



## Form 1: PSO PROFILE SHEET

GENERAL INFORMATION			
Name of Organization:			
Office Address:		Telephone:	
		Fax:	
		E-mail:	
Type of Organization (Check the type that best describes the legal status of the organization)			
<input type="checkbox"/> Business	<input type="checkbox"/> Cultural Association		
<input type="checkbox"/> Non-government Organization	<input type="checkbox"/> Professional Association		
<input type="checkbox"/> People's Organization	<input type="checkbox"/> Civic Club		
<input type="checkbox"/> Industry Association	<input type="checkbox"/> Cooperative		
<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Others _____		
Registration (The government entity which granted legal status to the organization)			
<input type="checkbox"/> SEC	CR No. _____	Date _____	
<input type="checkbox"/> CDA	CR No. _____	Date _____	
<input type="checkbox"/> Others	CR No. _____	Date _____	
Accreditation (Check the government agencies that have officially acknowledged your organization for the purpose of program participation and/or eligibility for development assistance. In case of LGU accreditation, fill in the blank)			
<input type="checkbox"/> DOLE	<input type="checkbox"/> DENR	<input type="checkbox"/> POPCOM	
<input type="checkbox"/> DAR	<input type="checkbox"/> DTI	<input type="checkbox"/> DOH	
<input type="checkbox"/> DA	<input type="checkbox"/> DILG	<input type="checkbox"/> DSWD	
<input type="checkbox"/> DepEd	<input type="checkbox"/> DOST	<input type="checkbox"/> LGU	
<input type="checkbox"/> Others _____			
Objectives (State the purpose/s of the organization):			

Services, Activities (State major activities of the organization)

Target Clientele (Indicate your organization's primary clients/beneficiaries)

- Women
- Street Children
- Entrepreneurs
- Farmers
- Fisherfolks
- Urban Poor
- Youth
- Laborers
- Others \_\_\_\_\_

Sectoral Concern

- Agriculture
- Forestry
- Fisheries
- Environment
- Trade and Industry
- Tourism
- Science and Technology
- Education
- Manpower and Development
- Health and Family Planning
- Social Welfare
- Disaster Risk Reduction/CCA
- Housing

Area of Operation (List below the specific areas covered by your organization)

- National \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Regional \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Provincial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- City/Municipal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Barangay \_\_\_\_\_

<input type="checkbox"/> Water <input type="checkbox"/> Energy <input type="checkbox"/> Transportation <input type="checkbox"/> Communication <input type="checkbox"/> Others _____	<hr/> <hr/> <input type="checkbox"/> Sitio _____ <hr/> <hr/>
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**FUNDING**

Please list below your organization's funding sources, amount received and purposes for which they were spent for the period 2008-2019. Use opposite side of space if not enough.

Source	Amount	Purpose

**PERSONNEL**

Name	Citizenship	Address
Chairperson (Board of Trustee)		
Members (Board of Trustee)		
Corporate Secretary		
Treasurer		
Chief Executive Office		

No. of Members (Indicate number of members of the organization or stockholders)	No. of Office Staff
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Regular _____	(Indicate number of office and field staff/employees)
Associate _____	Office regular _____
Honorary _____	Part Time _____
Others _____	Volunteer _____
	Field Regular _____
<i>*Attach separate sheet for this number of members and staff.</i>	Part Time _____
	Volunteer _____

### PROJECTS

Please list below important projects undertaken by your organization from 2008-2019

Project Title/Description	Location	Funding Source	Beneficiaries

### CERTIFICATION

I hereby certify that the above are correct information about the organization.

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

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

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