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| **APPLICATION FORM**  **Instructions:** Please fill out the required information and answer the questions completely. You may use an extra sheet of paper if needed. Typed entries are preferred but please use block letters in black ink for handwritten entries. | | | | | | | | | |
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| ***Panuntunan:****Punanangmgakinakailangangimpormasyon at sagutan ng kumpletoangmgakatanungan.Maaringgumamit ng dagdagnapapel kung kinakailangan. Maaringi-type o isulatkamaysa block form angmgakasagutan.* | | | | | | | | | |
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| **COMMUNITY ENTERPRISE POVERTY REDUCTION INFORMATION SHEET** | | | | | | | | | |
|  | |  |  | |  | |  |  | |
| **NAME OF ORGANIZATION/ COOPERATIVE** | |  | | | | | | | |
| **ADDRESS** | |  | | | | | | | |
| **YEAR ESTABLISHED** | |  | | | | | | | |
| **COVERAGE AREA *(Please specify number of covered barangays, municipalities, provinces, regions)*** | |  | | | | | | | |
| **INITIAL CAPITAL (in PhP)** | |  | | | **SHARE CAPITAL (in PhP)** | |  | | |
| **VISION STATEMENT** | |  | | | | | | | |
| **MISSION STATEMENT** | |  | | | | | | | |
| **CORE VALUES** | |  | | | | | | | |
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| ORGANIZATIONAL STRUCTURE | |  | | | | | | | |
| TYPE OF COMMUNITY ENTERPRISE | |  | | | | | | | |
| TOTAL AMOUNT OF ASSETS (in PhP) | |  | | | | | | | |
| TOTAL # OF MEMBERS | |  | PRIMARY | |  | | ASSOCIATE |  | |
| PROGRAMS AND SERVICES | |  | | | | | | | |
| TOTAL # OF STAFF | | REGULAR |  | | CASUAL/ SEASONAL (Please specify) | |  | | |
| MEMBERSHIP/ LINKAGES/ AFFILIATION | |  | | | | | | | |
| COMMUNITY OUTREACH ACTIVITIES | |  | | | | | | | |
| **Please provide a background of the community enterprise poverty reduction initiative (how it started, when it started/launched, ongoing operations and achievements; include dates; important milestones).** | | | | | | | | | |
|  | | | | | | | | | |
| **Please elaborate how your initiative meets the selection criteria of the awards as  follows:** | | | | | | | | | |
| 1. Effectiveness *(the degree to which the initiative has achieved tangible results like increase in household income or creation of jobs.)* | | | | | | | | | |
|  | | | | | | | | | |
| 2. Significance *(the degree to which the program addresses the problem of income poverty in a community.)* | | | | | | | | | |
|  | | | | | | | | | |
| 3. Financial Viability *(the degree to which the enterprise is able to generate its own income sufficient enough to meet its core operating expenses and financial obligation as well as being able to invest in its future growth and development.)* | | | | | | | | | |
|  | | | | | | | | | |
| 4. Sustainability *(the degree to which the enterprise will continue to operate in the long term; being able to balance the need to generate income at the same being concerned about conservation, protection and restoration of the environment; having the organizational capacity to continue to achieve its enterprise goals.)* | | | | | | | | | |
|  | | | | | | | | | |
| 5. Adaptability*(the degree to which the initiative or parts of it has been successfully adapted by others or shows promise of being adapted.)* | | | | | | | | | |
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| **CERTIFICATION AND LIABILITY WAIVER** | | | | | | | | |
| *By signing this form, I hereby certify that the above information given are true and correct as to the best of my knowledge.  This is also to give permission for the free use of my name or my business’ name, photos and/or voice recorded by Villar Foundation for any medium of this event. In consideration of being permitted to participate, I for myself and colleagues, release forever any and all rights to claims/damages I may have against Villar Foundation, sponsors, volunteers and all parties involved in this event.   And lastly, by signing this form, I have carefully read, understood and agree to abide by all rules and directives set or to be set by the Villar Foundation for the Villar Foundation Awards - Poverty Reduction Challenge 2025.* | | | | | | | | |
| NAME OF AUTHORIZED PERSON |  | | | SIGNATURE | |  | | | |
| POSITION IN THE ORGANIZATION |  | | | DATE | |  | | | |
| CONTACT NUMBER/S |  | | | EMAIL ADDRESS | |  | | | |
| **REQUIREMENTS:**   1. Accomplished application form 2. Bank account details (Organization Account Name, Account Number, Bank and Branch) 3. Hi-res organization’s logo 4. Five (5) hi-res still or action photos of the group   **Deadline of submission will be on October 30, 2025. Late entries will not be considered.**  \* Softcopy entry may be submitted to [*villarawards@gmail.com*](mailto:villarawards@gmail.com)or by hard copy to **District Office of Sen. Cynthia Villar, 10 Caroline Masibay St., BF Resort Village, Talon II, Las Piñas City**.  \* No entries submitted via fax will be accepted.  \* Only organizations with complete requirements shall be qualified to the competition.  **Awarding Ceremony : December 2025**  **For questions, contact your networker.** | | | | | | | | |