



## REGIONAL DEVELOPMENT COUNCIL NATIONAL CAPITAL REGION

“Where Metro Manila goes, so the country goes”

### CALLING ALL PRIVATE SECTOR AND NON-GOVERNMENTAL ORGANIZATIONS

The Regional Development Council - National Capital Region (RDC-NCR), pursuant to Rule VII under Section 23, IRR of EO No. 113 s. 2002, is now accepting applications for accreditation of Private Sector Organizations (PSOs) and Non-Governmental Organizations (NGOs) to the RDC-NCR.

Accredited PSOs and NGOs can nominate their representatives to sit as members of the Council.

PSOs and NGOs applying for the accreditation must have the following qualifications:

- **Legal Personality** - The PSO and NGO must be registered with the Securities and Exchange Commission (SEC) or any government agency that registers organizations and associations for the purpose of bestowing legal personality. Furthermore, the PSO and NGO must have an office address in the National Capital Region.
- **Performance** - The PSO and NGO must have conducted socio-economic activities for at least three years from the date of registration in the region. Activities and areas of influence must involve a city/municipality in the region concerned. The socio-economic development activities must have been implemented in close coordination with local government units or other private sector or non-governmental organizations.
- **Nationality** - The PSO and NGO must be managed by Filipinos. Organizations managed by foreigners, whose officers and members are primarily composed of foreign nationals, or are considered branches or affiliates of foreign organizations are disqualified

Organizations with government officials and employees as ex-officio members of the Governing Board, or whose operations are funded by the government, are disqualified. Financial support by the government to specific projects will not be considered as funding support to operations.

Interested PSOs/NGOs may download the Profile Sheet form thru this link:  
<https://bit.ly/RDCNCRProfileSheet> and may likewise submit the accomplished form to the RDC-NCR Secretariat via email at [pped@mmda.gov.ph](mailto:pped@mmda.gov.ph) and [mdps.mmda@gmail.com](mailto:mdps.mmda@gmail.com).

For any inquiries/concerns, you may contact  
the Secretariat at 8882-4151 to 77 local 1098/1099.

Application period will run from **August 1-15, 2022**



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NATIONAL CAPITAL REGION**

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**ANNEX A**

Select appropriately

- PRIVATE SECTOR ORGANIZATION (PSO)
- NON-GOVERNMENTAL ORGANIZATION (NGO)

**PROFILE SHEET**

GENERAL INFORMATION																
NAME OF ORGANIZATION																
OFFICE ADDRESS:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 25px; vertical-align: top;">TEL. NO.</td> </tr> <tr> <td style="height: 25px; vertical-align: top;">FAX NO.</td> </tr> <tr> <td style="height: 25px; vertical-align: top;">E-MAIL:</td> </tr> </table>	TEL. NO.	FAX NO.	E-MAIL:												
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TYPE OF ORGANIZATION ( <i>Check the type that best describes your organization</i> ) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> business organizations</td> <td><input type="checkbox"/> religious organization</td> </tr> <tr> <td><input type="checkbox"/> professional association</td> <td><input type="checkbox"/> civil club</td> </tr> <tr> <td><input type="checkbox"/> industry association</td> <td><input type="checkbox"/> cooperative</td> </tr> <tr> <td><input type="checkbox"/> cultural association</td> <td><input type="checkbox"/> others: _____</td> </tr> <tr> <td><input type="checkbox"/> people's organization</td> <td></td> </tr> </table>		<input type="checkbox"/> business organizations	<input type="checkbox"/> religious organization	<input type="checkbox"/> professional association	<input type="checkbox"/> civil club	<input type="checkbox"/> industry association	<input type="checkbox"/> cooperative	<input type="checkbox"/> cultural association	<input type="checkbox"/> others: _____	<input type="checkbox"/> people's organization						
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REGISTRATION ( <i>The government entity which granted legal status to the organization</i> ) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> SEC (Securities and Exchange Commission)</td> <td>O.R No. _____</td> <td>Date: _____</td> </tr> <tr> <td><input type="checkbox"/> CDA (Cooperative Development Authority)</td> <td>O.R No. _____</td> <td>Date: _____</td> </tr> <tr> <td><input type="checkbox"/> Others: _____</td> <td>O.R No. _____</td> <td>Date: _____</td> </tr> </table>		<input type="checkbox"/> SEC (Securities and Exchange Commission)	O.R No. _____	Date: _____	<input type="checkbox"/> CDA (Cooperative Development Authority)	O.R No. _____	Date: _____	<input type="checkbox"/> Others: _____	O.R No. _____	Date: _____						
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<input type="checkbox"/> Others: _____	O.R No. _____	Date: _____														
ACCREDITATION ( <i>Check the government agency/ies that have officially acknowledged your organization for purposes of program participation and/or eligibility for development assistance. In case of LGU accreditation, fill in the blank.</i> ) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> DOLE</td> <td><input type="checkbox"/> DENR</td> <td><input type="checkbox"/> POPCOM</td> </tr> <tr> <td><input type="checkbox"/> DAR</td> <td><input type="checkbox"/> DTI</td> <td><input type="checkbox"/> DOH</td> </tr> <tr> <td><input type="checkbox"/> DA</td> <td><input type="checkbox"/> NNC</td> <td><input type="checkbox"/> DILG</td> </tr> <tr> <td><input type="checkbox"/> PCUP</td> <td><input type="checkbox"/> DSWD</td> <td><input type="checkbox"/> LGU: _____</td> </tr> <tr> <td><input type="checkbox"/> DOST</td> <td><input type="checkbox"/> DEPED</td> <td><input type="checkbox"/> Others: _____</td> </tr> </table>		<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"/> NNC	<input type="checkbox"/> DILG	<input type="checkbox"/> PCUP	<input type="checkbox"/> DSWD	<input type="checkbox"/> LGU: _____	<input type="checkbox"/> DOST	<input type="checkbox"/> DEPED	<input type="checkbox"/> Others: _____
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## VISION OF THE ORGANIZATION

## SERVICES/ACTIVITIES *(State major services/activities of the organization)*

## TARGET CLIENTELE *(Indicate your organization's primary clients/beneficiaries)*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> women                | <input type="checkbox"/> street children  | <input type="checkbox"/> entrepreneur  |
| <input type="checkbox"/> farmers              | <input type="checkbox"/> scientists       | <input type="checkbox"/> youth         |
| <input type="checkbox"/> fishers              | <input type="checkbox"/> students         | <input type="checkbox"/> landowners    |
| <input type="checkbox"/> urban poor           | <input type="checkbox"/> professionals    | <input type="checkbox"/> laborers      |
| <input type="checkbox"/> cultural minority    | <input type="checkbox"/> disaster victims | <input type="checkbox"/> landless      |
| <input type="checkbox"/> senior organizations | <input type="checkbox"/> vendors          | <input type="checkbox"/> others: _____ |

## SECTORAL CONCERN *(select all that applies)*

- agriculture and fishery
- environment
- business
- tourism
- science and technology
- education and manpower development
- health and family planning
- social welfare
- disaster control
- housing
- water
- energy
- transportation
- communication
- local autonomy
- peace and order and justice
- others: \_\_\_\_\_

## AREA OF OPERATION *(List below the specific areas covered by your organization)*

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



# REGIONAL DEVELOPMENT COUNCIL NATIONAL CAPITAL REGION

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<b>FUNDING</b>		
<i>Please list below your organization's funding sources, amount received and purposes for which they were spent for the period (2016-2022).</i>		
SOURCE	AMOUNT <i>(optional)</i>	PURPOSE
<b>PERSONNEL</b>		
NAME	CITIZENSHIP	ADDRESS
CHAIRMAN <i>(Board of Trustees)</i>		
MEMBERS <i>(Board of Trustees)</i>		
CORPORATE SECRETARY		
TREASURER		
CHIEF EXECUTIVE OFFICER		
MEMBERS <i>(Indicate number of members of the organization or stockholders)</i>  Regular : _____ Associate : _____ Honorary : _____ Others : _____	OFFICE STAFF <i>(Indicate number of office and field staff/ employees)</i>  Office: Regular : _____ Part-time : _____ Volunteers: _____  Field: Regular : _____ Part-time : _____ Volunteers: _____	



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## PROJECTS

Please list below important projects undertaken by your organization for the duration 2016-2022

PROJECT TITLE/DESCRIPTION	LOCATION	FUNDING SOURCE	BENEFICIARIES

## CERTIFICATION

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

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

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

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

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