



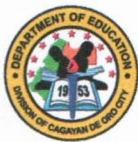
Division Advisory 29 s.2024
June 5, 2024

In compliance with DepEd Order (DO) No. 8, s.2023
This advisory is issued not for endorsement per DO 28, s.2001
But only for the information of DepEd officials,
personnel/staff, as well as the concerned public
(Visit www.depedcdo.net)

**MAG NEGOSYO TA 'DAY APPLICATION
INTEGRATED CHECKLIST OF REQUIREMENTS**

The field is hereby informed of the Mag Negosyo Ta "Day Integrated Checklist of Requirements from the Office of the Vice President- Davao Satellite Office.

Attached are the document and the information card for reference.



Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Telephone: (08822)-8550048
Email: cagayandeoro.city@deped.gov.ph



**MAG NEGOSYO TA 'DAY GROUP APPLICATION
INTEGRATED CHECKLIST OF REQUIREMENTS**

NAME OF ORGANIZATION: _____

DATE: _____

DMS Reference No.: _____

MTD REQUIREMENTS	VALIDITY CONDITIONS	CSO ACCREDITATION REQUIREMENTS	ASSESSMENT
1. Letter of Intent	Should be original with complete details and signatures (President/Rep of the Org.) using the prescribed template. Signed by the Authorized Representative of the organization	Letter of Intent addressed to the Vice President of the Philippines	
2. MTD Group Application Form	Should be dated, addressed to the Office of the Vice President, expressing intent to become a beneficiary of MTD; signed by any authorized representative of the organization with contact details below (active mobile number and email address)	Duly accomplished application form, signed by the highest-ranking authority of the CSO	
3. Photocopy of at least one (1) valid Identification Card of Current Officers with 3 specimen signatures	Valid as of the date of the interview/application List of Valid IDs: • Driver's License • Solo Parent ID • NBI Clearance / ID • TIN ID • Passport • UMID/GSIS/SSS ID • PhilHealth ID • Voter's Certification • Police Clearance / ID • 4Ps ID • PRC ID • Postal ID • PWD ID • Senior Citizen ID • Barangay/ LGU ID • Philippine Identification System (National ID)	List of current officers and attached copies of one (1) valid Identification card with signature. Note: The same requirement with MTD; SPD will reproduce and certify that a true copy was received	
4. Certificate of Registration	Recent, valid, and original or certified true copy of the Registration Certificate from the SEC, CDA, DOLE , DHSUD, or accreditation with any NGA that is empowered by law or policy to register organizations. As proof of the legitimacy of the association	Certified True Copy of Certificate of Registration or existing valid Certificate of Accreditation issued by NGA, such as SEC, DOLE, and CDA; Note: The same requirement with MTD; SPD will reproduce and certify that a true copy was received	
5. By-Laws with List of Officers	Recent, valid, and original or certified true copy of By-Laws and List of Officers signed by the Officers; Articles of Incorporation or Articles of Cooperation showing the original organizers and the Secretary's certificate for incumbent officers, together with the Certificate of Filing with the SEC/Certificate of Approval by CDA.	Certificate of Good Standing or Good Performance issued by any government agency where the CSO applicant had implemented projects or programs. Suppose the CSO applicant did not receive any government funds and support. In that case, a notarized certification from the Chairperson that they did not receive any intervention, projects, or programs from any	

MTD REQUIREMENTS	VALIDITY CONDITIONS	CSO ACCREDITATION REQUIREMENTS	ASSESSMENT
		government agency shall be issued.	
6. Financial Report	Valid financial report as an organization since the organization was accredited and Certified by a Public Accountant (more than 3 years); <i>or</i> If less than 3 years, a financial report with income and balance sheets should be original and submitted prepared by the Treasurer, concurred by the Auditor, and approved by the President.	Brief Background of the Organization	
7. Work and Financial Plan	Originally signed Work and Financial Plan and Sources and Details of Proponent's Equity Participation in the Project that should be at least 20% of the total grant; following the prescribed template.	Board Resolution or secretary's certificate authorizing the application and authority of the signatory	
8. List and/or photographs of similar projects previously implemented, if any, indicating the source of funds	List and/or photographs of similar projects previously implemented, if any, indicating the source of funds following the prescribed template	For CSOs that have been in operation for at least one (1) year, Minutes of the Annual Meeting of the immediately preceding year as certified by the organization's board secretary or Certification from the board secretary of the annual meeting's conduct including the date, location, attendees, and agenda;	
9. Project Proposal	Originally signed copy of the Project Proposal	Project Proposal (at least one); <i>Note: The same requirement with MTD; SPD will reproduce and certify that a true copy was received</i>	
10. Bank Account Details	Copy of Bank Account details with a photocopy of proof of transaction	N/A	
11. Barangay Certification	Original copy of Barangay Certification- stating that the group is recognized by its Local Government Unit	N/A	
12. Certificate of Attendance	Original copy of Certificate of Attendance within prescribed template signed by DTI/PDIC/OVP personnel Or individual Certificate of Completion or Participation from DTI/PIDC	N/A	

NOTE: Eligible beneficiaries may submit their applications through the OVP Central Office or Satellite Offices (SO) on Mondays to Fridays, 8:00AM to 5:00PM. You can visit www.ovp.gov.ph for the directory of Satellite Offices or email at MTD@ovp.gov.ph for more information.



Republic of the Philippines
OFFICE OF THE VICE PRESIDENT

Annex C

APPLICATION FORM

Group/Association Application

Pursuant to the Data Privacy Act of 2012 (Republic Act 10173), I hereby give my consent to the Office of the Vice President (OVP) to process my personal information and sensitive personal information for my application for Mag Negosyo ta 'Day. I understand that the processing shall be limited to the purpose specified.

I. GROUP INFORMATION

GROUP NAME	:	
ADDRESS (office address if applicable)	:	
NO. OF MEMBERS	:	
REGISTRATION NO.	:	
SECTOR	:	
CONTACT NUMBER/EMAIL	:	
BRIEF BACKGROUND/DESCRIPTION OF THE ORGANIZATION:		

II. BRIEF DESCRIPTION OF PROPOSED LIVELIHOOD PROJECT

III. PARTICIPATING MEMBERS

	NAME	AGE	ADDRESS	POSITION	SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Please insert another page for additional members

Please be informed that sensitive, confidential, and personal data/information, collected by the OVP in relation to your request for *Mag Negosyo ta 'Day* (MTD) shall be used solely for the processing of your request and shall not be forwarded to any external agency or organization without your consent, subject to the provision of the Data Privacy Act of 2012.

For data privacy related concerns, you may contact the OVP Data Privacy Officer at 11/F Cybergate Plaza, EDSA corner Pioneer Street, Mandaluyong City through Tel. No.: (02) 8370-1711 loc. 1130 or email: dpo@ovp.gov.ph.

ADDITIONAL PARTICIPATING MEMBERS

[illegible]

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Republic of the Philippines

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Annex D

PROJECT PROPOSAL

I. PROJECT TITLE

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II. PROJECT OBJECTIVES

SALE

III. PROJECT COST/BUDGETARY REQUIREMENTS

[illegible]

[illegible]

IV. PROJECT IMPLEMENTATION AND MANAGEMENT

IV. PROJECT IMPLEMENTATION AND MANAGEMENT

NOT FOR SALE



Prepared by:

Name of the President & Signature

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Annex E**WORK AND FINANCIAL PLAN**

ITEMS	QUANTITY	COST	TOTAL	IMPLEMENTATION PERIOD				REMARKS
				Q1	Q2	Q3	Q4	
TOTAL:								

EQUITY PARTICIPATION (20% of the total grant): _____

Prepared by:

Noted by:

Name of Treasurer & Signature

Name of President & Signature

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Annex F

ACTIVITY REPORT

NAME OF THE ORGANIZATION
TITLE OF THE ACTIVITY
VENUE OF THE ACTIVITY
NO. OF PARTICIPANTS
FUNDS ALLOCATED
SOURCE OF FUNDS
PHOTO DOCUMENTATION

NOT FOR SALE

Please attached another page, if necessary.



OFFICE OF THE VICE PRESIDENT

Annex G

TITLE OF ACTIVITY: _____
DATE & TIME: _____
VENUE: _____

[illegible]

Certified True and Correct:

Name of Resource Person & Signature

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OFFICE OF THE VICE PRESIDENT

Annex H

NAME OF ORGANIZATION

For the Period:

Fund Received

Total**Funds Utilized:**

ITEM	QUANTITY	COST	OR NUMBER	OR/SI DATE
TOTAL				

Ending Balance

PREPARED BY:

Name of Treasurer with Signature

CERTIFIED CORRECT BY:

Name of Auditor with Signature

NOTED BY:

Name of President with Signature