

Republic of the Philippines
QUEZON CITY COUNCIL

APPLICATION FOR ACCREDITATION

(Pursuant to RA 7160 and its IRR/LGC of 1991/ SP No. 23, S-92/ SP No. 1494, S2005)

<input type="checkbox"/>	New
<input type="checkbox"/>	Previously Accredited

Name of Organization/Association: _____
Office Address: _____ **Barangay:** _____ **District:** _____, Q.C.
(Please attach sketch/map if applicable)
Date Organized/ Registered: _____ **Contact No/s:** _____ **Fax No.:** _____

Registering Agency: (Please check appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> Securities and Exchange Commission | <input type="checkbox"/> Department of Labor and Employment |
| <input type="checkbox"/> Cooperative Development Authority | <input type="checkbox"/> Department of Social Welfare & Development |
| <input type="checkbox"/> Housing and Land Use Regulatory Board | <input type="checkbox"/> Others (Pls. Specify) _____ |

Organizational Level: (Please check applicable box)

- | | |
|---|--|
| <input type="checkbox"/> Barangay-Based | <input type="checkbox"/> Chapter |
| <input type="checkbox"/> Affiliate of large NGO: _____
(Specify name of NGO) | <input type="checkbox"/> Others (Pls. Specify) _____ |

Linkages/Membership:

- | | | | |
|-------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Regional | <input type="checkbox"/> National | <input type="checkbox"/> International |
|-------------------------------|-----------------------------------|-----------------------------------|--|

Purpose/Objectives of the Organization (Please use additional sheet if necessary)

Services/Facilities the Organization can provide or participate in.

Sector/Group Represented/Served (PLEASE CHECK ONLY ONE [1]):

- | | | |
|---|---|---|
| <input type="checkbox"/> Academe/Education | <input type="checkbox"/> Environment/Urban Protection/Solid Waste | |
| <input type="checkbox"/> Urban Poor | <input type="checkbox"/> Religious | <input type="checkbox"/> Transport/PUV Drivers/Operators/TODA |
| <input type="checkbox"/> Cooperatives | <input type="checkbox"/> Professional | <input type="checkbox"/> Homeowners/Neighborhood |
| <input type="checkbox"/> Livelihood/Vendors | <input type="checkbox"/> Women | <input type="checkbox"/> Charitable/Socio-Civic |
| <input type="checkbox"/> Persons w/ Disability | <input type="checkbox"/> Youth/Children/Sports | <input type="checkbox"/> Socio/Cultural Development |
| <input type="checkbox"/> Labor/Workers | <input type="checkbox"/> Business Sector | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Social Justice/Peace & Order | <input type="checkbox"/> Health & Sanitation | <input type="checkbox"/> LGBT |
| <input type="checkbox"/> Solo Parents | | |

No. Of Members: **Male:** _____ **Female:** _____ **Total:** _____

Project Financing (Sources of Schemes)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Membership Dues | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Local Domain | <input type="checkbox"/> Foreign Donation |
| <input type="checkbox"/> Local Grant | <input type="checkbox"/> Foreign Grant | <input type="checkbox"/> Others (Pls. Specify) _____ | |

Priority Membership in Local Special Bodies (Please check only two [2]):

- | | |
|--|--|
| <input type="checkbox"/> City Development Council (CDC) | <input type="checkbox"/> Gender & Development Council (GAD) |
| <input type="checkbox"/> City School Board (CSB) | <input type="checkbox"/> City Anti-Drug Abuse Advisory Council (CADAAC) |
| <input type="checkbox"/> City Health Board (CHB) | <input type="checkbox"/> City Local Housing Board (CLHB) |
| <input type="checkbox"/> Peace & Order Council (POC) | <input type="checkbox"/> Tricycle Franchising Board (TFB) |
| <input type="checkbox"/> Q.C. Disaster Risk Reduction Management Council (QCDRRMC) | <input type="checkbox"/> Local Council for the Protection of Children (LCPC) |

We hereby certify to the correctness of the above information.

Submitted by:

Certified by:

Chairperson/President
(Signature over Printed Name)

Date

Secretary
(Signature over Printed Name)