

ACP INFORMATION SHEET

Name of Organization: _____

Business Address: _____

Telephone Number (s): _____

No. of Directors/ Officers:

Name	Designation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Authorized Representative/ Designation: _____

Date Established: _____

Type of Organization:

- / Single Proprietorship / Profit
- / Partnership / Non- Profit
- / Corporation
- / Others, Please specify: _____

If registered, with what agency/ Date of Registration:

Goals/ Objectives of the Organization:

Present Repayment Rate: (past 12 months) _____
 Highest Collection Rate: (past 12 months) _____
 Lowest Collection Rate: (past 12 months) _____

Strategy/ System for Loan Collection:

Sources of Funds for Livelihood/ Income Generating Project:
 (Current)

Source	Amount	Interest Rate	Maturity Period	Mode of Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Assistance/ Services Offered under CP's Livelihood Program:

Problems Encountered in the implementation of CP's Livelihood Program:

Specific Strengths and Weaknesses of your organization:

What existing Accreditation does your organization possess?
 Please enumerate:

Accreditation Type	Date Issued	Accrediting Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you ever denied accreditation by any government agency?

/ / Yes

/ / No

If yes, please give the name of agency and reason(s) for denial:

References

Name: _____
Address: _____

Name: _____
Address: _____

Name and Signature of
Authorized Representative