Three (3) year recent audited financial reports <i>(For applicant which has been in operation for less than three (3) years, financial reports for the years in operation and proof of previous implementation of similar projects)</i> 5. Work and Financial Plan <i>and sources of and details of proponent's equity in the project</i> 6. Resolution authorizing a representative to enter into a MOA with DOLE 7. MOA between the DOLE RO and the Co-partner (Annex R) 8. Sworn affidavit of the secretary of the applicant organization/entity 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 official of the agency authorized to process and/or approve proposed Memorandum of Agreement (MOA), and release funds  To be Provided by DOLE: 1. Copy of Certificate of Accreditation of Co-Partner 2. Certification of no unliquidated cash advance	1. Katunayan sa Pagtanggap at Pagsang-ayon sa mga Alituntunin (Annex P - for Individual/Group)

For project proposals/requests requiring resources from the Centrally-managed funds, the following requirements should be submitted to the concerned Undersecretary through the BWSC and the FMS for vetting, prior to endorsement to the Secretary for approval:

- a. DILP Project Proposal; and
- b. Regional Project Management Team (RPMT) Evaluation



**Section 19. Procedures in the Processing of Applications for DILP.**  
The following steps shall be observed in the availment of the DILP:

**For Direct Administration**

- a. The proponent shall submit the complete documentary requirements (as indicated in Section 19) to the nearest DOLE Regional/Provincial/Field Office.
- b. The DOLE PO/FO shall review the documents submitted by the proponent based on the criteria set for the purpose (Annex S-1 (for Individual) or Annex S-2 (for group) - DILP Appraisal Sheet).
- c. If found complete and compliant with existing guidelines, the DOLE PO/FO shall endorse the results of the initial evaluation to Regional Office - Technical Support and Services Division. Otherwise, the DOLE PO/FO shall notify the proponent of the lacking documents for revision/appropriate action.
- d. The DOLE Regional Project Management Team composed of the Assistant Regional Director, and Chiefs of TSSD and IMSD shall validate the results of PO/FO evaluation as indicated in the DILP Appraisal Sheet and recommend for its approval, disapproval or for revision.
- e. The DOLE PO/FO shall endorse the complete documentary requirements to DOLE RO for signature/appropriate action.
- f. The DOLE-RO shall issue the Notice to Proceed (Annex T) to the DOLE PO/FO who shall then facilitate the provision of assistance to the beneficiaries, as indicated in Section 17 of this Guidelines.
- g. The DOLE PO/FO shall notify the beneficiaries of the schedule of orientation, trainings and release of assistance. The beneficiaries, upon receipt of the assistance, shall confirm the receipt of the raw materials, tools, and equipment by complying with the Katunayan sa Pagtanggap at Pagsang-ayon sa mga Alituntunin (Annex P).

**For Co-partnership**

- a. The proponent shall submit the complete documentary requirements (as indicated in Section 18) to the nearest DOLE Regional/Provincial/Field Office.
- b. The DOLE PO/FO shall review the documents submitted by the proponent based on the criteria set for the purpose (Annex S-1 (for Individual) or Annex S-2 (for group) - DILP Appraisal Sheet).
- c. If found complete and compliant with existing guidelines, the DOLE PO/FO shall endorse the results of the initial evaluation to Regional Office - Technical Support and Services Division. Otherwise, the DOLE PO/FO shall notify the proponent of the lacking documents for revision/appropriate action.



- d. The DOLE Regional Project Management Team composed of the Assistant Regional Director, and Chiefs of TSSD and IMSD shall validate the results of PO/FO evaluation as indicated in the DILP Appraisal Sheet and recommend for its approval, disapproval or for revision.
- e. The proponent shall submit other documentary requirements to the concerned DOLE PO/FO.
- f. The DOLE PO/FO shall endorse the complete documentary requirements to DOLE RO for signature/appropriate action.
- g. The RO IMSD shall process the disbursement vouchers and prepare Checks or Advice to Debit Account.
- h. The RO shall release the Check and issue the Notice to Proceed (Annex T) to the Co-partner, who shall facilitate the provision of assistance to the beneficiaries, as indicated in Section 17 of this Guidelines. The Co-partner shall then issue the corresponding Official Receipt (OR) to acknowledge the funds received from DOLE.
- i. The Co-partner shall implement the approved livelihood project, including procurement of necessary raw materials, tools, and equipment, from receipt of project funds, and inform the beneficiaries of the schedule of the orientation and release of assistance. The DOLE RO shall issue Certificate of Completion of Procurement (Annex U), upon completion of procurement of assistance.
- j. The Co-partner shall turn-over the package of assistance to the beneficiaries, who shall then issue the Katunayan sa Pagtanggap at Pagsang-ayon sa mga Alituntunin (Annex P).
- k. The Co-partner shall submit liquidation reports i.e. Report on Monthly Disbursement if implementation through LGU (Annex V) or Fund Utilization Report if thru NGOs/POs (Annex W), within the timeline as prescribed in Section 26 of the Guidelines, with supporting documents such as invoices and acknowledgement receipt by the beneficiaries, pictures, among others.

All equipment, upon release, shall be turned over to the proponent-beneficiary/proponent Co-partner through a Deed of Donation (Annex X).

**Section 20. Compliance.** Program implementers, program partners and beneficiaries shall strictly comply with COA rules and regulations, and other rules and procedures in the implementation of DILP.

#### **IV. GENERAL PROVISIONS**

**Section 21. DOLE and TESDA Convergence.** The DOLE and TESDA shall jointly conduct a training program that will develop the skills and competencies of the TUPAD and DILP beneficiaries. Priority shall be given to the 4th, 5th and 6th class municipalities. The TESDA training shall not be a condition precedent for the availment of benefits under the TUPAD and DILP. Subject to availability of funds,

training costs may be shouldered by DOLE, TESDA and/or the co-partner, as the case may be.

The DOLE-RO shall endorse the list of beneficiaries requiring skills training to the respective TESDA Regional Office, for appropriate assistance, which include provision of scholarship skills training and/or assessment for appropriate certification. For DILP: Interested DILP beneficiaries shall indicate in the proposal their needed skills training for managing the livelihood undertakings for subsequent endorsement to TESDA or other training service provider, for appropriate assistance.

For TUPAD: Interested TUPAD beneficiaries shall signify in the List of TUPAD Beneficiaries Form their intent to avail of wage employment, livelihood assistance, or skills training needed.

**Section 22. Co-partner.** Government agencies, including LGUs and SUCs, peoples'/workers' organization, union, association, federation, cooperative, business association, church-based organization, educational institution, or private foundation may co-partner with DOLE in the implementation of DILEEP.

Except for government agencies, including LGUs, SUCs, other co-partners shall be accredited in accordance with this Guidelines.

WODP Plus participating DOLE-registered workers' associations and labor organizations who will act as co-partner of DOLE need to comply with the requirements prescribed under Section 18 of this Guidelines to facilitate the transfer of funds for program implementation.

**Section 23. Accreditation of Co-partner.** Application requirements for accreditation shall be submitted to the DOLE Regional/Provincial/Field Office.

### 23.1. Requirements

- a. Duly accomplished and signed Application Form (in 4 sets) (Annex Y) and Profile of Organization (Annex Z);
- b. Certificate of Registration with the Securities and Exchange Commission (SEC), or the Cooperative Development Authority (CDA), or the DOLE, as the case may be;
- c. Authenticated latest copy of either of the following, showing the original incorporators/organizers and the Secretary's Certificate for incumbent officers\*:

Corporation	Articles of Incorporation
Cooperative	Articles of Cooperation
Unions/associations	Constitutions and By-laws

\*together with the Certificate of Filing with the SEC/Certificate of Approval by the CDA, as applicable

- d. Audited financial reports for the past three (3) years preceding the date of project implementation. For applicant which has been in operation for less than three (3) years, financial reports for year/s in operation and proof of previous implementation of similar projects;
- e. List and/or photographs of similar projects previously completed, if any, indicating the source of funds for implementation;
- f. Sworn affidavit of the secretary of the applicant organization/entity 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 official of the agency authorized to process and/or approve proposed Memorandum of Agreement (MOA), and release of funds; and
- g. Certificate of Compliance issued by CDA (for cooperatives, and those registered with SEC).

**23.2. Application and Processing for Accreditation.** The following steps shall be observed in processing the application for DOLE accreditation:

- a. The applicant shall submit the complete documentary requirements to the nearest DOLE PO/FO/RO.
- b. The DOLE PO/FO shall receive and check the completeness of the documentary requirements.

For incomplete application and requirements, the DOLE PO/FO shall return the application form indicating the lacking requirement/s.

For complete application and requirements, the DOLE PO/FO shall evaluate the application based on prescribed criteria (Annex AA), and shall conduct the ocular site inspection and verification of documents submitted.

- c. The DOLE PO/FO shall endorse the results of evaluation to DOLE-RO for further review/concurrence.

If approved, the DOLE Regional Director shall issue the Certificate of Accreditation. If disapproved, the DOLE Regional Director shall issue the Notice of Disapproval.

- d. The DOLE PO/FO shall release the signed Certificate of Accreditation or the Notice of Disapproval, as applicable.

### **23.3. Validity and Revocation of Certificate of Accreditation**

The validity of the Certificate of Accreditation is perpetual. However, the organization will be subject to evaluation every time it will act as Co-partner. Further, its accreditation certificate can be revoked in case there are deviations or violations in the provisions of MOA and guidelines.

**Section 24. Source and Use of Funds.** Funds for the effective implementation of DILEEP shall be sourced from the General Appropriations Act and funding from other organizations, if applicable. The administrative cost can be utilized for the traveling and training expenses, monitoring, supplies and materials, communication allowance and services, among others.

**Section 25. Liquidation of Funds.** Funds released for the project shall be liquidated within the timeline indicated as follows:

Mode of Implementation	Period
<b>Direct Administration</b>	Within 15 working days after completion of the project or once the wages have been paid for TUPAD; or within 15 working days from turn-over of the assistance to the beneficiaries for DILP
<b>LGUs and Other Government Institutions as Co-partner</b>	Within 10 days after the end of each month/ end of project, which will be a monthly report until the fund transfer is fully liquidated
<b>NGOs/POs as Accredited Co-partner</b>	Within 60 days after completion of the project or once the wages have been paid; or within 60 days from turn-over of assistance to beneficiaries for DILP

The liquidation of fund releases shall be in accordance with COA Circular No. 2012-001, COA Circular No. 94-013 and other relevant issuances.

**Section 26. Sectoral Fund Allocation.** DILP and TUPAD funds shall be allocated to the disadvantaged workers such as the seasonal workers (i.e. farmers, fisherfolks, sugar workers), Persons with Disabilities (PWDs), senior citizens, IPs, former rebels, parents/guardians of child laborers, women, families of Kasambahay, indigenous people, and Agrarian Reform Beneficiaries (ARBs), among others.

**Section 27. Coverage under other social insurance schemes.** In addition to the required micro-insurance, the beneficiaries may be covered by other social insurance schemes at their own expense or the program partner as their counterpart in program implementation.

**Section 28. Implementation in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).** The TUPAD and DILP may be implemented in areas within the jurisdiction of BARMM, as may be authorized by the Secretary, subject to the requirements of this Guidelines.

**Section 29. Program Management, Reporting, Monitoring and Evaluation.** The Bureau of Workers with Special Concerns (BWSC) shall manage and supervise the implementation of the DILEEP. This includes provision of continuing capacity building to the focal persons of DILEEP, instituting recognition and awards system for the implementers and beneficiaries, and conduct of monitoring in its implementation, as well as spot audits, as needed, in coordination with the concerned offices.

The DOLE Regional/Provincial/Field Offices shall implement the project in accordance with COA rules and regulations and other relevant issuances. They shall undertake thorough background investigation of the co-partner to ensure its legitimacy and capability; monitor the implementation of the project and ensure full liquidation of funds, subject to existing government accounting and auditing rules, regulations and procedures.

Reported allegations, irregularities, and other similar complaints related to the implementation of the DILEEP shall be dealt with accordingly following the procedures set under the AO 118-21 Guidelines on the Disposition of Complaints Relative to the Implementation of the DILEEP.



## **V. MISCELLANEOUS PROVISIONS**

**Section 30. Separability Clause.** - If any provision of this Department Order or the application thereof to any person or circumstance is held invalid by the Courts, the remaining provisions shall remain valid and effective.

**Section 31. Repealing Clause.** - All provisions of existing Department and Administrative Orders inconsistent herewith are hereby repealed.

**Section 32. Effectivity.** - This Order shall take effect fifteen (15) days after its publication in a newspaper of general circulation.

Manila, Philippines. 19 June 2023.

  
**BIENVENIDO E. LAGUESMA**  
Secretary  
Dept. of Labor & Employment  
Office of the Secretary  
  
059217



## **ANNEXES**

<b>Annex A</b>	TUPAD Eligible Projects
<b>Annex B</b>	TUPAD Work Program
<b>Annex C</b>	TUPAD Project Proposal
<b>Annex D</b>	Profile of TUPAD Beneficiaries
<b>Annex E-1</b>	Contract of Service between DOLE Regional Office and the TUPAD Workers
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<b>Annex AA</b>	Appraisal of Application for Accreditation

## Annex A

### TUPAD Eligible Projects

Method of Work	Description	Examples
Emergency Response Method	Provides immediate livelihood/income source for vulnerable workers who have been displaced or lost their livelihood due to calamities/crises	<p>Light works:</p> <ul style="list-style-type: none"> <li>• street and sidewalk sweeping</li> <li>• cleaning of public facilities</li> <li>• river/coastal clean-up</li> </ul> <p>Agro-forestry projects:</p> <ul style="list-style-type: none"> <li>• tree planting</li> <li>• seedling preparation</li> <li>• reforestation</li> <li>• planting of mangroves</li> <li>• bamboo planting in coastal communities</li> <li>• crop growing</li> <li>• vegetable farming that require land preparation</li> <li>• community vegetable gardening including land preparation, seedling and planting</li> </ul> <p>Assist LGUs in the delivery of basic goods and services</p> <p>Disinfection of community areas</p>
Labor-Intensive Method	Requires the use of labor, often with hand tools only and the specific exclusion of equipment or very limited light equipment	<p>Social community projects:</p> <ul style="list-style-type: none"> <li>• de-clogging of canals and creeks</li> <li>• debris segregation</li> <li>• materials recovery</li> <li>• stockpiling</li> <li>• clearing during the aftermath of a calamity/disaster</li> <li>• waste management (recycling activities, composting)</li> <li>• maintenance/cleaning of seaside boulevard</li> <li>• grass cutting</li> </ul> <p>Maintenance/cleaning/greening of tourism areas</p> <p>Painting of school, barangay, municipal/city/provincial office building/facilities/public playground or local park/road/fence, town halls</p> <p>Cutting of excess tree branches</p>
Labor-Based Appropriate Technology Method	Emphasizes the use of small-scale equipment, and an	<p>Social community projects:</p> <ul style="list-style-type: none"> <li>• minor repair of schools</li> <li>• minor repair of health centers</li> <li>• minor repair of bridges</li> </ul>

Method of Work	Description	Examples
	appropriate mix of equipment and labor	<ul style="list-style-type: none"> <li>• construction of footpaths</li> </ul> <p>Construction of:</p> <ul style="list-style-type: none"> <li>• water catchment</li> <li>• terracing planting for soil protection</li> <li>• tide-embankments</li> <li>• pedestrian lane infrastructure</li> <li>• bike lanes/facilities, and other</li> <li>• support facilities</li> </ul> <p>Basic carpentry, plumbing and construction works</p>
Labor-based Equipment Supported Method	Referred to as non-labor-based and relies significantly using machines supported by relatively small amount of labor, optimized to construct and maintain quality infrastructure cost-effectively.	<p>Government projects that require the use of equipment for improvement of government facilities and infrastructures:</p> <ul style="list-style-type: none"> <li>• health centers</li> <li>• irrigation canals and facilities</li> <li>• roads</li> <li>• flyovers</li> <li>• underpass</li> <li>• evacuation centers</li> <li>• school buildings</li> <li>• drought-proofing facilities</li> <li>• flood mitigation structures</li> <li>• erosion reduction projects</li> <li>• major highway</li> <li>• bridge construction</li> <li>• dredging activities</li> </ul> <p>Economic community projects:</p> <ul style="list-style-type: none"> <li>• maintenance and/or rehabilitation of farm to market roads bridges</li> <li>• post-harvest facilities</li> <li>• public markets</li> <li>• production and display centers</li> <li>• fish ports</li> <li>• other infrastructure supporting the food systems</li> </ul>



## Annex B

### TUPAD Work Program

**Regional Office:**

**Proponent:**

**Nature of Work:** e.g. Rehabilitation of public schools

**Mode of Implementation:**

Project Location				No. of Target Beneficiaries	No. of Days of Employment	Activities	Period of Implementation		Funding Requirements						
Brgy.	Municipality/ City	Province.	District				Q1	Q2	Wages	PPE	Micro-insurance	Admin Cost	Total amount requested	Co-partner/ Benef counterpart/ equity	Total
Example:															
Brgy. 12	Manila	Metro Manila	District II	200	10	Cleaning of school vicinity, Painting of classrooms, Repair of chairs and tables									
Total															

Prepared by: \_\_\_\_\_

Certified True and Correct by: \_\_\_\_\_

Date: \_\_\_\_\_

Notes:

**Proponent:** (a.) LGU (b.) Accredited Co-partner

**Mode of Implementation:** (a.) Thru Direct Administration (b.) Thru Co-partner, pls. specify

**Nature of Work:** Specify the type of work i.e social, economic, and agroforestry project

**Activities:** Specify the activities to be undertaken

**Funding Requirements (others):** other costing include micro-insurance, Personal Protective Equipment (PPEs), cleaning solutions, among others, as applicable.

\_\_\_\_\_  
DOLE PO/FO Head



**Annex C**  
**TUPAD Project Proposal**

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**I. Project Profile**

Project Title/Nature of Work	
Project Proponent	
Covered Areas	
No. of Beneficiaries	
Amount of Assistance Requested	
Source of Funds (Indicate proponent/beneficiary equity)	

**II. Background and Objectives**

**III. Work Program** (Refer to Annex B - TUPAD Work Program)

**IV. Schedule of Activities**

Submitted by:

---

Signature over Printed Name  
Designation/Position

## Annex D

### Profile of TUPAD Beneficiaries

Nature of Project: \_\_\_\_\_  
DOLE Regional Office: \_\_\_\_\_  
Province: \_\_\_\_\_  
Municipality: \_\_\_\_\_  
Barangay: \_\_\_\_\_

No.	Name of Beneficiary				Birthdate (YYYY/M M/DD)	Project Location				Type of ID	ID No.	Contact No.	E-payment/ Account No.	Type of Benefi ciary	Occupation	Sex	Civil Status	Age	Average monthly income	Dependent	Intereste d in wage employm ent or self- employ ment? (Yes/No)	Skills Training Needed
	First Name	Middle Name	Last Name	Extensi on Name		Brgy.	City /Municip ality	Province	District													

Prepared and Certified true and correct by:

\_\_\_\_\_  
DOLE or Co-partner

#### Notes:

**Birthdate:** Year/Month/Day (YYYY/MM/DD)

**Project Location:** (Street No, Barangay, City/Municipality, Province, District)

**Type of Beneficiaries:** (a.) Underemployed/Self-employed, (b.) Minimum wage/below minimum wage earners that were displaced due to: temporary suspension of business operations, calamity/crisis situation i.e, earthquake, typhoon, volcanic eruption, global/national financial crisis, others (pls. specify), closure of company, retrenchment, (c.) Person with Disability (PWD), (d.) Indigenous People, (e.) Former rebels, (f.) Former Violent Extremist Groups

**Occupation** - Transport workers, Vendors, Crop growers (please specify, i.e tobacco farmer), Homebased worker (please specify, i.e sewer), Fisherfolks, Livestock/Poultry Raiser, Small transport drivers, Laborer (please specify); Others (please specify)

**Civil Status:** S for single, M for married, D for Divorced, SP for Separated, W for Widowed

**Dependent:** Name of the beneficiary of micro-insurance policy holder

**Trainings:** Agriculture crops production, Aquaculture, Automotive, Construction, Welding, Information and Communication Technology, Electrical and electronics, Furniture making, Garments and textiles, Food Processing, Cooking, Housekeeping, Tourism, Customer Services, Others (please specify)

## Annex E-1

### Contract of Service between the DOLE Regional Office and the TUPAD Workers (for Direct Administration)

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Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
Regional Office No. \_\_\_\_\_

#### CONTRACT OF SERVICE

#### KNOW ALL MEN BY THESE PRESENTS:

This contract of service entered into and executed this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ at the \_\_\_\_\_, Philippines by and between:

Department of Labor and Employment- Regional Office No. \_\_\_\_\_ with office address  
at \_\_\_\_\_

\_\_\_\_\_ herein represented by **DIRECTOR** \_\_\_\_\_,  
hereinafter referred to as the **First Party**;

-and-

TUPAD Workers, all of legal age, Filipinos and residents of Brgy. \_\_\_\_\_,  
\_\_\_\_\_ hereinafter referred to as the **Second Party**;

#### -WITNESSETH-

That pursuant to the provisions of DOLE Department Order No. \_\_\_\_\_ authorizing the contracting of service in the DOLE-RO to implement the **Emergency Employment Program** called **Tulong Panghanapbuhay sa Ating Disadvantaged Workers (TUPAD) Program**, to provide temporary wage employment to the disadvantaged workers, the following terms and conditions are hereby set:

1. That the **Second Party** are physically fit to perform **LABOR-BASED SERVICES** in accordance with the requirements of the job;
2. That in view hereof, the **Second Party** are hereby contracted to perform the following —tasks or activities as specified in the work program \_\_\_\_\_ for \_\_\_\_ days covering the period \_\_\_\_\_ to \_\_\_\_\_, with a daily wage rate of \_\_\_\_\_ (*highest prevailing minimum wage in the RO*) chargeable against the \_\_\_\_\_ Fund. Absences shall be deducted accordingly;
3. That notwithstanding the fixed duration of the employment, the contract of service, may be terminated anytime by the **First Party** for just cause such as but not limited to failure to meet the required outputs; and
4. The information provided are true and correct. The undersigned beneficiaries understand the purpose of this profiling activity and voluntarily and willfully consent to be part of the undertaking. The beneficiaries certify that the information are true and correct and that any misrepresentation and falsification of information may

void the application. The processing and sharing of personal data is hereby authorized for the purpose that it is intended for without prejudice to my rights as stated in the Data Privacy Act of 2012.

IN WITNESS WHEREOF, both parties have hereunto set their hand this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in \_\_\_\_\_.

**First Party:**

**SIGNATURE**

**DIRECTOR** \_\_\_\_\_

**Second Party:**

**(Names of TUPAD Program Beneficiaries)**

Name	Address	Signature

Signed in the presence of:

\_\_\_\_\_  
(Signature over Printed Name)  
Proponent Representative  
(LGU i.e PESO Manager, LCE  
or Head of PO/CSO)

\_\_\_\_\_  
(Signature over Printed Name)  
DOLE Representative  
(RO/PO/FO Head or  
DILEEP Focal Person)

## ANNEX E-2

### Contract of Service between the Co-partner and the TUPAD Workers

Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
Regional Office No. \_\_\_\_\_

#### CONTRACT OF SERVICE

##### KNOW ALL MEN BY THESE PRESENTS:

This contract of service entered into and executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the \_\_\_\_\_, Philippines by and between:

Name of Co-partner with office address at \_\_\_\_\_  
\_\_\_\_\_ herein represented by Head of Co-partner, hereinafter referred to as the **"First Party"**;

-and-

TUPAD Workers, all of legal age, Filipinos and residents of Brgy. \_\_\_\_\_, hereinafter referred to as the **"Second Party"**;

#### -WITNESSETH-

That pursuant to the provisions of DOLE Department Order No. \_\_\_\_\_ authorizing the contracting of service in the DOLE-RO to implement the Emergency Employment Program also called as **"Tulong Panghanapbuhay sa Ating Disadvantaged Workers (TUPAD)"**, to provide temporary wage employment to the disadvantaged workers, the following terms and conditions are hereby set:

1. That the **Second Party** are physically fit to perform **LABOR-BASED SERVICES**, in accordance with the requirements of the job;
2. That in view hereof, the **Second Party** are hereby contracted to perform the tasks or activities as specified in the work program \_\_\_\_\_ for \_\_\_\_\_ days covering the period \_\_\_\_\_ to \_\_\_\_\_, with a daily wage rate of \_\_\_\_\_ (*highest prevailing minimum wage in the RO*) chargeable against the \_\_\_\_\_ Fund. Absences shall be deducted accordingly;
3. That notwithstanding the fixed duration of the employment, the contract of service, may be terminated anytime by the **First Party** for just cause such as but not limited to failure to meet the required outputs; and



4. The information provided are true and correct. The undersigned beneficiaries understand the purpose of this profiling activity and voluntarily and willfully consent to be part of the undertaking. The beneficiaries certify that the information are true and correct and that any misrepresentation and falsification of information may void the application. The processing and sharing of personal data is hereby authorized for the purpose that it is intended for without prejudice to my rights as stated in the Data Privacy Act of 2012.

IN WITNESS WHEREOF, both parties have hereunto set their hand this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ in \_\_\_\_\_.

**First Party:**

**SIGNATURE**

Co-partner \_\_\_\_\_

**Second Party:**

***(Names of TUPAD Program Beneficiaries)***

Name	Address	Signature

Signed in the presence of:

\_\_\_\_\_  
TSSD Head

\_\_\_\_\_  
IMSD Head

## Annex F

### Letter of Intent for Availment of TUPAD

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Date (day/month/year)

Name of Regional Director  
Department of Labor and Employment  
Regional Office No. \_\_\_\_\_

---

(Address)

Dear Sir/Ma'am:

This is to signify our intent to avail of assistance under the Tulong Panghanapbuhay sa Ating Disadvantaged Workers (TUPAD) Program for *(indicate the target no. of beneficiaries)* disadvantaged workers in the *(indicate province and municipalities affected)* whose livelihoods were affected by *(indicate cause of displacement, or reason for being disadvantaged)* with funding requirement of *(indicate amount)*.

We have attached the copy of the TUPAD Work Program relative to our request.

Should you have queries/concerns relative to our application, our office may be reached thru the following contact details *(indicate phone number and/or e-mail address)*.

Thank you and we look forward to your favorable consideration of this request.

Respectfully yours,

---

(Signature over Printed Name of the Co-partner)

## **Annex G**

### **Memorandum of Agreement between DOLE and the Co-partner for the Implementation of TUPAD Program**

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#### **KNOW ALL MEN BY THESE PRESENTS:**

This Memorandum of Agreement (MOA) made and entered into by and between:

The **DEPARTMENT OF LABOR AND EMPLOYMENT REGIONAL OFFICE No. \_\_\_\_\_**, a government office existing by virtue of the laws of the Republic of the Philippines with principal office address at \_\_\_\_\_, represented herein by its Regional Director, \_\_\_\_\_, and herein referred to as "**DOLE-RO \_\_**"; and

The (Name of Proponent), with principal addresses at \_\_\_\_\_ represented herein by its (Authorized signatory/representative of the Co-partner), herein referred to as "**Co-partner**".

#### **-WITNESSETH-**

**WHEREAS**, it is the National Government's policy to implement poverty alleviation project in all regions;

**WHEREAS**, the Department of Labor and Employment (DOLE) is mandated to promote gainful employment opportunities, develop human resources, protect workers and promote their welfare, and maintain industrial peace;

**WHEREAS**, the DOLE provides assistance to help disadvantaged workers in coping with the closure or slowing down of operations of companies as a result of economic disruptions and/or the occurrence of natural disasters, calamities, or armed conflicts that affect their economic base and to augment the meager income of the disadvantaged workers under its **TULONG PANGHANAPBUHAY SA ATING DISADVANTAGED WORKERS (TUPAD) PROGRAM**, pursuant to the provisions of DO No. \_\_\_\_\_, series of 20\_\_\_\_;

**WHEREAS**, the **DOLE-RO \_\_** has been given the responsibility to implement the TUPAD Program to provide temporary wage employment to the disadvantaged workers for a period of \_\_\_\_\_ days;

**WHEREAS**, this partnership is vital to ensure the successful implementation of the said projects and achieve their desired social outcomes;

**NOW, THEREFORE**, for and in consideration of the foregoing premises, the parties hereto have agreed to enter into this Memorandum of Agreement under the following terms and conditions:

#### **I. RESPONSIBILITIES OF THE PARTIES**

##### **A. The DOLE Regional Office \_\_ shall:**

1. Provide the following package of services:

- a) 100% wage for work rendered based on highest prevailing minimum wage in the region;
  - b) Orientation on basic safety and health and emergency first aid; (to be provided either by DOLE or Co-partner)
  - c) Personal Protective Equipment (PPE) such as TUPAD t-shirt (c/o DOLE); and (Other PPEs may be provided in case of hazardous work as specified in OSH Standards, S1989) (to be provided either by DOLE or Co-partner)
  - d) Appropriate training
  - e) Micro-insurance
2. Provide orientation/briefing to the **Co-partner** prior to issuance of fund assistance to ensure that both the technical and administrative concerns relative to the Project are adequately addressed;
  3. Monitor and inspect the project implementation on a regular basis; and verify the liquidation reports and authenticity of payroll of the **Co-partner**;
  4. Adhere to the accounting and auditing requirements of fund transfers to the Co-partner per COA Circular 2007-001 and 2012-001;
  5. Demand the refund of unused funds or savings after project completion and the refund of any disallowed amount as a result of financial audit by the DOLE and/or the Commission on Audit, as well as issue an Official Receipt (OR) for the refunded unexpended balance or disallowance remitted by the **Co-partner**;
  6. Issue Certificate of Completion of the project, upon submission of complete liquidation reports; and
  7. Institute appropriate actions against the concerned **Co-partner** which may include, among others, suspension or termination of the project, retrieval of equipment, in case of violation of the provisions of this MOA and/or legal action for misuse of approved and released funds, refund of unused funds upon project completion, the legal costs of which shall be shouldered by the **Co-partner**.

**B. The Co-partner shall:**

1. Identify community work projects and engage the beneficiaries for the period of \_\_\_\_\_ days starting from \_\_\_\_\_ date \_\_\_\_\_ to \_\_\_\_\_ date \_\_\_\_\_, specifically in Barangay/Municipality of \_\_\_\_\_, Province of \_\_\_\_\_;
2. Provide equity or counterpart equivalent to at least twenty percent (20%) of the total project cost;
3. Adhere to the TUPAD Program guidelines and procedures as stipulated in DO No. \_\_\_\_\_, and other relevant government regulations;
4. Implement the TUPAD Program based on the approved project proposal (for projects to be implemented for 31 - 90 days)/work program (for projects to be implemented from 10- 30 days) which forms as an integral part of this Agreement, in accordance with the approved program objectives, standards, systems and procedures for implementation, time schedule, as well as the attached approved work program;
5. Deposit the check received for the purpose to their respective authorized depository banks. It shall issue corresponding Official Receipt (OR) in acknowledgement thereof;



6. Keep the **DOLE-RO** \_\_\_ informed at least three (3) working days before the actual date of implementation of the project;
7. Utilize the amount received from **DOLE-RO** \_\_\_ solely for the approved project/s and/or for the purpose and line items as specified in the approved project proposals;
8. Shall not use the funds received from **DOLE** for payment of additional compensation or in the creation of new positions or augmentation of salaries of regular personnel of **Co-partner** officers and members/employees, or for other benefits in the form of allowances, incentive pay, bonuses, honorarium or other forms of additional compensation, and for purchase of motor vehicles;
9. Keep and maintain separate subsidiary record for the project funds;
10. Submit to **DOLE-RO** \_\_\_ on or before (indicate the prescribe date of submission of the liquidation report) the required worker's profile and Report of Check Issued (RCI) or report of disbursement (if thru Implementing Agency, i.e. LGU) or fund utilization report (if thru NGOs/POs), with supporting documents such as TUPAD Daily Time Record (DTR) or attendance sheet, TUPAD Completion Report, pictures, and payroll, among others.
11. Return to **DOLE-RO** \_\_\_ any unused funds or savings immediately after project completion and any disallowed amount as a result of financial audit by the **DOLE** and/or the Commission on Audit;
12. Allow access to or make available all records and facilities pertaining to the project for the visitorial audit and examination of the **DOLE** and/or **COA** authorized representative/s; and
13. Prepare a separate proposal and MOA for the provision of skills and entrepreneurship training (if to be provided, based on the willingness of beneficiaries).

#### **C. MODIFICATION/AMENDMENT AND EFFECTIVITY**

- a) Any modification/amendment to this Agreement shall be subject to the mutual consent of the parties hereto;
- b) Any deviation from the approved project proposal shall require approval from the **DOLE-RO** \_\_\_. In case of unauthorized deviations, the Co-partner shall be obliged to return any unutilized portion of the financial assistance without need of prior demand from **DOLE**; and
- c) This Agreement takes effect upon signing of the parties hereto and shall remain in force for the duration of the implementation of the project.

IN WITNESS WHEREOF, the parties have hereunder affixed their signatures this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

DEPARTMENT OF LABOR AND EMPLOYMENT  
GOVERNMENT UNIT OF  
REGIONAL OFFICE No. \_\_\_\_\_

LOCAL  
or Accredited Co-partner

By:

By:

\_\_\_\_\_  
(Signature over Printed Name)  
Regional Director

\_\_\_\_\_  
(Signature over Printed Name)  
LGU or Co-partner  
Representative

Signed in the Presence of:

\_\_\_\_\_  
(Signature over Printed Name)  
Witness

\_\_\_\_\_  
(Signature over Printed Name)  
Witness

## ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)  
CITY OF \_\_\_\_\_) S.S.

BEFORE ME, in the City of \_\_\_\_\_, this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_, personally appeared the following:

NAME	VALID IDENTIFICATION CARD/NUMBER	DATE/PLACE OF ISSUE
1.		
2.		

All known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged before me that the same is their free and voluntary act and deed as well as those of the entities they represent.

Said instrument refers to a Memorandum of Agreement consisting of \_\_\_\_\_ pages including this page of acknowledgement, signed by the parties and their witnesses and sealed with my notarial seal.

## NOTARY PUBLIC

Book No. \_\_\_\_\_;  
Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Series of 20\_\_\_\_.

## Annex H

### TUPAD Program Appraisal

#### A. Project Profile

<b>Project Title:</b>	
<b>Project Proponent:</b>	
<b>Covered Areas:</b>	State areas affected where project will be implemented
<b>Number of Beneficiaries:</b>	State number of target beneficiaries per area
<b>Amount of Assistance Requested:</b>	
<b>Source of Funds:</b>	
<b>Equity of the Proponent:</b>	

#### B. Evaluation

Place a check mark (/) on the box if the requirements are met. Otherwise, place X. Indicate any observations and recommendations under the remarks column.

Criteria	Evaluation ( / or X)	Remarks
<b>A. Documentary Requirements</b> Complete documentary requirements were submitted (refer to attached checklist of requirements)		
<b>B. Applicability of Minimum Wage</b> Wage is based on the highest prevailing minimum wage in the region		
<b>C. Completeness of Work Program</b> Work program is complete and accurate		
<b>D. Provision of Personal Protective Equipment</b> <ul style="list-style-type: none"> <li>Minimum Personal Protective Equipment (PPEs) i.e. hats and shirt are provided</li> <li>Other PPEs i.e. helmet, gloves, booths, etc, are provided depending on the nature of work</li> <li>Reasonable costs of PPEs is observed</li> </ul>		
<b>E. Orientation on Safety and Health and Emergency First Aid</b> Orientation on Safety and Health and Emergency First Aid will be provided		
<b>F. Orientation/Provision of menu of skills training that may be availed by beneficiaries</b>		
<b>G. Inclusion of Micro-Insurance Premiums</b> Provision of Micro-Insurance premiums is included		



Criteria	Evaluation ( / or X)	Remarks
<b>H. Provision of Equity</b> (Equity should be at least 20% of total project cost in case of implementation through co-partner. In case of direct administration, equity need not be at least 20% of the total project cost)		
<b>I. No unliquidated funds</b>		
<b>J. Provision of After-Engagement Services</b>		
<b>K. Relevance and Viability of the Project</b> <ul style="list-style-type: none"> <li>• Responsive to the needs of community</li> <li>• Nature of work falls under the eligible projects for TUPAD program</li> <li>• With support from partners</li> </ul>		

Remarks	
Reviewed/Evaluated by:  <div style="text-align: center;">_____</div> <b>PO/FO Head</b>	Date:
Recommending Approval:  <div style="text-align: center;">_____</div> <b>TSSD Chief</b>  <div style="text-align: center;">_____</div> <b>IMSD Chief</b>  <div style="text-align: center;">_____</div> <b>Assistant Regional Director</b>  <small>Note: IMSD Chief to also appraise the status of liquidation on previous DOLE assistance, as applicable, as well the availability of fund source in the region</small>	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Other Instructions/Recommendations: _____	
<div style="text-align: center;">_____</div> <b>DOLE Regional Director</b>	Date:

## **Annex I**

### **Notice to Proceed for the Implementation of TUPAD Program**

---

This pertains to the request for availment of the **Tulong Panghanapbuhay sa Ating Disadvantaged Workers (TUPAD) Program**, with the following details:

**Nature of Project:**

**Project Location:**

**No. of Beneficiaries:**

**Period of Work:**

**Amount of Assistance:**

**ADL No. :**

The (Co-partner) is advised to proceed with the implementation of the above-mentioned TUPAD project for a period of \_\_\_\_\_ days, subject to existing rules and regulations.

The implementation of TUPAD could be postponed or terminated if there are found deviations on the approved proposal.

**DOLE Regional Director**

# Annex J-1 TUPAD Daily Time Record

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
TUPAD ID No.: \_\_\_\_\_

Days	A.M.	A.M.	P.M.	P.M.
	Time In	Time Out	Time In	Time Out
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

I certify on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from work.

Verified by: \_\_\_\_\_

Authorized Coordinator

e. DOLE PO/FO Head, PESO Manager, LGU/Brgy Official or Designated Rep., (if Direct Admin)  
NGO/PO Officers or Designated Rep. if thru Co-partner)

## Annex J-2

### Daily Attendance Sheet

No.	Name (First, Middle, Last Name, Extension Name)	Day 1 Month/dd	Day 2 Month/dd	Day 3 Month/dd	Day 4 Month/dd	Day n-1 Month/dd	Day n - Month/dd	Signature of coordinator
		(signature of beneficiary)						



## Annex K

### TUPAD Completion Report

---

DOLE-Regional Office: \_\_\_\_\_

Project Location: \_\_\_\_\_

No. of Beneficiaries: \_\_\_\_\_

Period of Work: \_\_\_\_\_

#### A. Accomplishment (To be accomplished by DOLE or Co-partner)

Period of Work	Actual Accomplishment
ex. 1: January 16-22	School vicinity — Three (3) classrooms painted
ex. 2: January 23-27	Chairs and desks were repaired and painted

Issued this \_\_\_ day of Month, 20\_\_\_\_.

\_\_\_\_\_  
**Authorized Coordinator**

i.e. DOLE PO/FO Head, PESO Manager, LGU/Brgy  
Official or Designated rep (if Direct Admin);  
NGO/PO Officers or Designated Rep  
(if thru Co-partner)

#### B. Photo Documentation

Before, during work, and after



## **Annex M**

### **Control Measures in the Implementation of TUPAD Program**

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#### **Orientation prior to engagement in work.**

- A standard background streamer/banner—shall be posted during conduct of orientations.
- During the orientation, the beneficiaries will be oriented about occupational safety and health, wages to be received, and work to be accomplished. The TUPAD ID, policy insurance and PPEs will also be distributed to the beneficiaries.
- For direct administration, validation of beneficiaries' data, and signing of TUPAD COS could also be done.

#### **Engagement in community work.**

- No project shall commence work unless the additional requirements (see Section 11) have been completed for both direct administration and co-partnership.
- During the implementation of the TUPAD project, a standard background streamer/banner shall be posted for the whole duration of work at the work/project site.
- The TUPAD T-shirt shall be used at most times, as may be applicable, during the duration of the implementation of the work program.
- The duration of work is from 10 to 90 days, continuous or not, which should be specified in the Work Program, for a maximum of 8 hours a day.
- The work should be from Mondays to Fridays. However, as may be necessary, the workers are allowed to work during weekends and Holiday to be paid based on the highest prevailing minimum wage in the region, with no extra pay.
- Strict compliance shall be observed on the submission of Contract of Service to ensure that the beneficiaries will complete the entire duration of work as specified under the Work Program.
- Replacement of beneficiaries once the project has commenced will no longer be allowed. Only the days the beneficiaries have rendered work will be paid.

#### **Payment of Wages**

- For the engagement with money remittance service provider, the MOA could include provision for furnishing a claim status report including the treatment on the unsuccessful claim.

The money remittance service provider shall provide the DOLE with a claim status report containing the names of all the beneficiaries, who among them have received their respective claims, the total successful transactions, and the total amount of release and unreleased funds.

In the event that the wages are not claimed by the beneficiaries within 60 days, all unclaimed amounts corresponding to the “unsuccessful transactions” shall be returned to DOLE-RO within five (5) days together with the monthly billing statement.

- A standard background streamer/banner shall be posted during the conduct of pay-out.
- A DOLE RO/PO/FO staff shall be present to witness the actual pay-out to the beneficiaries by the Co-partner/LGU.



## Annex N-1

### Project Proposal (Individual)

---

#### I. Background

Individual Name : \_\_\_\_\_

My Proposed Business is: \_\_\_\_\_

Purpose: \_\_\_\_\_ Formation \_\_\_\_\_ Enhancement \_\_\_\_\_ Restoration

It will satisfy the following needs: \_\_\_\_\_

My business location is : \_\_\_\_\_

I have these skills : \_\_\_\_\_

I have to learn these skills : \_\_\_\_\_

I have these assets (space, good location, equipment, resources) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### II. Market

I will sell to (customers): \_\_\_\_\_

Competitors: \_\_\_\_\_

(who, where) \_\_\_\_\_

I will promote my products/services like this:

\_\_\_\_\_

#### III. Business Operation

Production Plan for one year (quantities):

Each day \_\_\_\_\_

Each week \_\_\_\_\_

Each month \_\_\_\_\_

The total amount to be produced (service: service hours/days delivered) in one year  
(attention: take into account seasonal ups and downs)

\_\_\_\_\_

Sources of raw materials equipment, tools, materials required

\_\_\_\_\_

#### IV. Financial Plan

##### a. Business Expenses:

##### Start-up expenses (for one month)

Items (raw materials, equipment, tools)	Quantity	Unit Cost	Total Cost
Total			

Note: Basic PPEs shall be provided either by DOLE or the co-partner.

##### Operating expenses (for one month):

Items (water, electricity, licenses/permits, rent, salaries)	Quantity	Unit Cost	Total Cost
Total			

**Total Expenses = Total Start-up expenses + Total Operating expenses**  
\_\_\_\_\_ = \_\_\_\_\_ + \_\_\_\_\_

##### b. Sales per Month:

Product/Service	Quantity (pieces, kilos or hour)	Unit Price	Total Sales
Total			

##### c. Income:

**Income per Month = Total Sales – Total Expenses**

\_\_\_\_\_ = \_\_\_\_\_ - \_\_\_\_\_

**Prepared by:**

\_\_\_\_\_  
Signature over Printed Name  
Designation/Position

## Annex N-2

### Project Proposal (Group)

#### I. PROJECT BRIEF

Proponent Co-partner/Proponent Beneficiary	:	
Proposed Business/Project	:	
Purpose:		___ Formation ___ Enhancement ___ Restoration
No. of Direct Beneficiaries (indicate the no. of men and women)	:	
Total Project Cost	:	
• DOLE Support	:	
• Proponent Co-partner/Proponent Beneficiary	:	
• Others	:	
Total	:	
Contact Person	:	
Contact Number	:	

#### II. ORGANIZATION/Co-Partner/PROPONENT OVERVIEW

- History, structure and organization
- Strategic direction
- People and relevant skills and expertise
- Address/location

#### III. INTRODUCTION

- Background Information
- Direct and indirect beneficiaries
- Brief description of the proposed business

#### IV. THE PROPOSED BUSINESS/PROJECT

##### A. Marketing Plan

Describe/specify the following:

Analysis of the market

- How the business would fit in
- Who are the competitors

Products or services to be offered

- Product or service quality, specifications, uses
- What makes the product/service unique
- Pricing strategy (Buying and selling price (mark-up))

Brand strategy

- What makes the product/service unique
- Advantage against competitors

Distribution strategy

- How big is your volume requirement
- What is your delivery schedule
- What is your mode of selling (cash or credit or both)

Pricing strategy

- What is your buying price
- What is your selling price (mark-up)

Promotion strategy i.e distribution of flyers/brochures, promotion thru social media, sales promotion, etc.

Prospective Buyers

- Who are your buyers
- Where are they
- How big is your market share

## **B. Production Plan**

Describe/specify the following:

- Production Cycle (step by step procedures in producing the product/service)
- Plant/Workplace (building, size, lay-out, location)
- Raw Materials (how many, availability from supplier, cost)
- Facilities required and their production capacity (equipment, tools and materials)
- Personnel (how many directly involved, production capacity, skills/training needed, support services, remuneration)
- Safety and Health (safety measures, protective gears)

## **C. Management Plan**

Describe/specify the following:

- Composition of Project Management Team
- Specific Duties and Responsibilities
- Organizational Structure
- Tasks Assigned to Production Workers
- Specific training needs
- Commitment of Stakeholders
- Profit sharing scheme and savings mechanism
- Challenges/risks to business and plans to address it

## D. Financial Plan

### Monthly Working Capital Requirement

#### a. Cost of Direct Raw Materials

Materials	Unit Cost	Quantity	Total Cost
Total			

#### b. Cost of Direct Labor

Labor	Rate	Quantity	Total Cost
Total			

#### c. Overhead Cost

##### 1. PMT Supervision/Administrative Cost

Position	Rate	Quantity	Total Cost
Total			

2.\* Marketing Cost : \_\_\_\_\_

3.\* Utilities : \_\_\_\_\_

4.\* Transportation : \_\_\_\_\_

5.\* Rent : \_\_\_\_\_

6.\* Others : \_\_\_\_\_

(Note \* : Show breakdown of computation)



d. Capital Outlay (Equipment/Tools)

Item	Unit Cost	Quantity	Total Cost
Total			

e. Pre-Operating Costs

- i. Cost of Trainings (Show computation per training)
- ii. Licenses/permits
- iii. Other attendant costs

**Total Project Cost**

ITEM	TOTAL COST	FUNDING SOURCE			
		DOLE	Proponent/ Org	Beneficiaries	Others
1. Land					
2. Building					
3. Working Capital					
Raw Materials					
Labor					
Equipment					
Overhead/ Administrative Cost					
• Rent					
• Marketing					
• Utilities					
• Transportation					
4. Pre-Operating Expenses					
• Training					
• Licenses/Permits					
• Others					

**Financial Statements (three (3) year period)**

- a. Income Statement (Profit-and-Loss Statement)
  - ✓ How much does the business earn over a given period of time
- b. Cash Flow Statement
  - ✓ How much cash is needed to meet monthly obligations, when will it be needed and where it is coming from
- c. Balance Sheet Statement
  - ✓ Summary of all financial data at a given point in time showing the business' growth in terms of net worth

**E. Stakeholders' Commitments**

Specify the commitment of the organization/co-partner, beneficiaries and other key stakeholders to ensure the sustainability of the project

Prepared by:

\_\_\_\_\_  
Signature over Printed Name  
Designation/Position

Note: The form can be modified as necessary.

## Annex O - DILP Beneficiary Profile Form

<b>IMPORMASYON NG BENEPISYARYO NG KABUHAYAN PROGRAM</b>									
<b>Project ID Number<sup>1</sup>:</b>									
<b>PROJECT LOCATION<sup>2</sup></b>									
Rehiyon:		Probinsiya:		Lungsod:		Distrito:		Barangay:	
									Numero at Pangalan ng Kalye:
<b>PROJECT DETAILS</b>									
Uri ng proyekto <sup>3</sup> :		<input type="checkbox"/> Grupo <input type="checkbox"/> Indibidwal		Program Component <sup>4</sup> : <input type="checkbox"/> Formation <input type="checkbox"/> Restoration <input type="checkbox"/> Enhancement		Pangalan ng Proyekto <sup>5</sup> :		Paraan ng Implementasyon <sup>6</sup> :	
								<input type="checkbox"/> ACP <input type="checkbox"/> Direct Admin	
<b>PERSONAL INFORMATION</b>									
Pangalan:	Huli      Una      Gitna			Kasarian:	<input type="checkbox"/> Lalaki <input type="checkbox"/> Babae		Kapanganakan:	mm/dd/yyyy	Katayuang Sibil:
Tirahan:	Kalye      Barangay      Distrito      Lungsod      Probinsiya			Numero ng telepono:				Klase ng Benepisyaryo <sup>7</sup> :	May kapansanan?
Beneficiary's Social Media Account:		Facebook:		Instagram: (@username)		Email Address:			
Ikaw ba ay benepisyaryo ng Pantawid Pamilyang Pilipino Program (4Ps)?				OO      HINDI		Buwanang kita			
Pangalan ng Depedyente (Huli, Una, Gitna) <sup>8</sup>				Kung oo, pakilagay ang taon na graduated/exited:		Numero ng Depedyente:			
Pag-IBIG No.:				PhilHealth No.:				SSS No.:	Iba pa:
Pinapatunayan ko na ang lahat ng impormasyong ibinigay ko ay totoo at tama. Naiintindihan ko ang layunin ng pagsagot nito. Kusa at maluwag sa loob kong ibinigay ang permiso ko para maging parte ng pagsasagawang ito. Ako ay makikipagtulungan na masigurong walang kabataan ang lalahok sa mapanganib na paggawa (child labor). Ano mang pagsisinungaling o maling paglalarawan sa mga impormasyong nakatala ay maaaring magpawalang bisa ang aking aplikasyon sa programa ng DILP o maaaring magresulta ng pagbawi ng pinagkaloo na kabuhayan sa akin. Pinapahintulutan ko ang paggamit at pagbahagi ng aking mga personal na impormasyon para sa layunin nito hangga't 'di ito makakapinsala sa aking mga karapatan alinsunod sa Data Privacy Act of 2012.									
Pirma _____ Petsa ng Pagpirma				<b>NOT FOR SALE</b>			Kung hindi makakapirma, maaaring maglagay ng tatak ng daliri (fingerprint) sa presensya ng kawani ng DOLE		
							<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">Kaliwang hinlalaki</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Kanang hinlalaki</div> </div>		

<sup>1</sup> Project ID Number – Magkakaroon ng sariling ID number kapag ang proyekto ay naaprubahan.

<sup>2</sup> Project Location – tumutukoy sa pook kung saan matatagpuan ang proyekto. Ilagay ang mga sumusunod na detalye: rehiyon, probinsiya, munisipyo/lungsod, distrito, barangay, at no./street.

**PROJECT DETAILS:**

<sup>3</sup> Uri ng Proyekto – Pumili lamang ng isang (1) uri ng proyekto sa pamamagitan ng pagtesk sa kahon.

<sup>4</sup> Program Component – Pumili lang ng isang (1) Program Component sa pamamagitan ng pagtesk sa kahon.

<sup>5</sup> Pangalan/Pamagat ng Proyekto - Ilagay ang pangalan o pamagat na tumutugma sa inyong pangkabuhayan. Halimbawa: Meat Processing, Rice Retailing, Ginger Tea Production, Starter Kit, etc.

<sup>6</sup> Paraan ng Implementasyon- Pumili ng isang (1) pamamaraan ng implementasyon sa pamamagitan ng pagtesk sa kahon.

<sup>7</sup> Uri ng Benepisyaryo – displaced driver, transport workers, (i.e. conductor, dispatcher)

<sup>8</sup> Depedyente– Pangalan ng benepisyaryo ng micro-insurance policy holder

**Annex P**  
**(For Individual or Group)**

**KATUNAYAN NG PAGTANGGAP AT PAGSANG-AYON SA MGA ALITUNTUNIN**

Ako/Kami, \_\_\_\_\_, na may pagkakakilanlan at  
permanenteng tirahan na matatagpuan sa  
\_\_\_\_\_, ay kusang loob at  
walang anumang pang-aalinlangang tinanggap ang mga sumusunod;

Materyales, Kasangkapan	Dami	Yunit

Bilang isa sa mga tumanggap ng tulong pangkabuhayang handog ng pamahalaan sa pamamagitan ng DOLE Integrated Livelihood Program (DILP), ako/kami ay boluntaryong sumasang-ayon sa mga alituntuning nakasaad at sa resulta ng inaasahan sa akin ng mga nagpapatupad at nangangasiwa sa programang ito, tulad ng mga sumusunod:

- i. Na ang tulong pangkabuhayan na inihandog ay nasa anyo ng mga pisikal na imbentaryong kinakailangan sa pagpapasimula ng pagtatayo ng kabuhayang proyekto na naipanakala;
- ii. Na bilang isa sa mga nagawaran ng tulong ng pamahalaan, ito ay may kalakip na responsibilidad na palaguin ang kita at gawing pangmatagalan ang itinayong kabuhayan o negosyo;
- iii. Na upang mapalago ang kita at maging pangmatagalan ang operasyon ng kabuhayan, ako/kami ay maglalaan ng panahon at sisiguraduhing makakadalo sa mga pagpupulong at pagsasanay na kinakailangan sa mas mahusay na pagpapatakibong aking/aming negosyo;
- iv. Na bilang isa sa mga nabibilang na ginawaran ng tulong pangkabuhayan, pagsisikapan kong/naming pangalagaan ang tiwala at kumpanyang binigay sa akin/amin ng mga nangangasiwa at nagpapatupad ng programa sa pamamagitan ng pagsunod o pagtupad sa iba pang mga inaasahang mga resulta tulad ng mga ulat na nagpapakita ng arawan, lingguhan at buwanang kita o pagkalugi ng negosyo at iba pang mga ulat na maaaring hingin sa akin;

- v. Na para sa pagsubaybay, pagsisikapan kong/naming makasagot sa anumang mga komunikasyon na aking/aming matatanggap mula sa mga tagapangasiwa at tagapagpatupad ng programa sa kahit anumang pamamaraan;
- vi. Na anumang planong baguhin o pagbabago sa orihinal na proyektong pangkabuhayan na ipinanukala, ay kinakailangang aprubado ng mga kinauukulang nangangasiwa o nagpapatupad ng programa;
- vii. Na sa pagkakataong permanenting tumigil ang operasyon ng negosyo o kaya'y mapatunayang mayroong naganap na maling pamamalakad, pagpapabaya, panloloko o iba pang mga iregularidad sa aking/aming pagpapatakbo ng negosyo, batay sa isinagawang masusing pagrebalida o pag-imbistiga, ang kagawaran (DOLE) ay may karapatang bawiin ang mga kagamitan o mga imbentaryong mayroon pang kapakinabangan mula sa benepisyaryo/Co-partner/LGU sang-ayon sa pag-apruba ng kagawaran, ngunit matapos lamang ang angkop at legal na pamamaraan.

Ngayong araw, \_\_\_\_\_, taong 20\_\_\_\_\_, aking nilalagdaan ang itaas ng aking nakalimbag na ngalan bilang patunay na aking binasa, lubos na naunawaan at tinatanggap ang mga tuntunin at kondisyon na sa itaas as nakasaad.

---

Lagda sa itaas ng nakalimbag na ngalan ng benepisyaryo

---

**Saksi**

---

**Saksi**



## Annex Q

### Letter of Intent for Availment of DOLE Integrated Livelihood Program (For LGUs/Co-partner)

---

\_\_\_\_\_  
(Date)

Name of DOLE Regional Director / Field Office Head  
Department of Labor and Employment  
Regional Office No. \_\_\_\_\_

\_\_\_\_\_  
(Address)

Dear Sir/Ma'am:

The \_\_\_\_\_ would like to request for assistance under  
(name of BLGU/LGU/Co-partner)

the DOLE Integrated Livelihood Program (DILP) for the benefit of  
\_\_\_\_\_ in the \_\_\_\_\_. Their proposed  
(no. of beneficiaries and sector/occupation) (project location)

project/s is/are \_\_\_\_\_ with funding  
(name of the project)  
requirement of Php \_\_\_\_\_

The proposed project aim/s to \_\_\_\_\_.  
(objective/s of the project)

Attached are the following documentary requirements for your review/evaluation.

- \_\_\_\_\_ Group Project Proposal
- \_\_\_\_\_ Livelihood Beneficiary Profile Form (with picture)
- \_\_\_\_\_ Other Requirements (for LGU/Co-partner - see attached checklist)

Hoping for your consideration and approval.

Thank you very much.

Respectfully yours,

\_\_\_\_\_  
(Signature over Printed Name of the LGU/Co-partner Official  
or its authorized representative)

## Memorandum of Agreement Between the DOLE RO and the Co-partner for the Implementation of DILP

**This Memorandum of Agreement (MOA) made and entered into by and between:**

and

**-WITNESSETH-**

**WHEREAS, the DOLE-RO \_\_ has been given the responsibility to implement the DOLE Integrated Livelihood Program;**

**WHEREAS**, the **DOLE-RO** \_\_ shall implement (livelihood formation or enhancement or restoration) in the Municipality/ies of \_\_\_\_\_, Province of \_\_\_\_\_, in partnership with (Name of Proponent) as co-partner;

**WHEREAS**, this partnership is vital to ensure the successful implementation of the said projects and achieve their desired social outcomes;

**WHEREAS**, the **PROPONENT Co-partner** (if NGO/PO) has been accredited by **DOLE-RO** \_\_ to implement the proposed project of (Name of Proponent), particularly the (Name and Nature of Project) located in \_\_\_\_\_;

**NOW, THEREFORE**, for and in consideration of the foregoing premises, the parties hereto have agreed to enter into this Memorandum of Agreement under the following terms and conditions:

#### **I. RESPONSIBILITIES OF THE PARTIES:**

##### **A. The DOLE-RO \_\_ shall:**

1. Provide the fund assistance for working capital to the **PROPONENT Co-partner** of the approved project amounting to (Amount in Words) only (P\_\_\_\_\_.00), to be used exclusively for the implementation of the project. Funding assistance may be released in full or in tranches depending on the nature and the need of the project. For releases in tranches, schedule and amount of releases shall be in accordance with related provisions in COA Circular Nos. 2012-001 and 2007-001;
2. In case the fund assistance includes allocation for acquisition of equipment, purchase of the necessary equipment indicated in the approved project proposal should comply with RA 9184 (Government Procurement Reform Act) and government accounting and auditing rules and regulations. All equipment purchased shall be the property of DOLE, to be turned over to the proponent-beneficiary through a Deed of Donation. The **DOLE-RO** \_\_ may take appropriate action if the beneficiary has deviated from the terms and conditions of the Deed of Donation;
3. Conduct regular inventory of the equipment, together with the **PROPONENT Co-partner**, to determine their physical condition;
4. Provide orientation/briefing to **PROPONENT Co-partner** prior to issuance of fund assistance to ensure that both the technical and administrative concerns relative to the Project are adequately addressed;
5. Provide technical assistance to the **PROPONENT Co-partner** whenever necessary;
6. Monitor and inspect the project implementation together with the **PROPONENT Co-partner** and verify the financial records and reports of the **PROPONENT Co-partner**;
7. Adhere to the accounting and auditing requirements of fund transfers to the **Proponent Co-partner** per COA Circular Nos. 2007-001 and 2012-001 such as, among others, maintenance of subsidiary ledger of cash transferred pertaining to the project, drawing Journal Vouchers to take up financial reports of **PROPONENT Co-partner** as well as taking up liquidation and COA CSBs issued;

8. Demand the refund of unused funds or savings after project completion and the refund of any disallowed amount as a result of financial audit by the DOLE and/or the Commission on Audit, as well as issue an Official Receipt (OR) for unexpended balance and the refunded disallowance remitted by the **PROPONENT Co-partner**;
9. Issue Certificate of Completion of Procurement upon completion of procurement of assistance;
10. Institute appropriate actions against the concerned **PROPONENT Co-partner** which may include, among others, suspension or termination of the project in case of violation of the provisions of this MOA and/or legal action for misuse of approved and released funds, non returned of unused funds, the legal costs of which shall be shouldered by the **PROPONENT Co-partner**.

**B. The PROPONENT Co-partner shall:**

1. Implement the approved livelihood project proposal which form as an integral part of this Agreement, in accordance with the approved project objectives, standards, systems and procedures for project implementation, time schedule and the project cost estimates;
2. Procure the necessary raw materials, equipment, and tools and jigs indicated in the approved project proposal in accordance with government accounting and auditing rules and regulations and RA 9184, as applicable, within 3 months from receipt of project funds;
3. Provide equity or counterpart which is equivalent to at least twenty percent (20%) of the total project cost in the amount of (Amount in Words) only (P\_\_\_\_\_00) for the supervision and monitoring of the project or for other needs related to the project;
4. Adhere to DO No. \_\_\_\_\_, the Revised DILEEP guidelines and other relevant government regulations;
5. Deposit the check received for the purpose to their authorized depository bank. It shall issue corresponding Official Receipt (OR) to acknowledge funds received from **DOLE-RO** \_\_;
6. Utilize the amount received from **DOLE-RO** \_\_ solely for the above-mentioned approved project and/or for the purpose and line items as specified in the approved project proposals. In no case shall the funds be used for payment of additional compensation or in the creation of new positions or augmentation of salaries of regular personnel of PROPONENT Co-partner officers and members/employees, or for other benefits in the form of allowances, incentive pay, bonuses, honorarium or other forms of additional compensation, and for purchase of motor vehicles, for money market placement, time deposit and other forms of investments not related to the project;
7. Return to **DOLE-RO** \_\_ any unused funds or savings upon completion of procurement of all necessary project requirements as stated/itemized in the approved project proposal and any disallowed amount as a result of financial audit by the DOLE and/or the Commission on Audit;

8. Allow access to or make available all records and facilities pertaining to the project for the visitorial audit and examination of the DOLE and/or COA authorized representative/s;
9. Create a Project Management Team and identify their respective roles and responsibilities\*;
10. Ensure the implementation of a profit sharing scheme\*;
11. Ensure that streamers/banners and signages bear the DOLE and DILP Logo and are prominently displayed in the project site and training venue;
12. Ensure that product packaging/labeling shall bear the DOLE and DILP Logo indicating that it is a DOLE - assisted project\*;
13. Be responsible for the storage and maintenance of the equipment. It shall secure written approval from DOLE for transfer of any equipment from the project site to another location. In case the project ceases to operate within 1-year period, the proponent shall notify the DOLE-RO \_\_\_;
14. Keep and maintain separate account and financial records/subsidiary records for funds received from DOLE-RO \_\_\_ in accordance with generally accepted accounting principles. Funds shall not be mingled with other funds owned and controlled by the PROPONENT Co-partner;
15. Submit to DOLE-RO \_\_\_ on or before (indicate the prescribe date of submission of the liquidation report) the required worker's profile and Report of Check Issued ( ) or report of disbursement (if thru Implementing Agency, i.e. LGU) or fund utilization report (if thru NGOs/POs), with supporting documents such as invoices, pictures, and acceptance/ acknowledgement receipt by the beneficiaries of the raw materials, and/ or equipment, tools and jigs\*;
16. Secure prior approval of the DOLE-RO \_\_\_ in case of deviation from the approved project proposal; and
17. Monitor the projects and submit regular quarterly and annual progress reports to DOLE PO/FO.

\*Note: As applicable

## II. COMMENCEMENT OF PROJECT IMPLEMENTATION

The implementation of the project covered by this Agreement shall start, **as soon as practicable**, after the receipt of equipment and other materials needed for project operation, subject to adjustments upon written request of the **PROPONENT Co-partner** to the DOLE-RO \_\_\_.

## III. MODIFICATION/AMENDMENT AND EFFECTIVITY

- a. Any modification/amendment to this Agreement shall be subject to the mutual consent of the parties hereto;

- b. Any deviation from the approved project proposal shall require approval from the **DOLE-RO** \_\_\_\_\_. In case of unauthorized deviations, the **PROPONENT Co-partner** shall be obliged to return any unutilized portion of the financial assistance without need of prior demand from DOLE. Unauthorized deviations shall also give the DOLE the right to stop payment of the check and/or succeeding releases covering the amount of the grant; and
- c. This Agreement takes effect upon signing of the parties hereto and shall remain in force until mutually revoked by both parties.

**IN WITNESS WHEREOF**, the parties have hereunder affixed their signatures this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**DEPARTMENT OF LABOR AND EMPLOYMENT-  
REGIONAL OFFICE No. \_\_\_\_\_**

**PROPONENT Co-partner**

**By:**

**By:**

\_\_\_\_\_  
Regional Director

\_\_\_\_\_  
Head of Proponent Co-partner

**Signed in the Presence of:**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

**Note: The forms maybe modified as necessary**



## ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)  
CITY OF \_\_\_\_\_) S.S.

BEFORE ME, in the City of \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_  
20\_\_ \_\_, personally appeared the following:

NAME	VALID IDENTIFICATION CARD/NUMBER	DATE/PLACE OF ISSUE

All known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged before me that the same is their free and voluntary act and deed as well as those of the entities they represent.

Said instrument refers to a Memorandum of Agreement consisting of \_\_\_\_ pages including this page of acknowledgement, signed by the parties and their witnesses and sealed with my notarial seal.

## NOTARY PUBLIC

Book No. \_\_\_\_  
Doc No. \_\_\_\_  
Page No. \_\_\_\_  
Series of \_\_\_\_

## Annex S-1

### Project Evaluation/Appraisal Sheet for Individual Project

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Department of Labor and Employment  
DOLE Regional Office \_\_\_\_

#### PROJECT EVALUATION/APPRAISAL SHEET FOR INDIVIDUAL PROJECT

##### 1. PROFILE

Project Title	
Purpose	
Project Cost	
DOLE	
Proponent	
Fund Source	

##### 2. MINIMUM REQUIREMENT

MINIMUM CRITERIA	FINDINGS	RECOMMENDATIONS
Documentary Requirements		
Target Beneficiaries		
Need to be Addressed		
Purpose/Objective		
Eligibility of the Proponent- Co-partner/ Proponent-Beneficiary <ul style="list-style-type: none"><li>• Equity</li><li>• Liquidation of cash advances</li></ul>		

### 3. TECHNICAL AND FINANCIAL EVALUATION

BUSINESS ASPECTS	FINDINGS	RECOMMENDATIONS
Marketing Plan <ul style="list-style-type: none"> <li>Market</li> </ul>		
Production Plan <ul style="list-style-type: none"> <li>Source of raw materials, equipment, tools, required</li> <li>Environmental friendliness</li> <li>Safety and health measures</li> </ul>		
Profitability <ul style="list-style-type: none"> <li>Sales/month</li> <li>Income/month</li> </ul>		
Management (i.e. with proposed measures to address the potential challenges)		

### 4. OVERALL EVALUATION

Criteria	Percentage (%)	Rating
I. Relevance <ul style="list-style-type: none"> <li>Purpose/Objectives</li> <li>Priority Beneficiaries</li> </ul>	25%	
II. Effectiveness <ul style="list-style-type: none"> <li>Marketing Plan</li> </ul>	25%	
III. Production Plan	25%	
IV. Efficiency <ul style="list-style-type: none"> <li>Profitability</li> </ul>	25%	
<b>TOTAL SCORE</b>	<b>100%</b>	

Note: A rating of at least 20% per criteria shall qualify the project proposal for funding.

## 5. RECOMMENDATION

--

Remarks	
Reviewed/Evaluated by:  <div style="text-align: center;">_____</div> <div style="text-align: center;">PO/FO Head</div>	Date:
Recommending Approval:  <div style="text-align: center;">_____</div> <div style="text-align: center;">TSSD Chief</div>  <div style="text-align: center;">_____</div> <div style="text-align: center;">IMSD Chief</div>  <div style="text-align: center;">_____</div> <div style="text-align: center;">Assistant Regional Director</div>  <small>Note: IMSD Chief to also appraise the status of liquidation on previous DOLE assistance, as applicable, as well the availability of fund source in the region</small>	Date:
<div>___ Approved</div> <div>___ Disapproved</div> <div>___ Other Instructions/Recommendations: _____</div>	
<div style="text-align: center;">_____</div> <div style="text-align: center;">DOLE Regional Director</div>	Date:

## Annex S-2

### Project Evaluation/Appraisal Sheet for Group Project

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Department of Labor and Employment  
DOLE Regional Office \_\_\_\_

#### PROJECT EVALUATION/APPRAISAL TEMPLATE FORM FOR GROUP PROJECT

##### A. PROFILE

Project Title	
Component	
Co-partner	
Project Cost	
DOLE	
Proponent	
Fund Source	

##### B. MINIMUM REQUIREMENTS

MINIMUM CRITERIA	FINDINGS	RECOMMENDATIONS
Documentary Requirements		
Target Beneficiaries		
Need to be Addressed		
Purpose/Objective		
Eligibility of the Proponent- Co-partner/Proponent-Beneficiary <ul style="list-style-type: none"><li>• Equity</li><li>• Liquidation of cash advances</li></ul>		

### C. TECHNICAL AND FINANCIAL EVALUATION

BUSINESS ASPECTS	FINDINGS	RECOMMENDATIONS
<b>Marketing Plan</b> <ul style="list-style-type: none"> <li>• Potential market</li> <li>• Market share</li> <li>• Buying habits</li> <li>• Quality and affordability of products/services</li> <li>• Pricing strategy</li> <li>• Competitiveness in terms of price, quality, appearance</li> <li>• Promotion strategy</li> <li>• Distribution channel</li> <li>• Competitive advantage</li> </ul>		
<b>Production Plan</b> <ul style="list-style-type: none"> <li>• Production details</li> <li>• Source of raw materials</li> <li>• Equipment, tools, materials required</li> <li>• Location, size and lay-out of production area</li> <li>• Proportion of workers vis volume of production</li> <li>• Safety and health measures</li> </ul>		
<b>Organization and Management Plan</b> <ul style="list-style-type: none"> <li>• Project Management Team (PMT)</li> <li>• PMT duties and responsibilities</li> <li>• Assignment of tasks to production/service workers</li> <li>• Operational and managerial skills</li> <li>• Training needs</li> <li>• Commitment from stakeholders</li> <li>• Compensation/salary methods</li> <li>• Profit sharing scheme and savings mechanisms</li> <li>• With plans to address the challenges/threats to business</li> </ul>		
<b>Financial Plan</b> <ul style="list-style-type: none"> <li>• Working capital</li> <li>• Cost estimates</li> <li>• Total project cost</li> <li>• Financial statements (Income Statement, Cash Flow, Balance Sheet)</li> <li>• Cash/working capital for operations</li> </ul>		



<b>Financial Viability</b> <ul style="list-style-type: none"> <li>• Realistic projections</li> <li>• Break-even/Positive Rate of Return</li> <li>Sustainability of operations</li> </ul>		
--	--	--

<b>EQUALLY IMPORTANT FACTORS TO CONSIDER</b>	<b>FINDINGS</b>	<b>RECOMMENDATIONS</b>
<b>Social Acceptability</b> Acceptability to the community, family members and other stakeholders		
<b>Environmental Friendliness</b> Inflict, minimal or no harm at all to the environment		
<b>Gender Sensitiveness</b> Recognize issues and problems on stereotyping and discrimination		
<b>Sustainability</b> Ability to maintain its operations, services and benefits during its projected lifetime		

#### **D. OVERALL EVALUATION**

<b>Criteria</b>	<b>Percentage (%)</b>	<b>Rating</b>
<b>I. Relevance</b> <ul style="list-style-type: none"> <li>• Purpose/Objectives</li> <li>• Priority Beneficiaries</li> </ul>	25%	
<b>II. Effectiveness</b> <ul style="list-style-type: none"> <li>• Marketing Plan</li> <li>• Production Plan</li> <li>• Management Plan</li> <li>• Financial Plan</li> </ul>	25%	

III. Efficiency <ul style="list-style-type: none"> <li>• Financial Viability</li> <li>• Financial Projection</li> <li>• Positive Return of Investment</li> <li>• Sustained Operations</li> </ul>	25%	
IV. Impact <ul style="list-style-type: none"> <li>• Potential effect to the target beneficiaries and other stakeholders</li> </ul>	25%	
TOTAL SCORE	100%	

A rating of at least 20% per criteria shall qualify the project proposal for funding.

#### E. RECOMMENDATION

--

Remarks	
Reviewed/Evaluated by:  <div style="text-align: center; margin-top: 20px;">             _____              PO/FO Head           </div>	Date:   
Recommending Approval:  <div style="text-align: center; margin-top: 20px;">             _____              TSSD Chief           </div> <div style="text-align: center; margin-top: 10px;">             _____              IMSD Chief           </div> <div style="text-align: center; margin-top: 10px;">             _____              Assistant Regional Director           </div>	Date:   
Note: IMSD Chief to also appraise the status of liquidation on previous DOLE assistance, as applicable, as well the availability of fund source in the region	
<div> <input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved  <input type="checkbox"/> Other Instructions/Recommendations: _____         </div>	
<div style="text-align: center; margin-top: 20px;">             _____              DOLE Regional Director           </div>	Date:

## **Annex T**

### **Notice to Proceed for the Implementation of DILP**

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#### **[LETTERHEAD OF DOLE REGIONAL OFFICE]**

This pertains to the request for availment of the DOLE Integrated Livelihood Program (DILP), with the following details:

Nature of project:

Project location:

No. of Beneficiaries:

Amount of Assistance:

ADL No. :

The DOLE-PO/FO is advised to proceed with the preparatory activities, i.e. procurement, \_\_\_\_\_, subject to existing rules and regulations.

The implementation of the DILP project could be postponed or terminated if there are found deviations on the approved proposal.

**DOLE Regional Director**

## Annex U

### Certificate of Completion of Procurement (DILP)

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[LETTERHEAD OF DOLE REGIONAL OFFICE]

#### CERTIFICATION

This is to certify that Name of Co-partner has completed the procurement of assistance for the project entitled, Title of the Project, located in Address, under the DOLE Integrated Livelihood Program, in the amount of Php Amount Released to the Project only.

Certified by:

---

(Signature)  
NAME OF HEAD OF REGIONAL OFFICE  
Position/Designation

Day-Month-Year

[Date]

## Annex V

### Report on Disbursement

[Letterhead or Name of LGU/GO]

#### [MONTHLY] REPORT OF DISBURSEMENT

PROJECT: [Title of the Project]  
For the Period: January 1 - February 31, 202\_\_

Funds Received [check no. xxxx. dated xxxxxx]			<b><u>P150,000.00</u></b>
<b><u>Funds Disbursed:</u></b>			
<b><u>Payee</u></b>	<b><u>Ref. Chk/DV No.</u></b>	<b><u>Description</u></b>	<b><u>Amount</u></b>
1. ABC Inc.	001	Purchase of 10 welding machines	50,000.00
2. DEF corp.	002	Purchase of 10 kgs of xxxxxxxx	30,000.00
3. DEF crop	002	Purchase of 5 kg of xxxx	20,000.00
<b><u>Total</u></b>			<b><u>P100,000.00</u></b>
<b><u>Balance</u></b>			<b><u>P 50,000.00</u></b>

Certified Correct:  
Accountant/Treasurer [Brgy.]  
Date: \_\_\_\_\_

Approved by:  
Head of LGU /GO  
Date: \_\_\_\_\_

#### **Note:**

- a. To be prepared by LGU or GO
- b. Only for the procurement/purchase of assets [equipment] and expenses, not including issuance of cash advances to LGU/GO personnel.
- c. Reporting period could be monthly or as prescribed/agreed in the MOA
- d. [Other documents required to support this report: [1] Picture/s of the project/s implemented; [2] List of Equipment Purchased out of the Project fund; [3] Acknowledgment Receipt/Acceptance (Katunayan sa Pagtanggap at Pagsang-ayon sa mga Alituntunin) by the Beneficiary/ies/ group

## Annex W

### FINAL FUND UTILIZATION REPORT

[Letterhead or Name of ACP]

PROJECT: [Title of the Project]

#### FINAL FUND UTILIZATION REPORT

For the Period: January 2 to February 2, 202\_

Funds Received [check no. ____ dated ____]			<u>P350,000.00</u>
Funds Utilized:			
<u>Payee</u>	<u>Items</u>	<u>Reference</u>	<u>Amount</u>
1. ABC company	10 units of ____	SI# 10002	100,000.00
2. XYZ company	10 units of ____	Inv. 10003	50,000.00
3. Cruz Co. Inc.	20 kgs of ____	OR No. 1004	200,000.00
Total			<u>P 350,000.00</u>
Ending Balance			<u>P 0.00</u>
Status of Project Implementation:			

Certified correct by:  
Accountant  
Date: \_\_\_\_\_

Approved by:  
President/ Chairman  
Date: \_\_\_\_\_

Verified by:

RO or P/FO auditor/designated personnel  
Date: \_\_\_\_\_

**NOTE:**

1. [Template [adopted] from COA Circular No. 2017-001, with modification]
2. \*Only for procurement/purchase of assets [equipment] and expenses, not including issuance of cash advances to ACP personnel.
3. Each item must be supported by document, e.g., canvass, delivery receipts/invoice and official receipts attached to this report.
4. Original documents must be submitted, if not, a certified true copy or photocopy would suffice but with proper justification why the original copies were not submitted



## **Annex X**

### **Deed of Donation**

---

**KNOW ALL MEN BY THESE PRESENTS:**

This Deed of Donation is made and executed by:

The Department of Labor and Employment Regional Office No. \_\_\_\_\_, a national government agency created pursuant to Republic Act 4121 dated December 08, 1933, with principal office address at \_\_\_\_\_, represented herein by Regional Director \_\_\_\_\_, herein referred to as "DONOR";

- in favor of -

The (Name of the Association/Individual) with office address at \_\_\_\_\_, herein represented by its (indicate the name of the Head/representative), hereinafter called the "DONEE".

**-WITNESSETH-**

That the DONOR contributes to the government agenda of inclusive growth and poverty reduction through the implementation of the DOLE Integrated Livelihood Program, which provides capacity building for entrepreneurial ventures for the working poor, vulnerable and the marginalized workers in the form of working capital such as raw materials, equipment, tools, trainings and coverage to micro-insurance;

That pursuant to the Guidelines in the Implementation of DILP, all equipment purchased for the livelihood project shall be the property of DOLE, to be turned over to the proponent–beneficiary/proponent Co-partner upon release of assistance to the beneficiaries;

That in compliance to the said provision, the DONOR has freely and voluntarily given, transferred and conveyed by way of donation to the DONEE, all of the rights, title and interest, on the livelihood assistance particularly (specify the assistance) with aggregate value of (indicate the amount) subject to the following conditions:

The DONEE shall:

1. Adhere to the Guidelines in the Implementation of DILEEP and other relevant government regulations;
2. Allow access to or make available all records and facilities pertaining to the project for the visitorial audit, examination and/or monitoring of the DOLE and/or LGU-PESO and/or COA authorized representative/s;

3. Allow the DONOR and/or LGU partner/s to document, store, process, and publish data pertaining to the implementation and monitoring of this project;
4. Be responsible for the storage and maintenance of the equipment; and
5. Ensure that the equipment provided by the DONOR will not be sold and will be used for its intended purpose only;

That the DONEE fully understands that any violation of the above conditions shall invalidate the donation and shall subject him/her to appropriate action for misuse of the procured equipment; and

That the DONEE categorically accepts this donation and all its conditions, and hereby expresses gratitude for the kindness and liberality of the DONOR.

IN WITNESS WHEREOF, the DONOR and the DONEE have signed this deed on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Donor

\_\_\_\_\_  
Donee

SIGNED IN THE PRESENCE OF:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

## **Annex Y**

### **Letter of Intent for Application for Accreditation**

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[LETTERHEAD OF ORGANIZATION]

APPLICATION FOR ACCREDITATION

---

Date

Name of Regional Director  
Department of Labor and Employment  
Regional Office No. \_\_\_\_\_

---

(Address)

Dear Sir/Ma'am:

We, the \_\_\_\_\_ would  
like to apply for accreditation under the DILP.

We understand that accreditation shall qualify our organization to apply for funding assistance but does not guarantee such assistance since it shall still be subjected to other requirements and procedures of the DILP.

Thank you very much.

Respectfully yours,

---

(Signature over Printed Name  
of Head of Organization)

**Annex Z**  
**Profile of Co-Partner**

**I. PROFILE/BACKGROUND**

Name of Organization \_\_\_\_\_

Office Address \_\_\_\_\_

Legal  
Personality \_\_\_\_\_

Registered in any of the following:

Agency	Date of Registration	Registration Number
DOLE		
SEC		
DTI		
CDA		
Others, please specify		

Organizational Structure (in a separate sheet)

List of Officers, their positions and addresses:

Name	Position	Address	Contact Details (Email address/telephone/ mobile no.)

Present Economic Activities of Officers/Members: Mention at least three viable activities:

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Present Activities of the Organization and the Areas where each is being done. Include the number of beneficiaries of the respective activity.

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Proposed activities of the Organization and the area where each is to be done. Include the number of target beneficiaries.

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## II. ORGANIZATION'S CAPABILITY

Strength/s

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Weakness/es

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## III. TRACK RECORD

Financial Stability

Assets

Liabilities

Net Income

Sources of Income

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For established organization with previous livelihood loan within the last two (2) years

Lending agency/ies (please specify)

Date acquired /amount

How much has been paid?

When was the last payment made?

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Type of Livelihood Project/s implemented

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Problems encountered in the implementation of previous Livelihood Project/s

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## IV. Proposed Livelihood Project

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- I. Amount of Funding Assistance Being Requested from DOLE Regional Office No. \_\_\_\_\_  
for the proposed livelihood project \_\_\_\_\_

## Annex AA

### Appraisal of Application for Accreditation

#### A. Profile of Co-Partner

<b>Name of Organization</b>	
<b>Office Address</b>	
<b>Legal Personality</b> (Registered in any of the agencies. i.e. DOLE, SEC, DTI, CDA, others)	
<b>Contact Person</b>	

#### B. Evaluation

Indicate any observations and recommendations under the remarks column.

Criteria	Percentage	Rating
Financial Stability (capability to provide equity of at least 20% of the total project cost)	40%	
Relevant experience in undertaking community projects	40%	
No conflict of interest with the official of the agency authorized to process and/or approve proposed Memorandum of Agreement (MOA), and release funds	10%	
With legal personality	10%	

A rating of 80% shall qualify the organization for accreditation as DOLE's Co-partner.

Remarks	
Reviewed/Evaluated by:  <div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> <b>PO/FO Head</b> </div>	Date:  
Recommending Approval:  <div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> <b>TSSD Chief</b> </div> <div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> <b>IMSD Chief</b> </div> <div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> <b>Assistant Regional Director</b> </div>	Date:  

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Other Instructions/Recommendations: _____	
_____ <b>DOLE Regional Director</b>	<b>Date:</b>