

MEMORANDUM CIRCULAR**NO. 14**

Series of 2018

**SPECIAL GUIDELINES ON THE PROVISION OF LIVELIHOOD ASSISTANCE TO
INDIVIDUAL REFERRALS AND WALK-IN CLIENTS UNDER THE
SUSTAINABLE LIVELIHOOD PROGRAM****I. RATIONALE**

The Sustainable Livelihood Program (SLP) is a capability-building program for poor, vulnerable and marginalized households and communities to improve their socio-economic conditions through accessing and acquiring necessary assets to engage in and maintain thriving livelihoods.

Upholding the value of inclusiveness, the Sustainable Livelihood Program is open to poor, marginalized, vulnerable and/or disadvantaged households, building upon their strengths and understanding how they can use these to achieve positive livelihood outcomes. Furthermore, it operates in all regions and provinces, treating all municipalities and *barangays* as potential areas to implement its various interventions.

Furthermore, the Sustainable Livelihood Program endeavors to reinforce principles of community empowerment and participatory development into program implementation to increase the level of participation among program participants and harness a deeper sense of ownership of their development. However, the Sustainable Livelihood Program recognizes the unique context of marginalized and/or disadvantaged households or individuals who need livelihood support, but have not received assistance. Thus, this set of guidelines serves to provide a scope and process for the direct assistance of the Sustainable Livelihood Program for individual livelihood referrals.

II. OBJECTIVE

This special guidelines aims to provide the DSWD Field Offices (DSWD FOs), being the direct service providers, the specific procedures in responding to the needs of individuals who are seeking livelihood assistance or those individuals that are being referred by institutions or other individuals to DSWD, in particular, the Sustainable Livelihood Program.

III. COVERAGE

The following categories of individuals are covered by this special guidelines:

1. **Individual/s representing a family or a household** who is/are referred to the DSWD by another individual, group, organization, or office such as LGUs, NGAs, SUCs, CSOs, Self-Governing Boards and Commissions, among others, to the DSWD FOs or through the SLP National Program Management Office (SLP-NPMO);
2. **Individual/s who is/are referred by the SLP – NPMO** to the DSWD FOs for further assessment and possible provision of SLP assistance; and

Individual referrals or walk-in clients that are not residents of the SLP project barangays as identified in the Barangay Ranking Matrix may still be provided with livelihood assistance provided that they pass the eligibility requirements as stated in this guideline.

This guidelines shall not cover the following:

1. Group of individuals or walk-in clients representing a group or association. The process on providing interventions to organized groups or associations under the Sustainable Livelihood Program shall be undertaken for such cases;
2. Referred individuals or walk-in client that are identified as internally displaced persons (IDPs) or persons displaced by disasters due to armed conflict or any form of disasters and are eligible under Micro-enterprise Development (MD) track are not covered by this guideline but should be catered by the Sustainable Livelihood Program following the guidelines on the provision of Seed Capital Fund to IDPs and Persons Displaced by Disasters due to Armed Conflicts and any Form of Disasters.

IV. ELIGIBILITY REQUIREMENTS

The following are the criteria that determine eligibility of referred individual/s or walk-in clients to be provided with SLP assistance:

1. At least 18 years of age, however, for Micro-enterprise Development track (MD track), the eligible individual or walk-in client may be at least 16 years old provided that a consent from parents or legal guardian shall be submitted to SLP;
2. Included in the Listahanan and tagged as poor or assessed as poor through the administration of Household Assessment Form (HAF) or SLP Means Test; and
3. Issued with Certificate of Eligibility (COE) as a proof that the referred individual or walk-in client underwent the required processes as specified in this guidelines.

V. TYPE AND COST OF ASSISTANCE

An eligible individual may be provided with one (1) kind of assistance through the following:

1. Micro-enterprise Development Track (MD Track)

- a. **Seed Capital Fund (SCF)** - Maximum of Fifteen Thousand Pesos (Php15,000.00) per eligible individual representing a household. The SCF is a financial assistance used as a capital to start or continue a micro-enterprise. The SCF may be used for the purchase of materials, inputs and other physical assets that are necessary for the operation of the micro-enterprise.

2. Employment Facilitation Track (EF Track)

- a. **Employment Assistance Fund (EAF)**- Maximum of Five Thousand Pesos (Php5,000.00) per eligible individual representing a household. The EAF is a financial assistance used for the acquisition of employment documents necessary for the identified employment and to augment expenses within the 1st fifteen (15) days of employment.

VI. FUND SOURCE/S

The SLP-GAA is the main source of fund for all the approved projects but other fund sources, subject to availability, may also be used to fund the approved project proposals.

VII. IMPLEMENTATION PROCESS

1. PARTICIPANT ELIGIBILITY ASSESSMENT

1.1. *Name-matching with Pantawid Pamilya Information System (PPIS) /Pantawid database*

- a. Within one (1) day after the receipt of referral letters from the SLP-NPMO or other institutions, the SLP Regional Program Management Office (SLP-RPMO) should officially communicate to Pantawid Pamilya Regional Program Management Office (Pantawid RPMO) the request for name-matching in the PPIS/Pantawid database with the SLP Profile Form for PPIS/Pantawid database and Listahanan Name Matching (SLP Profile Form) as attachment.
- b. For walk-in clients, the SLP-RPMO should fill-up the SLP Profile Form. Within one (1) day after the profiling, the SLP-RPMO should officially communicate to Pantawid RPMO the request for name-matching.
- c. Within three (3) days after the receipt of the request from SLP-RPMO, the Pantawid RPMO should provide the SLP-RPMO with the result of the name-matching.
- d. Within one (1) day after receipt of the result of name-matching from Pantawid RPMO, the SLP-RPMO should endorse to National Household Targeting Unit (NHTU) the list of individuals who are not included in the Pantawid database for name-matching with Listahanan.

1.2. *Name-matching with Listahanan*

- a. Within five (5) days after the receipt of the request from SLP-RPMO, the NHTU should provide the SLP-RPMO with the result of the name-matching.

1.3. *Administration of HAF or SLP Means Test*

- a. If the referred individual is not found in the Listahanan database, the administration of Household Assessment Form (HAF) should be undertaken within a maximum of five (5) days by the NHTU. The SLP-RPMO should get the confirmation of the NHTU for their availability to administer the HAF within one (1) day after sending the request for name-matching.
- b. However, should the NHTU officially communicate their unavailability to administer the HAF, the Implementing Project Development Officer (IPDO) should administer the SLP Means Test within a maximum of five (5) days.

1.4. *Administration of Livelihood Assessment Form and SLP Orientation*

- a. Within three (3) days after the HAF or SLP Means Test administration, the SLP-RPMO should officially endorse the qualified individual to the Provincial

Coordinator for the latter's endorsement to IPDO within one (1) day for the administration of Livelihood Assessment Form (LAF) and SLP Orientation to the said individual.

- b. Within two (2) days after the administration of LAF and SLP Orientation, the IPDO should submit a feedback report to the SLP-RPMO through the PC detailing the result of the assessment undertaken. Within one (1) day, the PC should endorse the feedback report to the SLP-RPMO.
- c. If the said individual is assessed to be poor, as justified by the administered tools, succeeding SLP stages may be undertaken.

1.5. *Treatment for not qualified individuals after Listahanan name-matching or administration of HAF or SLP Means Test and administration of LAF.*

- a. The SLP-RPMO should communicate to the referred individual/s within three (3) days the result of the assessment and direct the concerned PC through the IPDOs to identify actions on how to assist the referred individual/s such as referral to other stakeholders, among others.

1.6. *Treatment for walk-in clients or referrals received by the PC or IPDO*

- a. The PC or IPDO to immediately administer the SLP Profile Form for endorsement to SLP-RPMO.
- b. The SLP-RPMO, after receipt of the profile form, shall undertake the processes under the Participant Eligibility Assessment.

2. TRACK SELECTION

After the administration of Livelihood Assessment Form and SLP Orientation, the qualified individual shall choose an SLP track to pursue. The IPDO shall explain the parameters and processes of the chosen track and modality.

3. SOCIAL PREPARATION

3.1. Conduct of Micro-enterprise Development Training (MEDT) or Basic Employment Skills Training (BEST)

- a. Within three (3) days after the participant eligibility assessment, the IPDO or external partners shall conduct either MEDT or BEST depending on the SLP track being identified by the participant using the standard MEDT and BEST modules prescribed by SLP.
- b. To optimize time and resources, the IPDO may opt to gather the eligible individuals on a weekly basis for the conduct of MEDT or BEST. However, in case only one eligible individual is available for that week, the training shall resume on a one-on-one session. The IPDO may also include the eligible individual in a MEDT or BEST activity scheduled on that week.
- c. After the attendance to the MEDT or BEST, a Certificate of Eligibility (COE) should be prepared by the IPDO for signature of the Regional Director or the

latter's designated official. The COE shall be included as attachment to the Mungkahing Proyekto.

3.2. Project Identification

- a. The IPDO and the participant shall discuss the result of the Livelihood Assessment and other opportunities for his/her identified livelihood project which will be the basis in crafting the project proposal.
- b. In case where the participant needs additional skills for his/her identified micro-enterprise, he/she shall be referred by the IPDO to other stakeholders for such training.

4. RESOURCE MOBILIZATION

4.1. Project Proposal Preparation

- a. The IPDO shall assist the participants in preparing the Mungkahing Proyekto either for EF or MD. For participants with ready proposals, the IPDO shall ensure that this conforms with the Mungkahing Proyekto templates.
- b. The Modality Application Form for SCF shall be prepared and signed by the participant to be reviewed by the IPDO.
- c. The minimum attachments of the Mungkahing Proyekto include the signed Livelihood Assessment Form and COE. Other required documents for the SLP modality should be attached. The following are the attachments of the proposal for each modality:

Modality	Additional Attachments
Seed Capital Fund	1. SCF Modality Application Form 2. Certificate of Eligibility
Employment Assistance Fund	1. Certification of Guaranteed Employment (certified by the IPDO) 2. EAF Needs Assessment (prepared by the IPDO) 3. Fund Utilization Commitment (signed by the program participant) 4. Certificate of Eligibility

4.2. Project Proposal Review, Approval and Funding

- a. All Mungkahing Proyekto should undergo the review of the PC and the Regional Review Committee using the Project Assessment Tool (PAT).
- b. Once reviewed, the Regional Review Committee should endorse the Mungkahing Proyekto to all concerned officials of the DSWD Field Office until the approval of the Regional Director.

4.3. Grant Releasing

- a. The Seed Capital Fund or Employment Assistance Fund shall be directly released to each eligible individual through cash or check payment following existing government auditing and accounting rules and procedures.
- b. The eligible individual shall receive the grant at the cash unit or from the Field Office's authorized Special Disbursing Officers (SDOs).
- c. Pertinent documents relative to the disbursement such as disbursement vouchers or cash assistance payroll shall be properly accomplished and secured and shall be attached to the liquidation report.
- d. The only authorized person to receive the grant is the one whose name is in the approved grant proposal. In the absence of the authorized person, an "authorization" bearing the name, signature and a photocopy of the identification card of the said person shall be presented by the representative. Only the legal-aged member of the family is allowed to receive the grant on behalf of the grantee.
- e. No DSWD personnel is allowed to be authorized by any eligible grant recipient to claim their grant for any reason.

4.4. Project Implementation

- a. The IPDO should ensure that grants provided are fully disbursed as to purpose and are compliant to existing accounting and auditing rules.
- b. The mechanism of grant utilization check and project implementation monitoring as prescribed under the regular SLP process shall be undertaken after the release of the grants.

4.5. Project Monitoring

- a. The MPDO shall monitor all the micro-enterprise projects using the approved monitoring tools and within the timeline as prescribed under the regular SLP process.

VIII. REPORTING PROCEDURES

1. The SLP-RPMO shall submit an initial report to SLP-NPMO ten (10) working days upon receipt of the referral. Thereafter, the SLP-RPMO should submit a weekly status report until such time the unqualified referred individuals have been referred to other stakeholders or qualified individuals have been provided with SLP assistance in the form of seed capital fund or employment assistance fund. Thereafter, regular reporting on the status of enterprise or employment under the regular SLP process shall be followed.
2. For referred individuals and walk-in clients who are provided with livelihood assistance by SLP, the SLP-RPMO should ensure that these individuals are included in the SLP data base and properly tagged as *referrals* with correct

information on fund source, modality, cost of assistance and others that are required by the data base.

3. All referred individuals/walk-in clients who are provided with livelihood assistance by SLP should be included in the accomplishments of the DSWD Field Offices for the current year.

IX. TREATMENT FOR REFERRALS PRIOR TO THE EFFECTIVITY OF THIS MEMORANDUM CIRCULAR

All referrals that were endorsed to the DSWD FOs which are on hold pending to the issuance of this guidelines should be catered provided that the processes as indicated in this Memorandum Circular shall be complied with.

X. SLP DATA PRIVACY CLAUSE

In compliance with Republic Act No. 10173 or the Data Privacy Act (DPA) of 2012 and its IRR, all referred individuals or walk-in clients of SLP shall accomplish and sign the SLP Data Privacy Consent Form.

XI. AMENDATORY CLAUSE

All previous issuances on the provision of livelihood assistance to individual referrals and walk-in clients through the Sustainable Livelihood Program shall be superseded by this Memorandum Circular.

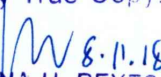
This Memorandum shall take effect this August day of 10, 2018.


VIRGINIA N. OROGO

Acting Secretary

Department of Social Welfare and Development

Certify True Copy:


8.11.18

MYRNA H. REYES

OID Division Chief

Records and Archives Mgt. Division



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
SUSTAINABLE LIVELIHOOD PROGRAM
Livelihood Assessment Form



Pangalan		Petsa	
Tirahan			
Telepono		Araw ng kapanganakan	
Pinagkakakitaan		Kita kadabuwan	

Karagdagang Impormasyon Tungkol sa Pamilya

Miyembro ng Household*	Edad	Relasyon	Pinagkakakitaan**	Kita kada buwan

*Ang *household* ay tumutukoy sa mga kasama sa bahay na kasama kumain sa iisang hapag-kainan

**Kung ang miyembro ay nag-aaral pa, ilagay kung sa anong baitang/antas ng pag-aaral

Ano ang binabalak na <i>Livelihood</i>?	
Bakit ito ang napiling <i>Livelihood</i>?	
Ano pang impormasyon ang nais niyong ibahagi namakakatulong sa pag-assess ng inyong kahilingan?	

Lagda at Pangalan ng *Referred Individual*

Petsa: _____

Ginabayan ni:

Lagda at Pangalan ng SLP-PDO

Petsa: _____



Department of Social Welfare and Development
Sustainable Livelihood Program



This
CERTIFICATE OF ELIGIBILITY
is awarded to

Name of Eligible Individual

Of _____
Home address

for having passed the eligibility requirements for the provision of livelihood assistance to referred individuals or walk-in clients of the Sustainable Livelihood Program (SLP) thereby granting the above-mentioned individual to receive grants in support to identified enterprise or employment as indicated in the Mungkahing Proyekto.

With the above premises, this Certificate of Eligibility is hereby issued this _____ day of _____, 20____ at _____.

Signature over Printed Name

Date: _____

PROVISION OF LIVELIHOOD ASSISTANCE TO INDIVIDUAL REFERRALS AND WALK-IN CLIENTS THROUGH THE SUSTAINABLE LIVELIHOOD PROGRAM

TIMELINE OF ACTIVITIES

Phase	Activities	Duration
PARTICIPANT ELIGIBILITY ASSESSMENT	Name-matching with Pantawid-database	Maximum of 5 days
	Name-matching with Listahanan for those that are in the Pantawid database	Maximum of 5 days
	Administration of HAF or SLP Means Test	Maximum of 5 days
	Administration of Livelihood Assessment Form and SLP Orientation and Track Selection	Maximum of 7 days
SOCIAL PREPARATION	Conduct of Micro-enterprise Development Training (MEDT) or Basic Employment Skills Training (BEST)	Maximum of 3 days
	Project Identification	Maximum of 2 days
RESOURCE MOBILIZATION	Project Proposal Preparation	Maximum of 2 days
	Project Proposal Review, Approval and Funding	Maximum of 7 days
	Grant releasing	1 day
	Grant Utilization Check	2 weeks
	Project Implementation	3 months
	Project Monitoring	15 months

In summary, the following is the considerable timeline of the processing of individual referrals/walk-in client *from Participant Eligibility Assessment to Grant Releasing*:

	Timeline	
	<i>Minimum No. of days</i>	<i>Maximum No. of days</i>
For individuals that are included in the PPIS/Pantawid database	20 days	26 days
For individuals that are not included in the PPIS/Pantawid database but included in the Listahanan	22 days	32 days
For individuals that are not included in the PPIS/Pantawid database, not included in Listahan and administered with HAF or SLP Means Test	25 days	37 days



Republic of the Philippines
Department of Social Welfare and Development
SUSTAINABLE LIVELIHOOD PROGRAM
SLP PROFILE FORM FOR INDIVIDUAL REFERRALS AND WALK-IN CLIENTS FOR NAME-
MATCHING WITH FPIS/PANTAWID DATABASE OR LISAHANAN



First Name	Middle Name	Last Name	Ext. Name	Barangay (Brgy name as listed in PSA)	City / Municipality (Muni/ City name as listed in PSA)	Province (Prov name as listed in PSA)	Birth Year	Birth Month (numerical value)	Birth Day	Name of Implementing PDO

Birth month:

- 1 - January
- 2 - February
- 3 - March
- 4 - April
- 5 - May
- 6 - June

- 7 - July
- 8 - August
- 9 - September
- 10 - October
- 11 - November
- 12 - December



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
SUSTAINABLE LIVELIHOOD PROGRAM
Livelihood Assessment Form



Pangalan		Petsa	
Tirahan			
Telepono		Araw ng kapanganakan	
Pinagkakakitaan		Kita kadabuwan	

Karagdagang Impormasyon Tungkol sa Pamilya

Miyembro ng Household*	Edad	Relasyon	Pinagkakakitaan**	Kita kada buwan

*Ang *household* ay tumutukoy sa mga kasama sa bahay na kasama kumain sa iisang hapag-kainan

**Kung ang miyembro ay nag-aaral pa, ilagay kung sa anong baitang/antas ng pag-aaral

Ano ang binabalak na <i>Livelihood</i>?	
Bakit ito ang napiling <i>Livelihood</i>?	
Ano pang impormasyon ang nais niyong ibahagi namakakatulong sa pag-assess ng inyong kahilingan?	

Lagda at Pangalan ng *Referred Individual*

Petsa: _____

Ginabayan ni:

Lagda at Pangalan ng SLP-PDO

Petsa: _____



Department of Social Welfare and Development
Sustainable Livelihood Program



This
CERTIFICATE OF ELIGIBILITY
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Name of Eligible Individual

Of _____
Home address

for having passed the eligibility requirements for the provision of livelihood assistance to referred individuals or walk-in clients of the Sustainable Livelihood Program (SLP) thereby granting the above-mentioned individual to receive grants in support to identified enterprise or employment as indicated in the Mungkahing Proyekto.

With the above premises, this Certificate of Eligibility is hereby issued this _____ day of _____, 20____ at _____.

Signature over Printed Name

Date: _____



Specific title of MD project

I. PROJECT SUMMARY

Title of MD Project:

Total Project Cost:

[total project cost (cost of DSWD funding and other fund source)]

Cost of DSWD Funding:

[total fund from DSWD SLP]

Other fund source:

[total fund from resource counterpart/s]

ii. BASIC INFORMATION OF THE PARTICIPANT/S

Classification	Sex		Senior Citizens		PWD		Indigenous Peoples		Solo Parent	
	Femal e	Mal e	Female	Male	Female	Male	Female	Male	Femal e	Mal e
Pantawid										
Non-Pantawid										
Total										

III. OBJECTIVES

[Why do you want to establish the microenterprise? Explain briefly.]

IV. DETAILS OF SCF MODALITY APPLICATION/S

Seed Capital Fund:

[cost of Seed Capital Fund for DSWD SLP funding]

A. MODALITY APPLICATIONS FOR DSWD FUNDING

1. SEED CAPITAL FUND (See attached SCF Modality Application Form/s)

**Write N/A on rows/table if not applicable*

Individual Enterprise			
Name/s of SLP Participant	Proposed Project	Target Start Date of Establishment of Microenterprise	Amount of Needed SCF from DSWD
[add rows if necessary]	[title of specific SCF project]		[cost for DSWD SLP funding]
TOTAL			

B. RESOURCE COUNTERPART

Seed Capital Fund		
Resource	Counterpart (Specify type of engagement*)	Amount (if applicable)
SLP Participant		
LGU: [Name of LGU]		
Partner Institution: [Name of Partner]		

**Types of engagement necessary to start the enterprise: market linkage, financial services, skills training, non-financial services, etc.*



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SUSTAINABLE LIVELIHOOD PROGRAM
MUNGKAHING PROYEKTO FOR MICROENTERPRISE



** Write N/A if field is Not Applicable

V. RECOMMENDATIONS

It is recommended to fund this *Mungkahing Proyekto* for Microenterprise Development for the project [*Specific title of MD project*] with a total amount of [total fund from DSWD SLP, in words] [total fund from DSWD SLP, in numbers] chargeable against the [2018 SLP GAA].

PREPARED BY	_____	Date
	Signature over Printed Name of the IPDO	
REVIEWED BY	_____	Date
	Signature over Printed Name of the Provincial Coordinator	
RECOMMENDED BY	_____	Date
	Signature over Printed Name of the Regional Program Coordinator	
CONCURRED BY	_____	Date
	Signature over Printed Name of the Division Chief of Promotive Services <i>*Disregard if no designated Division Chief of Promotive Services</i>	
ENDORSED FOR APPROVAL BY	_____	Date
	Signature over Printed Name of the Assistant Regional Director for Operations	
APPROVED BY	_____	Date
	Signature over Printed Name of the Regional Director	



Republic of the Philippines
Department of Social Welfare and Development
SUSTAINABLE LIVELIHOOD PROGRAM
SEED CAPITAL FUND MODALITY APPLICATION FORM



Seed Capital Fund for [Specific Title of MD Project]

INDIVIDUAL ENTERPRISE (REFERRED INDIVIDUAL/S OR WALK-IN CLIENTS)

I. BASIC INFORMATION OF THE ELIGIBLE PARTICIPANT

Name of Participant : _____

II. BASIC INFORMATION OF THE PROJECT

Title of Microenterprise Project : _____

Amount of Requested Seed Capital Fund : _____

Location of Microenterprise : _____

III. RATIONALE OF THE PROPOSED SEED CAPITAL FUND

[Justification on the link/usability of the proposed Seed Capital Fund to the Microenterprise Project of the SLP participant]

IV. BUSINESS PROFITABILITY ASSESSMENT

*Write N/A if not applicable

A. TARGET MARKET

(Merkado)

Mark your answer with a (✓) (Punan ng tsek (✓) ang kahon ng iyong napiling sagot)

Question	Yes	No
Is there a clear demand and market for the products and/or services to be produced / developed? (Mayroon bang mamimili na tiyak na tatangkilik sa produkto o serbisyo?)		
Is the location of the microenterprise accessible? (Malapit ba ang lugar ng pagtatayuan ng negosyo sa mga mamimili?)		
Is there an identified consumer to regularly purchase from the microenterprise? (Mayroon bang tukoy na konsumer na regular na tatangkilik sa produkto o serbisyo?)		
Are there effective distribution channels to the market? (Mayroon na bang epektibong paraan ng distribusyon ng mga produkto o serbisyo sa merkado?)		

Target Market: [list of prospective and identified consumers of product / service]

B. MICROENTERPRISE MANAGEMENT

(Pamamahala ng negosyo)

a. Raw materials

(Mga kinakailangang sangkap)

Raw Material (sangkap/materiyales) (a)	Quantity (Bilang) (b)	Unit (Yunit) (c)	Unit Price (halaga o presyo ng bawat yunit) (d)	Frequency of Production – no. of days, months, quarters, etc (Dalas ng paggawa) (e)	Total Cost (kabuuang halaga o presyo), (f) (f) = [(b) x (d) x (e)]
[add rows if necessary]					
Grand Total					



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SUSTAINABLE LIVELIHOOD PROGRAM
SEED CAPITAL FUND MODALITY APPLICATION FORM



b. Manpower available and labor required

(Mga tauhan at mga kinakailangang manggagawa)

Name of Workers in the Microenterprise (Pangalan ng lahat ng magtatrabaho sa negosyo)	Specific Task in the Microenterprise (Gawain/trabaho sa negosyo)	Daily Wage/Salary (Arawang sweldo)
[add rows if necessary]		
Total daily wage (Kabuuang arawang suweldo)		
Total wage based on production or business cycle (Kabuuang suweldo base sa siglo ng produksyon)	(Total daily wage x no. of days based on the production cycle)	

c. Tools and equipment

(Mga kinakailangang kagamitan)

Tool/Equipment (kagamitan) (a)	Quantity (bilang) (b)	Unit (yunit) (c)	Unit Price (halaga o presyo ng bawat yunit) (d)	Total Cost (kabuuang halaga o presyo) (e) = [(b) x (d)]	Life Span of tools/equipment (divide by 365 days) (f)	Production Cycle (in days/ months/years) (g)	Depreciated on Cost (h) = [(e)/(f)] x (g)
[add rows if necessary]							
Grand Total							

d. Other expenses

(Iba pang gastusin)

Regular Operational Expense (regular na pinagkakagastusan)	Frequency of Payment – daily, monthly, quarterly (Dalas ng pagbayad)	Total Cost (kabuuang halaga o presyo)
Work space rent (Upa sa gawaan ng produkto/opisina)		
Electricity (kuryente)		
Water (tubig)		
Transportation cost (Pamasahe)		
Permit to operate		
Miscellaneous expenses		
Grand Total		

e. Gross sales per production cycle

(Pangunahing kita mula sa puhunan para sa mga sangkap)

Product (produkto) (a)	Quantity (bilang) (b)	Unit (yunit) (c)	Sale price per unit (halaga ng pagbenta kada yunit) (d)	Total (kabuuang halaga ng pagbenta), (e) e = (b) x (d)
Gross Sales				



Republic of the Philippines
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SUSTAINABLE LIVELIHOOD PROGRAM
PROJECT ASSESSMENT TOOL FOR SEED CAPITAL FUND



Title of MD Project : _____
Name of Participant : _____

See references as indicated.

ASPECT	INDICATORS	PC RATING
MARKET <i>(Target Market - SCF Modality Application Form)</i>	• There is a clear demand and assured market for the products and/or services to be produced / developed.	
	• Market is accessible (transportation, communication).	
	• There is an identified consumer to regularly purchase from the microenterprise	
	• Effective distribution and delivery channels to the market are identified and realistic	
TECHNICAL / PRODUCTION	• Raw materials needed are sufficient / accessible / available. <i>(Raw materials - SCF Modality Application Form)</i>	
	• Is there enough manpower to perform the specific functions for the microenterprise? <i>(Manpower available and labor required - SCF Modality Application Form)</i>	
	• Tools and equipment needed is sufficient / accessible / available. <i>(Tools and equipment - SCF Modality Application Form)</i>	
FINANCIAL	• The funds needed to startup and support the project are accessible / available. <i>(Details of Modality Applications – Mungkahing Proyekto for SCF)</i>	
	• Will the enterprise have the funds when it needs raw materials and payment for other expenses. <i>(Net profit per production cycle - SCF modality Application Form)</i>	
	• The financial projections imply significant savings/ capital build-up for the enterprise. <i>(Net profit per production cycle - SCF modality application form)</i>	
TOTAL AVERAGE RATING		

INDICATOR RATING GUIDE

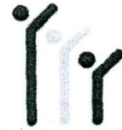
100 %	Completely and sufficiently meets all criteria
80%	Meets most criteria and has concrete plans to further address unmet criteria
60%	Only presents plans to be able to meet criteria
30%	Minimal / no plans to be able to meet criteria
0%	Currently not possible to meet criteria, given the current situation

ASSESSMENT GUIDE

80 – 100%	Approved
51 – 79%	Deferred
0 – 50%	Disapproved



Republic of the Philippines
 Department of Social Welfare and Development
SUSTAINABLE LIVELIHOOD PROGRAM
 PROJECT ASSESSMENT TOOL FOR SEED CAPITAL FUND



COMPLIANCE TO THE REQUIRED ATTACHMENTS

Please check [✓] attached documents:

SCF Modality Application Forms

Put a check [✓] on the box that corresponds to the compliance of attachments:

- Complied all attachments required for the *Mungkahing Proyekto*
 Lacks attachment/s required for the *Mungkahing Proyekto*

NOTE: INCOMPLETE ATTACHMENTS WILL DEFER THE APPROVAL OF MUNGKAHING PROYEKTO.

PROVINCIAL PROJECT REVIEW AND ASSESSMENT (PPRA)

Result of the Assessment

APPROVED

DISAPPROVED

DEFERRED

Remarks:

Reviewed by:

Signature over printed name of the
 Provincial Coordinator

Date:

REGIONAL PROJECT REVIEW BY THE REGIONAL REVIEW COMMITTEE (RRC)

The Regional Review Committee, after its review, hereby decided that the *Mungkahing Proyekto* as hereto attached, is:

APPROVED

due to full compliance to program standards and parameters, including complete and correct attachments

DISAPPROVED

due to non-compliance to program standards and parameters

DEFERRED

due to _____

Assessed by:

Signature over printed name of the
 Regional Monitoring and Evaluation - Operations

Signature over printed name of the
 Regional Monitoring and Evaluation - Finance

Signature over printed name of the
 Private Sector Partnership Officer /
 Government Sector Partnership Officer

Date:

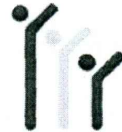
Recommended by:

Signature over printed name of the
 Regional Program Coordinator

Date:



Republic of the Philippines
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SUSTAINABLE LIVELIHOOD PROGRAM
SEED CAPITAL FUND MODALITY APPLICATION FORM



f. Net profit per production cycle

(Kabuuang kikitain sa bawat paggawa ng produkto o serbisyo)

ITEMS	COST
Gross Sales <i>(inaasahang kita para sa isang "production cycle")</i>	<i>[Gross sales in table e.]</i>
Raw materials	<i>[Grand total costs in table a.]</i>
Gross Profit	<i>[Gross sales less raw materials]</i>
Less:	
Manpower available and labor required	<i>[Total daily wage in table b.]</i>
Depreciation Cost	<i>[Total depreciation cost in table c.]</i>
Other Expenses	<i>[Total cost of other expenses in table d.]</i>
Total Operating Expense	<i>[Sum of the total costs/expenses in tables b, c, d]</i>
Gross profit after operating expense	<i>[Gross profit less total operating expense]</i>
Less: Mandatory saving of the association	<i>[based on the agreed amount among the SLPA members, ideally amount equivalent to the grant received]</i>
Net profit	<i>[Gross profit after operating expense less mandatory savings]</i>

Prepared by:
(Inihanda ni)

Signature over Printed Name of Participant

Date:

Reviewed by:
(Sinuri ni)

Signature over Printed Name of IPDO

Date: