



SEA AVAILMENT FORM

District/Unit Office: _____

I. Client Identifying Data:

Name : _____ Age: _____

Address : _____

Client Category : _____ No. of Dependents : _____

II. Project Information

Type of Project : _____

Project Location : _____

Total Amount Required: _____

Purpose of the Project : _____

III. Project Management

Name of Participating Members	Age	Relationship	Role/Task
1.			
2.			
3.			
4.			
5.			

IV. Projected Cash Flow

Sources & Uses of Funds	Pre-Operating Cycle	Production Cycle
Sources of Funds		
Capital Assistance		
Total Sales		
Total		
Uses of Funds		
Purchases of equipment		
Working Capital		
Raw materials		
Overhead Cost		
Rollback Payment		
Total		

V. Funding Requirement

Particulars	(In Pesos) Resources		Funding Source		Total
	Requirements	Client/Family Counterpart	Other Sources	CSSDO	

VI. Social Responsibility, Agreement to Rollback and Willingness to Save:

1. I will participate in every meetings called for **Parent Effectiveness Services (PES), Enhance Parent Effectiveness Services (EPES), Empowerment and Reaffirmation of Parental Abilities Training (ERPAT)** and other community activities that will enhance and uplift the quality of life of my family.
2. To use the capital assistance in the amount of _____(P _____) for my project on _____.
3. That I will abide all policies and guidelines set by CSSDO of the **Self Employment Assistance Program (SEA)**.
4. That I will generate weekly savings to meet emergencies that may be fall on my family.
5. To rollback the capital assistance received for a period of _____months through a monthly rollback payment of _____(P_____) in order to assist other SEA beneficiaries to also avail of the same assistance.
6. I promise to start paying my monthly obligation **3 months** after I have received the capital assistance.

Name & Signature of Client

VII. Recommendation

I further attest that _____prepared this project proposal/feasibility study with my assistance. I have assister him/her by explaining to him/her the reason for every step of the decision making project and I have helped him/her verify the information indicated in it.

Based on this study, I recommended that he/she will be granted a SEA capital assistance amounting_____(P _____). He/she is aware of his/her obligation to pay the rollback and is adequately motivated to do so.

Based on the Project Feasibility Study, his/her micro-enterprise will provide sufficient cash flow to ensure payment of the rollback as well as additional income to meet the basic needs of his/her family.

Prepared & submitted by:

Direct Service Worker

Designation

Date

Noted by:

District Head

Reviewed by:

ASTRED A. CAJES

Project Evaluation Officer

Recommending Approval:

MARILYN D. AGONIA

Division Head, SSOD

MARIA LUISA T. BERMUDO

Department Head II

Approved:

SARA Z. DUTERTE

City Mayor

NOTE: PLEASE TAKE NOTE OF THE ADDITIONAL REQUIREMENTS

Appendix "A" *Barangay Certificate of Residency*
 Appendix "B" *Medical Certificate (for food related projects only)*

CERTIFICATE OF ELIGIBILITY

Sources of Funds

_____ General Funds
 _____ ADF
 _____ Others, Pls. specify

Client Category

_____ Family Head/Adult
 _____ Out of school youth
 _____ Disabled/Special Group
 _____ Women
 _____ Others (Specify)

This is to certify that _____, _____ years old, residing at _____ with the following family/project members:

Name	Age	Relationship to Client
1.		
2.		
3.		
4.		
5.		

Has found eligible for each assistance under the **Self Employment Assistance Program** in the amount of _____ (P_____) to be invested for _____ (Type of project) in which Php_____ worth of client's counterpart/external funds for the project has in the file of _____ District Office.

 CSSDO Worker

Noted by:

 District Head

Recommending Approval:

MARIA LUISA T. BERMUDO
 Department Head II

Approved:

SARA Z. DUTERTE
 City Mayor