



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT (DILG)
OFFICE OF THE PRESIDENTIAL ADVISER ON THE PEACE PROCESS (OPAPP)

JOINT MEMORANDUM CIRCULAR NO. 2016-02

Date March 2, 2016

TO : ALL PROVINCIAL GOVERNORS, CITY/MUNICIPAL MAYORS,
PUNONG BARANGAYS, PRESIDING OFFICERS AND MEMBERS OF
THE SANGGUNIAN AT ALL LEVELS, PEACE AND ORDER COUNCILS
(POCs), THE PHILIPPINE NATIONAL POLICE (PNP), DILG REGIONAL
DIRECTORS AND OTHERS CONCERNED

SUBJECT : REVISED GUIDELINES FOR THE IMPLEMENTATION OF THE
COMPREHENSIVE LOCAL INTEGRATION PROGRAM (CLIP)

I. PREFATORY STATEMENTS

- A. 1987 Philippine Constitution declares that the maintenance of peace and order, the protection of life, liberty, and property and the promotion of the general welfare are essential for the enjoyment by all the people of the blessings of democracy.
- B. Republic Act No. 7160, otherwise known as the Local Government Code of 1991, mandates the Local Government Units (LGUs) to provide social welfare services which include programs and projects for rebel returnees.
- C. Republic Act No. 6975, IRR, Rule II, Section 5 (a-b), mandates the Department of the Interior and Local Government to: assist the President in the exercise of general provision over local government; and, advise the President in the promulgation of policies, rules, regulations, and other issuances on the general supervision over local government and on public order and safety.
- D. Executive Order No. 3, series of 2001, calls for the pursuit of a comprehensive, integrated and holistic peace process to address the internal armed conflicts and the root causes involving, among others, the implementation of programs to address the legal status and security of former rebels (FRs), as well as community-based assistance to respond to their economic, social and psychological rehabilitation needs.

II. PURPOSE

This Joint Memorandum Circular (JMC) is issued to institutionalize and effectively implement the CLIP.

III. DEFINITION OF TERMS

- A. CLIP Committee Implementation Plan (CCIP) – refers to the plan of the Province/Highly Urbanized City (HUC) reflecting therein the consolidated needs of the FRs and the budget needed to implement and monitor its progress. It shall form part of the Peace and Order and Public Safety (POPS) Plan;
- B. Counseling Service –refers to the process of assisting and guiding the FRs in resolving their personal, social, or psychological problems and difficulties.
- C. Disposal – refers to sale by public bidding of the demilitarized/destroyed firearms and the destruction of ammunition and explosives per approved procedures.
- D. Disposition – refers to the procedures to be followed in the handling of turned-in firearms to include acceptance, documentation, recording and disposal.
- E. Firearms (FA) – refers to any handheld or portable weapon, whether small or light FA/weapon, that expels or is designed to expel a bullet, shot, slug, missile or any projectile, which is discharged by means of expansive force of gases from burning gunpowder or other form of combustion or any similar instrument or implement. The barrel, frame or receiver is considered a firearm.
- F. Halfway House – refers to the temporary residence that will serve as the processing Center for the FRs. This could be a new physical structure that will be established in Provinces/HUCs that have expressed the need for such facility. This facility later on can be evolved into a Center that will cater to other individuals in crisis situations (i.e. VAWC, IPs, juvenile delinquents, ex-convicts, disaster). This could also be existing facilities that would serve the purpose of a processing Center. A separate room or facilities shall be provided for individual women FRs.
- G. Former Rebel Reintegration Plan (FRRP) – refers to the plan resulting from the individual assessment undertaken by the LSWDO with the FR. The identified needs of the FR shall be matched with the existing available resources of the province or resources that may be tapped to address the needs of the FR.
- H. Healing - is restoration and repairing of unbalanced emotional scars or wounds experienced by the Former Rebels (FRs).
- I. Healing and Reconciliation (H & R) - in itself is a goal and a process. It is likewise re-establishing relationships between and among individuals, groups and communities. H & R also contributes to the restoration of the psychological and social ways of the FR so that he/ she is better able to attain personal well-being, to establish healthy relationship with others, and to become a productive member of her/ his community.
- J. Militia ng Bayan - refers to Individuals who have been indoctrinated may or may not be directly involved in violent armed struggle but, when organized, can provide mass support to the “revolutionary movement” of the CPP/NPA/NDF. These organized individuals form part of the mass-base that serves as revolutionary enforcement in the barrio. They secure the NPA forces while in the community and, at times, are even armed to reinforce the NPA during encounters. They are trained with sniping and improvised explosives device (IED) deployment and detonation, among other armed activities, which eventually qualifies them to become the main source of NPA regulars.
- K. Psychological/Psychiatric Service – refers to the psychological evaluation upon admission in the half way house to determine the behavioural manifestations and mental state of the FR for eventual referral to psychiatrist, if necessary.
- L. Reconciliation - is rebuilding and renewal of mutual respect after the conflict

- M. Regular Members of NPA – refers to full-time NPA members, such as those belonging to Sandatahang Yunit Pampropaganda (SYP), Platoon Gerilya (PLAGER), Sentro de Grabidad (SDG) and Regional Yunit Gerilya (RYG).
- N. Reintegration – refers to a process where: 1) the FR voluntarily disarms and undergoes mainstreaming into a civilian and productive life, and 2) the FR's socio-economic well-being, including his/her security and safety, psycho-social and legal impediments are attended to by the government.
- O. Reintegration Assistance – refers to a support for receiving unit in the amount of SEVEN THOUSAND PESOS (PHP 7,000.00) to defray the subsistence (meals) cost of FR while in the custody of the receiving unit, and other incidental expenses that may be incurred while processing the JAPIC Certification such as: securing FR's birth certificate and identification card; and, mobility expenses.
- P. Serviceable firearms – refers to FAs that are in working condition based on the PNP Guidelines on firearms disposition. It also includes factory-made and improvised firearms.

IV. PROGRAM GOAL AND OBJECTIVES

The CLIP seeks to contribute toward achieving the goal of permanent and peaceful closure of all armed conflicts with non-state armed groups. Specifically, it aims to:

- A. Facilitate the mainstreaming of Former New People's Army (NPA) Rebels as productive citizens;
- B. Enhance capacities of LGUs and National Government Agencies (NGAs) in the implementation and sustainability of the CLIP; and,
- C. Compensate and remunerate all turned-in Firearms including those coming from the Militia ng Bayan (MB).

V. GUIDING PRINCIPLES

The CLIP shall:

- A. Be locally-driven, managed and implemented. The Province/Highly Urbanized City (P/HUC) shall be the focal point of authority and management of the integration program to provide more sustainability and consistency;
- B. Be subject-sensitive and flexible. It shall veer away from the past practice of pre-packaged interventions designed at the national level. It shall genuinely respond to the circumstances, needs and concerns of FRs through provision of assistance. It shall seek to consider their basic rights and different situations as men and women;
- C. Be time-bound and has a clear exit strategy. Its outputs and timelines shall be reflected in the Former Rebel Reintegration Plan (FRRP);
- D. Recognize the crucial role of civil society organizations (CSO) in the implementation process;
- E. Adopt a total family approach. The interventions shall seek to improve the quality of life of the FRs including their families;
- F. Be consistent with the principle of human rights and justice for all. A FR will not be exempted from criminal and civil liabilities from the cases filed against him/ her in court;
- G. Recognize the FR as active participants of the Program and not simply treated as "beneficiaries"; and,

- H. Recognize community, as a vital unit of society that could assist FR to mainstream and become a productive citizen.

VI. BENEFICIARIES

A. Regular member of NPA who either:

1. Surfaced 2011 onwards who have expressed the desire to abandon armed violence and become productive members of society, including their spouses, partners, children (whether legitimate or illegitimate), parents or siblings, if applicable; or
2. Did not receive full assistance under the Social Integration Program (SIP) based on OPAPP's official list of former rebels that surfaced between 2007-2009.

B. Member of the Militia ng Bayan (MB), who surfaced starting 2015. Both members of NPA and Militia ng Bayan must be certified by the Joint AFP-PNP Intelligence Committee (JAPIC) to be entitled to CLIP assistance. This certification shall hold even in the event that the person has died while his/ her enrolment to the program is being processed. His/ her identified beneficiary/ies shall avail/ receive the CLIP reintegration assistance package.

VII. BENEFITS AND OTHER ASSISTANCE

A. Benefits and Assistance to FR

1. Safety and Security Guarantees by the LGU/PNP in partnership/cooperation/coordination with the Armed Forces of the Philippines (AFP) from the time the FR had surfaced, and while he/she is enrolled under the CLIP for three years.
2. Support to Relocation is an arrangement to better secure the FR and his/her family.
3. Immediate Assistance in the amount of FIFTEEN THOUSAND PESOS (PHP 15,000.00) per FR, for mobilization expenses while his/her enrolment in CLIP is being processed.
4. Livelihood Assistance in the amount of FIFTY THOUSAND PESOS (PHP 50,000.00) per FR.
5. Reintegration Assistance - Support for Receiving Unit in the amount of SEVEN THOUSAND PESOS (PHP 7,000.00) to defray the subsistence (meals) cost of FR while in the custody of the receiving unit, and other incidental expenses that may be incurred while processing the JAPIC Certification such as: securing FR's birth certificate and identification card; and, mobility expenses.
6. Firearms Remuneration based on Circular No. 2015-03 dated April 1, 2015 to provide additional fund to the activities reflected in the FRRP (i.e. capacity building, skills trainings, provision of shelter and legal assistance, among others).
7. PhilHealth Enrolment under the PAMANA-Philhealth Sponsored Program with one-year validity and open for renewal, subject to availability of funds. Availment of insurance will be guided by the PAMANA-Philhealth Sponsored Program guidelines issued by the Philhealth and the OPAPP. This insurance shall apply for those not covered by other sponsored programs of Philhealth.

8. **Registration to Government Entities** – The Receiving Unit shall facilitate the registration of birth and/or marriage certificates, issuance of IDs such as postal and voter's ID as part of restoring/ affirming the FR's identity in society, if the AFP or PNP is the receiving unit, they shall seek assistance from the LSWDO. The expenses that may incurred in this process shall be covered by the receiving unit.
9. The FR can avail of the services of the Half-way house while his/her enrolment to the CLIP is being processed.
10. **Healing and Reconciliation Initiatives** to provide psycho-social support to FRs, their families and communities.
11. **Any other additional assistance** that may be determined based on the FRRP and sourced out from partner institutions/agencies. This may include capacity building, skills training, provision of shelter and legal assistance, among others, if necessary.

B. Assistance to Qualified Militia ng Bayan (MB)

1. Firearms remuneration following Item VII (Process and Procedures) of DILG Circular No. 2015-03, dated April 1, 2015, to fund turned-in firearms by the MB.

C. Assistance to Implementers/ Service Providers

1. Half-way House/ Receiving Facility

- a. The Fund for Half-way House shall only be allocated if the following conditions are satisfied: (a) that the LGU will donate the land for the facility, and (b) that the LGU will be responsible in the maintenance and management of such.
- b. If land is not available, the fund for the half-way house can be used to repair existing government facility, provided that a Memorandum of Agreement (MOA) between said government agency and the respective LGU, on behalf of the CLIP Committee, is signed; and provided further that security of the FR can be guaranteed.
- c. If facility that will be used as halfway house belongs to a Regional line agency, and where repairs shall be undertaken to convert such into a half-way house, a MOA between the LGU and the respective Regional line Agency must be forged.
- d. A Sanggunian Bayan Resolution declaring that the LGU will be responsible for the management/maintenance of halfway house.

VIII. INSTITUTIONAL ARRANGEMENTS

A. The Department of the Interior and Local Government (DILG), as the lead agency, shall:

1. Provide policy directions for the attainment of the CLIP goal and objectives;
2. Develop the implementing guidelines of the program, regularly review it and revise it if deemed necessary, in consultation with the OPAPP;
3. Create a DILG-PMO that shall manage the program at the Central Office;
4. Coordinate with different agencies that has a stake in the CLIP, and forge bilateral agreement, if deemed necessary;

5. Develop capacity development interventions to capacitate stakeholders;
6. Ensure that a Standby Fund shall be allocated at its DILG Regional Offices for Reintegration Assistance, Immediate Assistance and Livelihood Program, which shall be guided by a circular issued by the DILG Central Office to this effect;
7. Ensure that the CLIP Committee (CC) shall have a CLIP Committee Implementation Plan (CCIP) at the Provincial/ HUC level, which shall have the primarily responsibility of said Committee. Budget for the implementation of the activities stated therein shall be sourced from the CLIP Fund and shares of the Local Government and other partners;
8. Cause the widest dissemination of this JMC; and,
9. Convene a CLIP National Committee to evaluate the report of the Program on the lives of the beneficiaries, as well as in curbing the capacity/reducing the number of NPA Regulars.

B. The Office of the Presidential Adviser on the Peace Process (OPAPP) shall:

1. Maintain and update the CLIP Information Management System (CIMS) where the Former Rebel Information System (FRIS) is a component. It shall provide access to the users especially the units responsible in processing and facilitating the Financial Assistance, such as the Reintegration Assistance, Immediate Assistance, Livelihood, and Firearm Remuneration;
2. Assist in the provision of capacity building interventions to LGUs;
3. Assist the DILG in developing and enhancing the CLIP components;
4. Assist in resource mobilization at the national level; and,
5. Recommend courses of actions for effective implementation of the program, as deemed necessary.

C. The Local Government Units (LGU) shall:

1. Steer the implementation of the CLIP at locality;
2. Create a CLIP Committee (CC) to implement the program in the Province/ HUC. It shall develop a CLIP Committee Implementation Plan (CCIP) (Annex A) reflecting therein the consolidated needs of the FRs and the budget needed to implement and monitor its progress. It shall form part of the Peace and Order and Public Safety (POPS) Plan;
3. Ensure that the CLIP is mainstreamed in the Local Development Investment Plan (LDIP);
4. Seek assistance from all government agencies in their respective regions and provinces, as well as, other funding institutions, as may be necessary in the implementation and realization of the CLIP;
5. Enact local legislative measures, if necessary, to steer the smooth implementation of the CLIP; and,
6. Assist the PNP, in coordination with the AFP, in providing security to FRs including their families and communities.

D. The Philippine National Police (PNP) shall:

1. Ensure the security of the FR from the time he/she had surfaced and while he/she is enrolled under the CLIP;
2. Designate a representative to the CLIP Committee;

3. Lead the collection, documentation, valuation, control and disposition of turned-in firearms, ammunition and explosives based on its Standard Operating Procedures (SOP) and Circular No. 2015-03 dated April 1, 2015 entitled: "Implementing Guidelines and Procedures for the Disposition of Firearms, Explosives and Ammunitions (FEA) under the Comprehensive Local Integration Program (CLIP);
 4. Organize the Firearms, Explosives, Ammunition Disposal Committee (FEADC) to take charge of the actual demilitarization and eventual disposal of firearms pursuant to Command Memorandum Circular (CMC) No.24-2013 issued on 23 July 2013;
 5. Facilitate the issuance of the JAPIC Certification, in coordination, with the AFP within 2 weeks from the time FR had surfaced. The said certification shall be submitted to the CLIP Committee through the LSWDO copy furnish the DILG Provincial/ HUC Office to facilitate the immediate release of the Reintegration Assistance and Immediate Assistance;
 6. Enforce Circular No. 2015-03 dated April 1, 2015, entitled: "Implementing Guidelines and Procedures for the Disposition of Firearms, Explosives and Ammunitions (FEA) of the former New People's Army (NPA) Rebels (FRs) under the Comprehensive Local Integration Program (CLIP)"; and,
 7. Provide technical assistance in capability building activities, particularly in the implementation/ enforcement of the provisions of Circular No. 2015-03.
- E. The CLIP Committee (CC) shall be created at the Provincial/ HUC level through the issuance of an Executive Order by the Provincial Governor/ HUC Mayor, who shall chair the said Committee and will be Co-chaired by the AFP commanding officer of the Division. It shall be composed of representatives from the LSWDO, DILG Provincial/ HUC Office, PNP and the CSO, a member of the Provincial/ HUC Peace and Order Council. The CLIP Committee shall perform the following Functions:
1. Ensure the convergent effort in the delivery of the identified services of the program;
 2. Ensure proper documentation and referral of the needs of the FRs to appropriate agencies and other partner institutions including getting the profile of the FRs;
 3. Facilitate the profiling of the FRs, through the LSWDO;
 4. Assist the FR in completing the CLIP Enrolment Form. The FR should either sign or thumb mark the Form after completing it, attested by the DILG Provincial/ HUC Director and approved by the Provincial Governor/HUC Mayor or by his/her designated officer preferably the Provincial/HUC administrator or LSWDO;
 5. Assist the FR in the preparation of his/ her Former Rebel Reintegration Plan (FRRP) and Business Plan, with the LSWDO as the lead agency to assist the FR. It shall have the option to come-up with its template (form) of FRRP and Business Plan, as long the minimum datasets reflected in the Sample Forms in Annexes E and F are considered;
 6. Resolve issues and concerns affecting the implementation of the CLIP;
 7. Provide updates to the PPOC/ HUCPOC during its meetings regarding the progress of the CLIP; and,
 8. Coordinate and monitor the CLIP implementation in the Province/HUC.
- F. The Joint AFP-PNP Intelligence Committee (JAPIC), a body created by virtue of the AFP-PNP Joint Standing Operating Procedures (JSOP) number 01-2008 issued on 3

June 2008, shall be the source of the authenticity of the FR. It shall validate the identity of the surfacing rebel and the firearms which he/she will turn-in. It shall submit to the CLIP Committee the validation report and other pertinent documents regarding the FR's identity prior to the processing of Reintegration Assistance.

- G. The Provincial/HUC Peace and Order Council shall serve as the convergence mechanism to support the CLIP Committee in the implementation of the program. It shall provide synchronized, focused and vigorous orchestrated government efforts on integration of FRs in the Province/HUC.

IX. PROGRAM PHASES AND PROCESS (Refer to Annex A for the Flow Chart)

- A. **Pre-Surfacing Phase** refers to the initial discussions between a member of the NPA, who is deciding to surface and the receiving unit.

Step 1. Rebel signifies his/her intention to surface in any of the following receiving unit/personality: AFP, PNP, LGUs, CSOs, business or church leaders, and to any civilian individual with whom the FR feels safe and confident to surface.

Step 2. The Receiving Unit takes primary responsibility in informing the surfacing FR of the program processes and interventions that can be extended to him/her upon surfacing. For individual citizen taking care of the FR can bring him to any of the institutions mentioned in Step 1. The Clip Committee (CC), through LSWDO, shall be informed immediately of the name/s of the surfacing FR.

- B. **Actual Surfacing Phase** refers to the conduct of preliminary interviews using prescribed form (Annex B), turning-in of firearms and validation of AFP and PNP. The FR is requested to fill-up or complete the Enrolment Form with the assistance of the LSWDO. The duration of this processing phase shall not exceed Two (2) weeks from the time the FR has been turned over to the receiving unit.

Step3A. The LSWDO or designated personnel validates the name of the surfacing FR from the databank to ascertain whether such person was a recipient of past reintegration programs. If the surfacing FR has already availed of an assistance, the LSWDO shall inform him/her that he/she can no longer avail of the CLIP, and may refer him/her for possible assistance under the regular programs of the LGU.

Step 3B. Based on the result of the validation that the FR is eligible for the Program, he or she shall be endorsed for processing at the halfway house or in a facility where he/ she is safe housed.

Step 4A. Parallel or prior to this process, the JAPIC shall convene to perform the authentication procedures of the surfacing FR. This shall be done not more than Two (2) weeks after FR had surfaced.

Step 4B. If the FR has firearm/s, the PNP secures the firearms for appropriate processing following Circular No. 2015-03 dated April 1, 2015.

Step 4C. The JAPIC shall submit to the CLIP Committee (CC) through the LSWDO of the results of their verification, copy furnish the DILG Provincial/ City Director, within Two (2) weeks after the FR had surfaced.

Step 4D. Upon receipt of the JAPIC Certification, the Revised CLIP Enrolment Form (Annex C) shall be filled-up by the FR to be assisted by the LSWDO, attested by the DILG Provincial/ City Director and approved by the Provincial Governor/ HUC Mayor or by his/ her designated officer preferably the Provincial/ HUC administrator or the LSWDO.

Step 4E. After the completion of the CLIP Enrolment Form, the LSWDO shall facilitate the provision of social protection services (i.e. medical check-up, PHILHEALTH enrolment) to the FR.

Step 5A. While the FR is at the halfway house, conduct the interview using the Initial Interview Form (Annex B), the admission orientation to be facilitated by the LSWDO or designated personnel, and administer the Profiling and Needs Assessment (Annex D).

Step 5B. The CLIP Committee shall ensure that the appropriate security arrangements and basic necessities (i.e. meals, clothing) of the FR are provided in a timely manner while at the halfway house.

- Psychiatric/Psychological services
- Counseling Services
- Life skills/ values formation

C. Implementation Phase refers to the crafting and implementation of the FRRP, which shall serve as guide as to what kind of assistance should be provided to the FR, and the timeframe of its release.

Step 6. The LSWDO, with active participation of the FR/CLIP beneficiary, shall accomplish the Former Rebel Reintegration Plan (FRRP) Template (Annex E). A Business Plan (Annex F) shall also be prepared by the LSWDO together with the FR. This will be done in consultation with concerned agencies (i.e TESDA, DTI, DA).

Step 7. The LSWDO, after the preparation of the FRRP, shall assist the FR in the following activities:

- Facilitate the issuance of government identification (ID) documents (i.e. birth certificate, postal ID card);
- Livelihood planning;
- Skills training relevant to the identified livelihood project;
- Training on financial management;
- Orientation on employment opportunities and actual job referrals as applicable; and,
- Orientation on available educational/vocational training programs.

Step 8A. The CC, through the LSWDO, endorses the JAPIC Certification and Enrolment Form for the release of Financial Assistance. If the FR has a pending case and unable to directly implement the project, livelihood assistance shall be provided to his/her identified beneficiary. This will satisfy the government's commitment to the FR.

Step 8B. If FR has turned-in firearm/s, the CLIP Committee, through the LSWDO, endorses the requirements, pursuant to Circular No. 2015-03 for the release of firearm/s remuneration. It shall serve as additional fund to support the implementation of the FRRP.

Step 9. The LSWDO or designated LGU personnel shall assist the FR during the encashment of check/s.

Step 10A. The FR is discharged from the halfway house after receiving his/her Livelihood Assistance.

Step 10B. Other assistance as stipulated in the FRRP shall be provided after FR has been discharged from the halfway house.

X. REQUIRED DOCUMENTS

Release of assistance and liquidation of funds disbursed shall be supported by the following documents and be submitted to the Provincial/HUC DILG:

- A. For Reintegration Assistance, Immediate Assistance and Livelihood Assistance
 - 1. JAPIC Certification
 - 2. CLIP Enrolment Form

- B. For request of Firearms Remuneration
 - 1. Property Turn-In Slip (PTIS)
 - 2. Account Form and Inventory/Turned-in Receipt
 - 3. Technical Inspection Report (TIR)
 - 4. Cost Valuation Certificate

- C. Request for funding support for construction and/ or rehabilitation of existing facility to serve as Halfway House by LGU or Receiving Unit.
 - 1. Request from the LGU/ Receiving Unit
 - 2. Program of Works
 - 3. Sanggunian Resolution (LGU), if applicable
 - 4. Proof of Donation of Land

XI. PROCESSING AND SETTLEMENT OF CLAIMS FOR FINANCIAL ASSISTANCE AND LIQUIDATION OF FUNDS DISBURSED (Annex G)

- A. Processing of Claims

Step 1. When all the requirements are complied with, the LSWDO endorses these together with the Revised DILG-CLIP Form 001 (Annex H) to DILG P/ HUC Office.

Step 2. DILG P/HUC office evaluates the documents in accordance to the guidelines stated in this circular. If found in order, said office endorses the list of FRs using DILG-CLIP Form 002 (Annex I) to the DILG Regional Office (RO), Two (2) days after receipt of all documents from the LSWDO.

Step 3. DILG RO cross-checks the name of the FR reflected on the DILG-CLIP Form 002 in the databank. If found in order, said office endorses the list using DILG-CLIP Form 003 (Annex J) to the DILG Program Management Office (PMO), one (1) day after its receipt of DILG-CLIP Form 002.

Step 4. DILG-PMO cross-checks the name of the FR reflected on the DILG-CLIP Form 003, in the databank. If found in order, said office endorses the list using DILG-CLIP Form 004 (Annex K) to the DILG Financial Management Service (FMS), one (1) day after its receipt of DILG-CLIP Form 003.

Step 5. DILG-FMS sub-allots the funds requested to the DILG-RO, Two (2) days after receipt of DILG-CLIP Form 004.

B. Settlement of Claims

Step 6A. DILG-PMO, upon receipt of the photocopy of Notice of Transfer Allocation (NTA), notifies the RO of the Fund transfer.

Step 6B. DILG-RO transfers funds requested to the DILG P/HUC Office within Two (2) days after receipt of NTA

Step 7. DILG-P/HUC office prepares check in the name of the FR and turns it over to the LGU within Two (2) days after receipt of NTA.

Step 8. Provincial Governor/HUC Mayor turns over check to the FR. The LSWDO or a designated LGU personnel will assist the FR in the encashment of the check.

C. Liquidation of Funds Disbursed

Step 9. LGU transmits the JAPIC Certification and Accomplished CLIP Enrolment Form to DILG P/HUC Office:

- For Reintegration Support - Acknowledgement Receipt, Attendance Sheet, Official Receipt for meals, Quotation and Contract of caterer (if applicable).
- For Immediate/ Livelihood/ Firearms Remuneration - Payroll, Disbursement Voucher signed by the FR and Photos that show FR received the Check.

Step 10. DILG P/HUC office transmits the same liquidation requirements to the DILG RO.

Step 11. DILG RO keeps and maintains the liquidation requirements for auditing purposes; and transmit a report to FMS, using DILG-CLIP Form 005 (Annex L), furnish PMO a copy within five (5) days of the following month.

XII. SECURITY PROTOCOL

- A. The halfway house or designated processing areas where the processing of applications of former rebels takes place should be secured at all times. The CLIP Committee shall seek the support of the local PNP for the security requirement of the premises and the applicants. The PNP, in coordination with the AFP, determines additional security for high profile FRs while being processed.
- B. The CLIP Committee shall also ensure the FRs safety and security by limiting public access to information relative to their identity. Basic information such as name and address as well as pictures shall not be publicized. All documents of the CLIP shall be treated with confidentiality. Only personnel authorized by the CLIP Committee shall have accessed to the CLIP documents.
- C. Upon surfacing of rebels until their reintegration in the community, security protocol vis-à-vis media shall be observed at all phases. FR's names, addresses and location shall be treated with confidentiality at all times. In cases where information of the FR was unofficially disclosed in any form, an administrative case may be filed against the person or institution, which disseminated the information.

XIII. MONITORING AND EVALUATION

- A. The Program shall be jointly monitored and evaluated by the DILG and the OPAPP on the following:
 - 1. Level of mainstreaming of FRs as productive and peaceful members of their receiving communities, and
 - 2. Compliance of LGUs to the CLIP implementation standards.
- B. The CLIP Committee, through the LSWDO, shall monitor the progress of the FR using the prescribed Monitoring and Assessment Form (Annex M). This shall be done a month after the FR has been discharged from the halfway house and every six (6) months thereafter for three (3) years. The accomplished monitoring form shall be submitted to the OPAPP, through the DILG PMO, for processing, every first week of the ensuing deadline month. On the other hand, the DILG, assisted by OPAPP, shall facilitate the program level evaluation.

XIV. LIMITATION TO ENTITLEMENT

No financial assistance from the national government shall be granted to an FR who has availed of or is a beneficiary of any previous reintegration programs.

XV. FUNDING

Fund for this purpose shall come from the specified amount of the General Appropriation Act (GAA) starting 2014. However, if annual appropriation is insufficient to provide reintegration assistance, a supplemental budget shall be requested from the DBM.

XVI. REPEALING CLAUSE



- A. JMC No. 2014-01, dated May 15, 2014, entitled: “Comprehensive Local Integration Program (CLIP) for Former New People’s Army (NPA) Rebels and its Implementing Guidelines” is hereby cancelled.
- B. All existing issuances issued either by the DILG or the OPAPP, which are inconsistent herewith are hereby amended or rescinded accordingly.

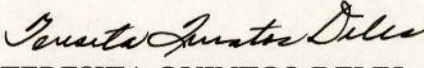
XVII. POLICY REVIEW AND EVALUATION

This set of Guidelines shall be periodically reviewed to address gaps in the effective implementation of the CLIP.

XVIII. EFFECTIVITY

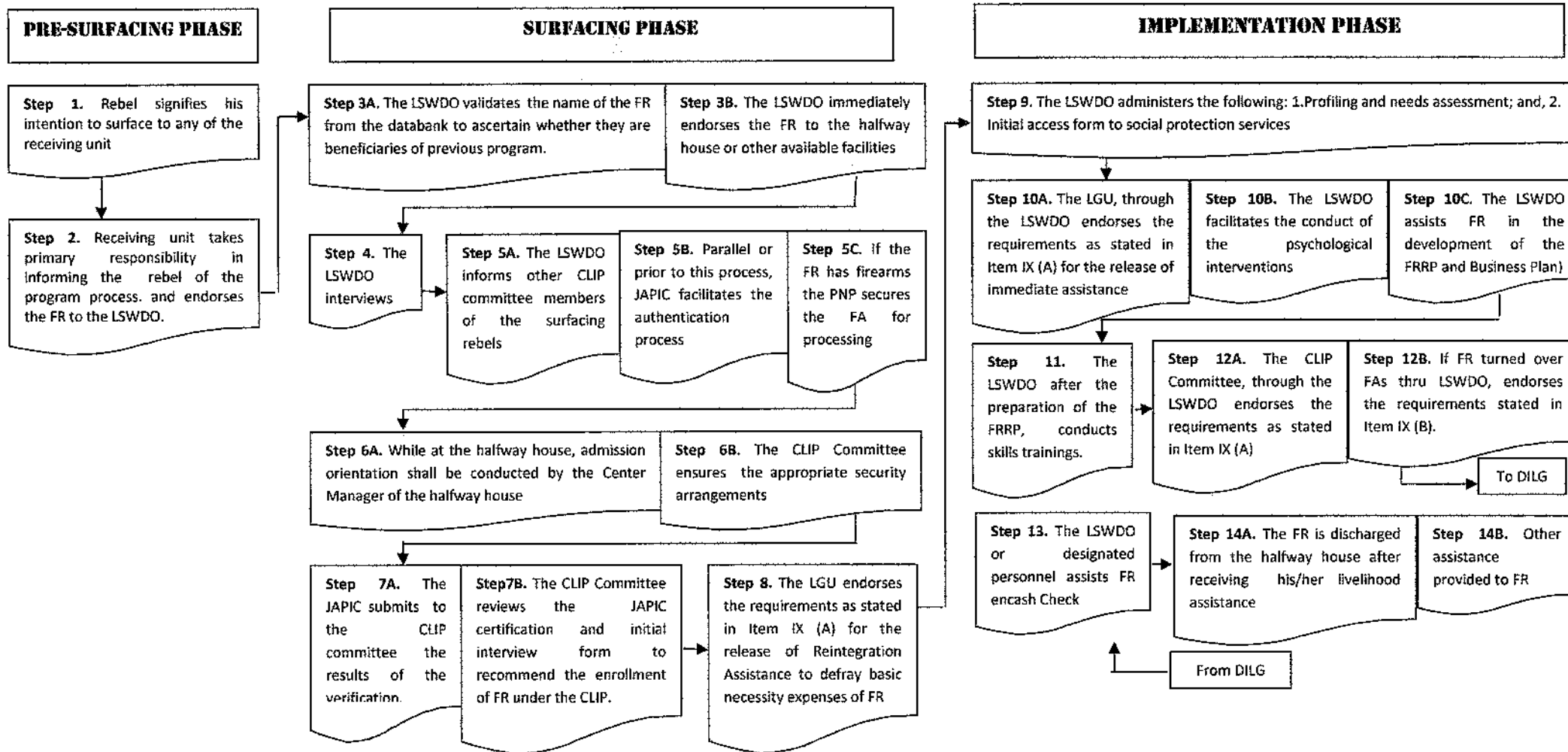
This Joint Memorandum Circular shall take effect immediately.


MEL SENEN SARMIENTO
Secretary 
Department of the Interior and Local
Government


TERESITA QUINTOS-DELES
Secretary
Office of the Presidential Adviser on the
Peace Process



COMPREHENSIVE LOCAL INTEGRATION PROGRAM (CLIP) Program Phases and Processes



INITIAL INTERVIEW FORM (35 minutes)
(May be conducted together with Needs Assessment tool)
As of 6 March 2014

Name of Interviewer: _____

Office and Designation: _____

Date of Interview: _____ **Date of Submission:** _____

This initial interview is being conducted by the _____ to determine the urgent needs of former rebels as a **requirement** for CLIP enrollment and immediate assistance.

You will be asked to answer several questions. These will include details about yourself and your family. Your participation in this interview is voluntary. Should you decide to participate in this interview, please know that you have the right to withdraw at any time during its conduct. Please feel free to ask questions before and during the interview. At the end of this interview you will be asked to validate and confirm your responses to the questions. All information obtained will be kept strictly confidential.

Thank you.

I, the undersigned, have been briefed properly by the interviewer as regards to the nature and purpose of this initial interview. I give my full consent to participate in this activity.

 Signature over Complete Name

 Date

Name of Encoder: _____

Office and Designation: _____

Date Encoded: _____

PART I: PROFILE OF RESPONDENT (3 minutes)

1. Full Name:	Last Name: _____	First Name: _____	Middle Name: _____
2. Alias: _____		6. Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Common Law/Partner <input type="checkbox"/> Others: _____	
3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Do you belong to a tribal group? (Katutubo/Tribo) <input type="checkbox"/> Yes, please specify (main group): _____ <input type="checkbox"/> No	
4. Birthdate: ____/____/____ Month Date Year		8. Religion: _____	
5. Place of birth: _____			

PART II: HISTORY IN THE ARMED MOVEMENT (12 minutes)

9. Total number of years in the movement: ____	14. What was your unit in the movement before you left? _____
10. Age at entry in the movement: _____	15. What were the covered geographical areas of operation of your unit? _____
11. What are your reasons for joining the movement? _____ _____	16. Did you experience any unfair, unequal, or inhumane treatment while you were in the movement? If yes, detail experience/s: _____
12. What are your reasons for staying in the movement? _____ _____	17. What are your reasons for leaving the movement? _____ _____
13. What was your position in the movement before you left? _____ _____	

PART III: SECURITY ASSESSMENT (10 minutes)

18. Did you have firearms when you were in the movement?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please accomplish Firearms Inventory Form) If Yes, did you bring it/them when you left the movement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, have you turned it/them in? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to who? _____ If no, why? _____ If No, why? _____
19. Did you have explosives when you were in the movement?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please accomplish Explosives Inventory Form) If Yes, did you bring it/them when you left the movement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, have you turned it/them in? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to who? _____ If no, why? _____ If No, why? _____
20. Where are you currently staying?	No. & Street: _____ Sitio: _____ Barangay: _____ Municipality/City: _____ Province: _____ Philippine Standard Geographic Code (PSGC) – (Barangay Code): _____
21. How long have you been staying in this location? ____ years ____ months.	
22. Where does your family reside?	No. & Street: _____ Sitio: _____ Barangay: _____ Municipality/City: _____ Province: _____ Contact Information: _____

23. Contact person: (in case of emergency)	Name: _____		
	Relationship: _____	Contact Information: _____	
	Address: _____		
24. If you are not currently living with your Family, to what extent are the following reasons true:			
<input type="checkbox"/> I do not feel safe living there. <input type="checkbox"/> My presence at home might endanger my family. <input type="checkbox"/> We do not have access to basic needs there. <input type="checkbox"/> I have no means of travelling back to my primary address. <input type="checkbox"/> I am not in good terms with my family. <input type="checkbox"/> Others: _____			
24. Do you have plans of relocating in the future?			
<input type="checkbox"/> Yes			
a. Within the same municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, Where? _____			
b. Please check all the reasons that apply why you intend to relocate in the future:			
<input type="checkbox"/> Lack of security		<input type="checkbox"/> No livelihood opportunity	
<input type="checkbox"/> Hazardous location (i.e., flood-prone, landslide risk, etc.)		<input type="checkbox"/> Poor living conditions	
<input type="checkbox"/> Others (please specify): _____			
<input type="checkbox"/> No			
24. How safe do you feel in your present address?		26. How safe is your family in their present address?	
<input type="checkbox"/> High threat, fear for life		<input type="checkbox"/> High threat, fear for their lives	
<input type="checkbox"/> Considerable threat, limited movement in the community		<input type="checkbox"/> Considerable threat, limited movement in the community	
<input type="checkbox"/> With threat, avoid certain areas		<input type="checkbox"/> With threat, avoid certain areas	
<input type="checkbox"/> Little threat, but can freely move around		<input type="checkbox"/> Little threat, but can freely move around	
<input type="checkbox"/> No threat and can freely move around		<input type="checkbox"/> No threat and can freely move around	
25. If there is threat to your life, what is/are the source/s of threat?		27. If there is threat to your family's life, what is/are the source/s of threat?	
<input type="checkbox"/> Former Comrades		<input type="checkbox"/> Mass Base members	
<input type="checkbox"/> Private Armed Groups		<input type="checkbox"/> Criminal Groups	
<input type="checkbox"/> Neighbors		<input type="checkbox"/> Adjacent Communities	
<input type="checkbox"/> Others: _____		<input type="checkbox"/> Others: _____	

PART IV: IMMEDIATE NEEDS ASSESSMENT (10 minutes)

28. Do you have any of the following disabilities?	Visual Impairment (Partial or Full) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify: (one or both eyes)					
	Hearing Impairment (Slight or Full) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify: (one or both ears)					
	Speech Impairment (Slight or Full) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify:					
	Physical Disabilities <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify:					
	Other Disabilities <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify:					
29. Have you received any of the following assistance?	Medical Care <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify how many times in past 3 months: _____ For what condition/s: _____					
	Board and Lodging <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify: <input type="checkbox"/> LGU <input type="checkbox"/> AFP/PNP <input type="checkbox"/> Others: _____					
	Food <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify: <input type="checkbox"/> LGU <input type="checkbox"/> AFP/PNP <input type="checkbox"/> Others: _____					
	Transportation <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, please specify: <input type="checkbox"/> LGU <input type="checkbox"/> AFP/PNP <input type="checkbox"/> Others: _____					
	Psychosocial Debriefing <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, please specify: <input type="checkbox"/> LGU <input type="checkbox"/> AFP/PNP <input type="checkbox"/> Others: _____					
	Others: _____					
16. Have you been experiencing the following in the past 3 months? <i>(If yes, please put a check below the frequency of the indicated response)</i>	Symptoms	Never	Rarely	Some times	Often	Always
	Difficulty Sleeping / Bad dreams					
	Anxiety					
	Consumption of addictive substances, alcoholic beverages					
	Difficulty concentrating and/or absent-mindedness					
	Disengaged from environment					
	Panic Attacks					
	Avoidance of certain people or places; Who _____					
	Difficulty trusting others: Who _____					

Remembering violent incidents					
Violent thoughts					
Constant Irritability or Anger					
Feelings of guilt					

I, the undersigned, have verified and confirmed the contents of this initial interview. Any information provided in this interview is true and correct. Any misrepresentation on my part shall be sufficient ground for denial of enrollment under CLIP and provision of immediate assistance.

Signature over Complete Name

Date

CLIP ENROLLMENT FORM

INSTRUCTIONS:

This form shall be accomplished by the claimant with the help of the LSWDO and submitted to the DILG-P/HUC Office upon approval of the Provincial Governor/HUC Mayor.

Name: _____ Alias: _____
Address: _____ City: _____
Province: _____ Contact No.: _____
Date of Birth: _____ Place of Birth: _____ Gender: _____
Nationality: _____ Civil Status: _____
Religion: _____ Tribal Group: _____

DEPENDENTS:

Spouse's Name: _____ Date of Birth: _____

Name of Child (Write full name and list all)

Table with 2 columns: Name, Date of Birth. Multiple rows for listing children.

Father's Name: _____ Date of Birth: _____

Mother's Name: _____ Date of Birth: _____

VERIFICATION:

Validated and authenticated by the Joint AFP-PNP Intelligence Committee on _____, (mm/dd/yy)

attached is a copy.

This to certify that Mr/Ms. _____ has turned-in the firearms with the following details:

Box containing fields for Type of Firearm/s, Caliber, Make, Serial Number, and Remarks.

Certified By:

P/ HUC SWDO

Member, CSO

DILG Provincial/ City Director

Provincial Governor/ HUC Mayor or
by his/ her designated officer

Date of Issuance: _____

Place of Issuance: _____

PROFILING INTERVIEW FORM (45 minutes)
As of 21 February 2014

Name of Interviewer: _____

Office and Designation: _____

Date of Interview: _____

Date of Submission: _____

This profiling interview is being conducted by the _____ to determine the medium- and long-term needs of former rebels as a **requirement** of reintegration assistance.

You will be asked to answer several questions. These will include details about yourself and your family. Your participation in this interview is voluntary. Should you decide to participate in this interview, please know that you have the right to withdraw at any time during its conduct. Please feel free to ask questions before and during the interview. At the end of this interview you will be asked to validate and confirm your responses to the questions. All information obtained will be kept strictly confidential.

Thank you.

I, the undersigned, have been briefed properly by the interviewer as regards to the nature and purpose of this profiling interview. I give my full consent to participate in this activity.

Signature over Complete Name

Date

Name Encoder: _____

Office and Designation: _____

Date Encoded: _____

PART I: PROFILE OF DEPENDENTS (20 minutes)

1. Full Name:		Last Name:		First Name:			Middle Name:				
II.A. To be accomplished by respondents with spouse/partner				2. PARTNER							
NAME		SEX		BIRTHDATE		HIGHEST EDUC. LEVEL		SOURCE/S OF INCOME			
First name	Middle Name	Last name	Male	Female	(M/D/Y)		COMPLETED		(See code below)		
					/ /						
CHILDREN											
NAME			SEX		CIVIL STATUS	BIRTHDATE	IN SCHOOL		HIGHEST EDUC. LEVEL	SOURCE/s OF INCOME	
First name	Middle Name	Last name	Male	Female			(M/D/Y)	YES			NO
						/ /					
						/ /					
						/ /					
						/ /					
TOTAL NUMBER OF CHILDREN: _____											
II.B To be accomplished by single respondents				3. OTHER MEMBERS OF THE FAMILY							
NAME			Sex		RELATION	CIVIL STATUS	BIRTHDATE	IN SCHOOL		HIGHEST EDUC. LEVEL	SOURCE/s OF INCOME
First name	Middle Name	Last name	Male	Female				(See code below)	(M/D/Y)		
						/ /					
						/ /					
						/ /					
						/ /					
TOTAL NUMBER OF FAMILY MEMBERS: _____											
II.C Total monthly household income			<input type="checkbox"/> 500 and below <input type="checkbox"/> 10,001php – 15,000php <input type="checkbox"/> 501php – 2,500php <input type="checkbox"/> 15,001php – 20,000php <input type="checkbox"/> 2,500php – 5,000php <input type="checkbox"/> 20,001php and above <input type="checkbox"/> 5,001php – 10,000php <input type="checkbox"/> I don't know								
4. What is your average total monthly income?											
CODES											
I. Source of income						II. RELATION					
(1) Stay-home/Housewife		(5) Crafts/ Cottage Industry		(1) Grand Parents (including in-laws)		(5) Brother/Sister (including in-laws)		(2) Parent/ Parent (including in-laws)		(6) Grand Child	
(2) Home-based Business		(6) Trade		(2) Aunt/Uncle (including in-laws)		(3) Aunt/Uncle (including in-laws)		(3) Aunt/Uncle (including in-laws)		(7) Others	
(3) Agriculture-based		(7) Professional		(4) Cousin (including in-laws)		(4) Cousin (including in-laws)					
(4) Regular Wage Earner		(8) Others									

PART II: NEEDS AND VULNERABILITIES (10 minutes)

5. Does your family have problems with:	Eye Sight	<input type="checkbox"/> Yes if yes please specify: _____ <input type="checkbox"/> No	How many members? _____		
	Hearing	<input type="checkbox"/> Yes if yes please specify: _____ <input type="checkbox"/> No	How many members? _____		
	Speech	<input type="checkbox"/> Yes if yes please specify: _____ <input type="checkbox"/> No	How many members? _____		
	Physical Disabilities	<input type="checkbox"/> Yes if yes please specify: _____ <input type="checkbox"/> No	How many members? _____		
	Other illness / Health Concern	<input type="checkbox"/> Yes if yes please specify: _____ <input type="checkbox"/> No	How many members? _____		
6. Are you or your family members a member of any of the following?	SOCIAL PROTECTION	YES If yes, who?	NO	I DON'T KNOW	
	SSS				
	GSIS				
	PHILHEALTH				
	PAG-IBIG				
	DSWD 4P's				
Other programs:	_____				
7. Please check if you or any of your family members hold any of the following government identification cards:					
Identification Card		If Yes, is it valid or expired?	Identification Card		If Yes, is it valid or expired?
PRC License	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired	OWWA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired
Driver's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired	NCWDP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired
Postal I.D	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired	SSS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired
Senior Citizen's ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired	GSIS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired
Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired	PHILHEALTH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired
Solo Parent ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired	Others:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid <input type="checkbox"/> Expired
Valid – useable or was actually used recently Expired – not useable and needs issuance/replacement					
8. Do you have a birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I Don't Know					
9. To your knowledge, do you have any legal case while you were still in the movement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Not sure					

PART III: CAPABILITIES AND RESOURCES (10 minutes)

11. Highest Educational Attainment	<input type="checkbox"/> Did not enter school <input type="checkbox"/> Elementary Level (Gr. _____) <input type="checkbox"/> High School Level (Yr. _____) <input type="checkbox"/> College Level (Yr. _____) <input type="checkbox"/> Post Graduate (Masters, Doctorate) <input type="checkbox"/> ALS <input type="checkbox"/> Preschool <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational
12. Source of Living or Income	a. Prior to joining the movement, what was your main source of income? <input type="checkbox"/> Wage Earner <input type="checkbox"/> Government (Public Sector) <input type="checkbox"/> Private Firm <input type="checkbox"/> NGO/PO <input type="checkbox"/> Private Individual <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Farmer/Agriculture-based <input type="checkbox"/> Fisheries <input type="checkbox"/> Home-based business <input type="checkbox"/> Cottage Industry <input type="checkbox"/> Trader <input type="checkbox"/> Local Transport Service <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Others, please specify: _____
	b. What is your current main source of income? <input type="checkbox"/> Regular Wage Earner <input type="checkbox"/> Government (Public Sector) <input type="checkbox"/> Private Firm <input type="checkbox"/> NGO/PO <input type="checkbox"/> Private Individual <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Farmer/Agriculture-based <input type="checkbox"/> Fisheries <input type="checkbox"/> Home-based business <input type="checkbox"/> Cottage Industry <input type="checkbox"/> Trader <input type="checkbox"/> Local Transport Service <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Others, please specify: _____

<p>13. What are your current technical skills? (Check all that applies)</p>	<p><input type="checkbox"/> Agriculture and Fishery</p> <p><input type="checkbox"/> Agricultural Crops <input type="checkbox"/> Livestock</p> <p><input type="checkbox"/> Aquaculture <input type="checkbox"/> Fish Capture</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Carpentry <input type="checkbox"/> Painting</p> <p><input type="checkbox"/> Masonry <input type="checkbox"/> Pipefitting</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Furniture and Fixture</p> <p><input type="checkbox"/> Furniture Making <input type="checkbox"/> Furniture Fixing</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Garments</p> <p><input type="checkbox"/> Dress Making <input type="checkbox"/> Dress Fixing</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Health, Social and other Community Development Services</p> <p><input type="checkbox"/> Barbering <input type="checkbox"/> Hilot</p> <p><input type="checkbox"/> Health Care Service <input type="checkbox"/> Massage Training</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Land Transportation</p> <p><input type="checkbox"/> Regular Vehicle <input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Metals and Engineering</p> <p><input type="checkbox"/> Heavy Equipment Operation <input type="checkbox"/> Machine Operation</p> <p><input type="checkbox"/> Mechanical Drafting <input type="checkbox"/> Mining</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Culinary</p> <p><input type="checkbox"/> Food and Beverage Services <input type="checkbox"/> Food Processing</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Other technical skills: _____</p>
<p>13b. What technical skills would you and your family members want to learn? (Check all that applies)</p>	<p><input type="checkbox"/> Agriculture and Fishery</p> <p><input type="checkbox"/> Agricultural Crops <input type="checkbox"/> Livestock</p> <p><input type="checkbox"/> Aquaculture <input type="checkbox"/> Fish Capture</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Carpentry <input type="checkbox"/> Painting</p> <p><input type="checkbox"/> Masonry <input type="checkbox"/> Pipefitting</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Furniture and Fixture</p> <p><input type="checkbox"/> Furniture Making <input type="checkbox"/> Furniture Fixing</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Garments</p> <p><input type="checkbox"/> Dress Making <input type="checkbox"/> Dress Fixing</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Health, Social and other Community Development Services</p> <p><input type="checkbox"/> Barbering <input type="checkbox"/> Hilot</p> <p><input type="checkbox"/> Health Care Service <input type="checkbox"/> Massage Training</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Land Transportation</p> <p><input type="checkbox"/> Regular Vehicle <input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Metals and Engineering</p> <p><input type="checkbox"/> Heavy Equipment Operation <input type="checkbox"/> Machine Operation</p> <p><input type="checkbox"/> Mechanical Drafting <input type="checkbox"/> Mining</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Culinary</p> <p><input type="checkbox"/> Food and Beverage Services <input type="checkbox"/> Food Processing</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Other technical skills: _____</p>
<p>14. What kind of ownership do you hold for your:</p>	
<p>House</p>	<p><input type="checkbox"/> Owner/being amortized <input type="checkbox"/> Settler</p> <p><input type="checkbox"/> Rented / Shared <input type="checkbox"/> Government-issued dwelling</p> <p><input type="checkbox"/> Rent-free with consent of owner <input type="checkbox"/> Others, please specify: _____</p> <p>Materials:</p> <p><input type="checkbox"/> Concrete <input type="checkbox"/> Light materials</p> <p><input type="checkbox"/> Semi-concrete <input type="checkbox"/> Typhoon resistant</p>

Residential Lot	<input type="checkbox"/> Fully Owned <input type="checkbox"/> Tenanted <input type="checkbox"/> Lease/Rented <input type="checkbox"/> Other Forms of Tenure, please specify: _____	<input type="checkbox"/> Ancestral domain claim <input type="checkbox"/> CADT <input type="checkbox"/> Rent Free
Agricultural Land	<input type="checkbox"/> Fully Owned <input type="checkbox"/> Rent Free <input type="checkbox"/> Tenanted <input type="checkbox"/> Held under Certificate of Land Transfer (CLT) or Certificate of Land Ownership (CLOA) <input type="checkbox"/> Other Forms of Tenure, please specify: _____	<input type="checkbox"/> Ancestral domain claim <input type="checkbox"/> CADT <input type="checkbox"/> Lease/Rented

PART IV: SOCIO POLITICAL PARTICIPATION (5 minutes)

<p>15. Were you a member of any community based organization prior to joining the movement?</p> <input type="checkbox"/> Yes. If yes, please specify type of organization <input type="checkbox"/> Cooperative. Please specify _____ <input type="checkbox"/> Worker's Union. Please specify _____ <input type="checkbox"/> Barangay Committee/ Task Force Please specify _____ <input type="checkbox"/> People's Association (ex. Women's Association, Farmer's Association, etc.) <input type="checkbox"/> NGO Please specify _____ <input type="checkbox"/> Others: _____ <input type="checkbox"/> No
<p>16. Are you currently a member of any community based organization?</p> <input type="checkbox"/> Yes. If yes, please specify type of organization <input type="checkbox"/> Cooperative/Microfinance <input type="checkbox"/> Worker's Union <input type="checkbox"/> Barangay Committee/ Task Force <input type="checkbox"/> People's Association (ex. Women's Association, Farmer's Association, etc.) <input type="checkbox"/> Others: _____ <input type="checkbox"/> No. Do you have plans of joining later? <input type="checkbox"/> Yes. If yes, please specify _____ <input type="checkbox"/> No. Why? _____ <input type="checkbox"/> Not Sure. Why? _____
<p>17. Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>18. Are you going to vote this coming election? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>19. Do you plan to run in any elective position? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>

<p>I, the undersigned, have verified and confirmed the contents of this profiling interview. Any information provided in this interview is true and correct. Any misrepresentation on my part shall be sufficient ground for denial of provision of reintegration and livelihood assistance.</p>	
<p>_____</p> <p>Signature over Complete Name</p>	<p>_____</p> <p>Date</p>

**FORMER REBEL REINTEGRATION PLAN
FOR THE PERIOD: _____**

I. IDENTIFYING INFORMATION

Name: _____ Age: _____ Sex: _____

Current Address: _____

II. REINTEGRATION PLAN

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
SECTION 1: SOCIAL PROTECTION PACKAGE						
A. HEALTH AND MEDICAL ASSISTANCE						
Who is/are in need of Health and Medical Assistance? <input type="checkbox"/> Former Rebel, specify illness/disability: ____ _____ <input type="checkbox"/> Wife/Husband, specify	<input type="checkbox"/> Medical Consultation or Check-Up for _____, for who? _____					
	<input type="checkbox"/> Referral for Further Diagnosis for _____, for who? _____					
	<input type="checkbox"/> Laboratory and other Tests for					

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
illness/disability: _____ <input type="checkbox"/> Child/ren, how many? _____ specify illnesses/disabilities: _____ <input type="checkbox"/> Others: _____, specify illness/disability: _____	_____, for who? _____ <input type="checkbox"/> Medication for _____, for who? _____ <input type="checkbox"/> Therapy for _____, for who? _____ <input type="checkbox"/> Surgery for _____, for who? _____ <input type="checkbox"/> Dental Services, for who? _____ <input type="checkbox"/> Others, Pls. Specify: _____, for who? _____					
B. PHILHEALTH MEMBERSHIP						
<input type="checkbox"/> Already a member PhilHealth No. _____	<input type="checkbox"/> Enrollment/Activation of membership <input type="checkbox"/> 1 year contribution					

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
<input type="checkbox"/> Not yet a member	<input type="checkbox"/> Issuance of card					

C. ISSUANCE OF IDENTIFICATION CARDS/CERTIFICATION

<p>Who is/are in need of issuance of IDs/Certification?</p> <p><input type="checkbox"/> Former Rebel</p> <p><input type="checkbox"/> Wife/Husband</p> <p><input type="checkbox"/> Child</p> <p><input type="checkbox"/> Others: _____</p>	<p><input type="checkbox"/> Birth Certificate/s, for who? _____</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Senior Citizen ID, for who? _____</p> <p><input type="checkbox"/> Person with Disability ID, for who? _____</p> <p><input type="checkbox"/> Community Tax Certificate, for who? _____</p> <p><input type="checkbox"/> Postal ID, for who? _____</p> <p><input type="checkbox"/> NBI Clearance, for who? _____</p> <p><input type="checkbox"/> Others, Pls. Specify _____</p>					
--	---	--	--	--	--	--

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
	_____, for who? _____					
D. EDUCATIONAL ASSISTANCE						
<p>Who will be given assistance? Please specify: _____</p> <p>What level did he/she complete? _____</p>	<input type="checkbox"/> Study Grant Program <input type="checkbox"/> Elementary, for who? _____ <input type="checkbox"/> High School, for who? _____ <input type="checkbox"/> Vocational/Technical, for who? _____ <input type="checkbox"/> College (only one), for who? _____					
	<input type="checkbox"/> Alternative learning systems, for who? _____					
	<input type="checkbox"/> Adult literacy courses, for who? _____					
	<input type="checkbox"/> Equivalency Program, for who? _____					
	<input type="checkbox"/> Others, Pls. Specify _____ _____, for					

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
	who? _____					

E. OTHER SOCIAL PROTECTION PACKAGES

Who will benefit? _____	What kind of assistance? _____					

SECTION 2: HEALING AND RECONCILIATION

F. PSYCHO-EMOTIONAL

Identified psycho-emotional difficulty/ies, please specify: _____ _____	What interventions are needed? <input type="checkbox"/> Counseling <input type="checkbox"/> Stress Debriefing <input type="checkbox"/> Further Psychological Assessment <input type="checkbox"/> Referral to Mental Health Professional <input type="checkbox"/> Others: _____ _____					

G. COMMUNITY RECONCILIATION: To "reconcile" means to restore relationships in light of setting right the wrongdoings from the past (Montiel, 2002)

With who/whom do you need to reconcile with? Please specify: _____ _____	What interventions are needed? <input type="checkbox"/> Re-initiation/Welcoming <input type="checkbox"/> Truth telling Sessions <input type="checkbox"/> Dialogue <input type="checkbox"/> Healing Rituals					

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
	Others, please specify: _____					
H. LIFE SKILLS TRAINING						
<p>In order to facilitate peaceful integration into civilian life, what life skills do you want to develop? Please specify: _____</p>	<input type="checkbox"/> Life Skills <ul style="list-style-type: none"> <input type="checkbox"/> sessions on self awareness <input type="checkbox"/> values education/ Clarification <input type="checkbox"/> Effective Communication <input type="checkbox"/> Peer Counseling <input type="checkbox"/> Emotional Literacy <input type="checkbox"/> Assertiveness Training <input type="checkbox"/> Leadership Skills <input type="checkbox"/> Community Organizing <input type="checkbox"/> Peace-Making Skills <ul style="list-style-type: none"> <input type="checkbox"/> Conflict management and Resolution <input type="checkbox"/> Stress and Crisis Management <input type="checkbox"/> Peace Education 					

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
---	---------------------	---	-------------------	---	-----------	-------

SECTION 3: LEGAL, SECURITY AND DISARMAMENT

I. LEGAL COUNSEL

For what case/s: 1. _____ 2. _____ 3. _____	Specific Assistance needed for case 1: _____ Specific Assistance needed for case 2: _____ Specific Assistance needed for case 3: _____					
---	---	--	--	--	--	--

J. SECURITY GUARANTEES

Where is the threat coming from? Please specify: _____ _____	What kind of Security Support would you need? <input type="checkbox"/> Half-Way House/ Safe House <input type="checkbox"/> Protection <input type="checkbox"/> Others, Pls. Specify _____ _____					
---	--	--	--	--	--	--

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
K. DISARMAMENT						
<p>Do you have firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of Firearm/s: _____ _____</p> <p>(NOTE: kindly refer to the firearms inventory form for specifications)</p>	<p>What do you intend to do with remuneration from firearms?</p> <p><input type="checkbox"/> Addition to Livelihood</p> <p><input type="checkbox"/> Open Savings Account</p> <p><input type="checkbox"/> House Repair</p> <p><input type="checkbox"/> Resettlement/Transfer of Residence</p> <p><input type="checkbox"/> Children's Education</p> <p><input type="checkbox"/> Others, Pls. Specify _____ _____</p>					
L. RELOCATION ASSISTANCE						
<p>Who will be relocated?</p> <p><input type="checkbox"/> Former Rebel</p> <p><input type="checkbox"/> Family of FR</p> <p>How many individuals? _____</p>	<p>What kind of support is needed?</p> <p><input type="checkbox"/> Transportation assistance</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Clothing</p> <p><input type="checkbox"/> Others: _____ _____</p>					

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
SECTION 4: ECONOMIC MAINSTREAMING						
M. EMPLOYMENT REFERRAL						
<p>Which form of employment do you want to have?</p> <p><i>(place the top 3 choices according to the answers from profiling)</i></p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>What type of employment?</p> <p><input type="checkbox"/> Short term job placement</p> <p><input type="checkbox"/> Contract of Service</p> <p><input type="checkbox"/> Permanent Job placement</p> <p><input type="checkbox"/> Food for Work Program</p> <p><input type="checkbox"/> Others, please specify _____</p> <p>_____</p>					
<p>(NOTE: kindly check the boxes in the column on specific assistance based on the 1st choice above)</p> <p>If not FR, who will be given employment?</p> <p>_____</p> <p>What is his/her relationship to the FR?</p> <p>_____</p>	<p>What type of skills training do you need?</p> <p>Please specify: _____</p> <p>_____</p>					

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
N. SELF-EMPLOYMENT/ MICRO-ENTERPRISE DEVELOPMENT						
<p>What kind of livelihood do you want to have?</p> <p><i>(place the top 3 choices according to the answers from profiling)</i></p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>(NOTE: kindly check the boxes in the column on specific assistance based on the 1st choice above)</p>	<p>Describe livelihood project: _____</p> <p>_____</p> <p>_____</p> <p>For what will you use your Start-up/additional capital for?</p> <p><input type="checkbox"/> farm inputs, specify what Type/s: _____</p> <p>_____</p> <p><input type="checkbox"/> animal dispersal, , specify what Type/s: _____</p> <p>_____</p> <p><input type="checkbox"/> fingerlings dispersal, specify what Type/s: _____</p> <p>_____</p> <p><input type="checkbox"/> raw materials, specify what type: _____</p> <p>_____</p> <p><input type="checkbox"/> tool kit, specify what type: _____</p> <p>_____</p> <p><input type="checkbox"/> Others, Please Specify _____</p> <p>_____</p>					

IDENTIFIED NEEDS (Specific Needs of the Beneficiary)	SPECIFIC ASSISTANCE	WHICH AGENCY/LGU UNIT/CSO CAN COMMIT THIS	OPAPP COUNTERPART	FORM OF ASSISTANCE (Pls. Indicate if CASH or NON-CASH)	TIMEFRAME	TOTAL
	What type of skills training do you need? Please specify: _____ _____					

III. REMARKS (Observations, comments or concrete recommendations that needed to be highlighted)

PREPARED BY/DESIGNATION: _____

Date: _____

CONTACT NUMBER/S: _____

I pledge to refrain from all forms of violence and live a peaceful life.

Signature of Former Rebel

Name and Signature of Witness/ Interviewer

MUNGKAHING PROYEKTO

I. PANGKALAHATANG IMPORMASYON:

A. Pangalan ng Proyekto: _____

B. Lokasyon ng Proyekto: _____

K. Indibidwal/Grupo/Samahan nagmumungkahi ng proyekto:

D. Maaasahan umpisa ng pagsasagawa ng proyekto: _____

E. Pangangailangan capital ng proyekto : _____

II. LAYUNIN NG PAGTATAG NG PROYEKTO:

1. _____

2. _____

3. _____

III. MGA IMPORMASYON UKOL SA PROYEKTO:

A. Pamamahala ng Proyekto:

B. PRODUKSYON:

K. PANGANGALAKAL

D. PONDO:

PRODUKSYON

MGA KINAKAILANGAN HILAW NA SANGKAP

Bilang	Yunit	Uri	Halaga ng Bawat Isa	Kabuuan ng Halaga
(halimbawa)				
12	Cans (lata)	Evaporada gatas	P28.00	P336.00

2. MGA KINAKAILANGANG KAGAMITAN:

Bilang	yunit	Uri	Halaga ng Bawat Isa	Kabuuan ng Halaga
(halimbawa)			(ito ay maari counterpart ng proponet)	
1		kilohan	P1,200.00	P1,200.00

C. MGA IBA PANG GASTOS:

- a) Pamasaha _____
 - b) Upa sa Puwesto/Permit _____
 - c) Gas,Ilaw, Tubig at iba pa _____
 - d) Iba pa _____
- KABUBAN HALAGA _____

D. PAGBEBENTA

MAMIMILI	BILANG/DAMI	URI	HALAGA ng BAWAT ISA	KABUUAN ng HALAGA NG BENTA	KAILAN KAILANGAN
(halimbawa)					
Kapitbahay/ Kababayan	Kilo/piraso	Bigas/gatas	P45.00/kilo		
TOTAL					

E. KAILANGANG PONDO/PINANSIYAL (Ref.)

- iv. A. Tauhan P _____
 - iv. B1. Hilaw na Sangkap P _____
 - iv. B2. Mga Kagamitan(LaborCost) P _____
 - iv. B3. Iba pang gastusin P _____
- Kabuuang Halaga P _____
- Bawas Hawak na Pera P _____
- Kailangang Pondo/Kapital P _____

F. PAGKUKUWENTA NG TUBO

- Inasahang kita sa bawat panahon ng benta (D) P _____
 - Idagdag: Ibabg kita/benta P _____
- Kabuanan Benta P _____

Awasin	: mga gastusin	P _____
(Ref.)	iv. B1. Hilaw na Sangkap	P _____
	iv. B2 Mga Kagamitan(Dep. Cost)	P _____
	iv. A Pasahod/labor cost	P _____
	iv. B3 Iba pang gastusin	P _____

Kabuuang Kita: P _____

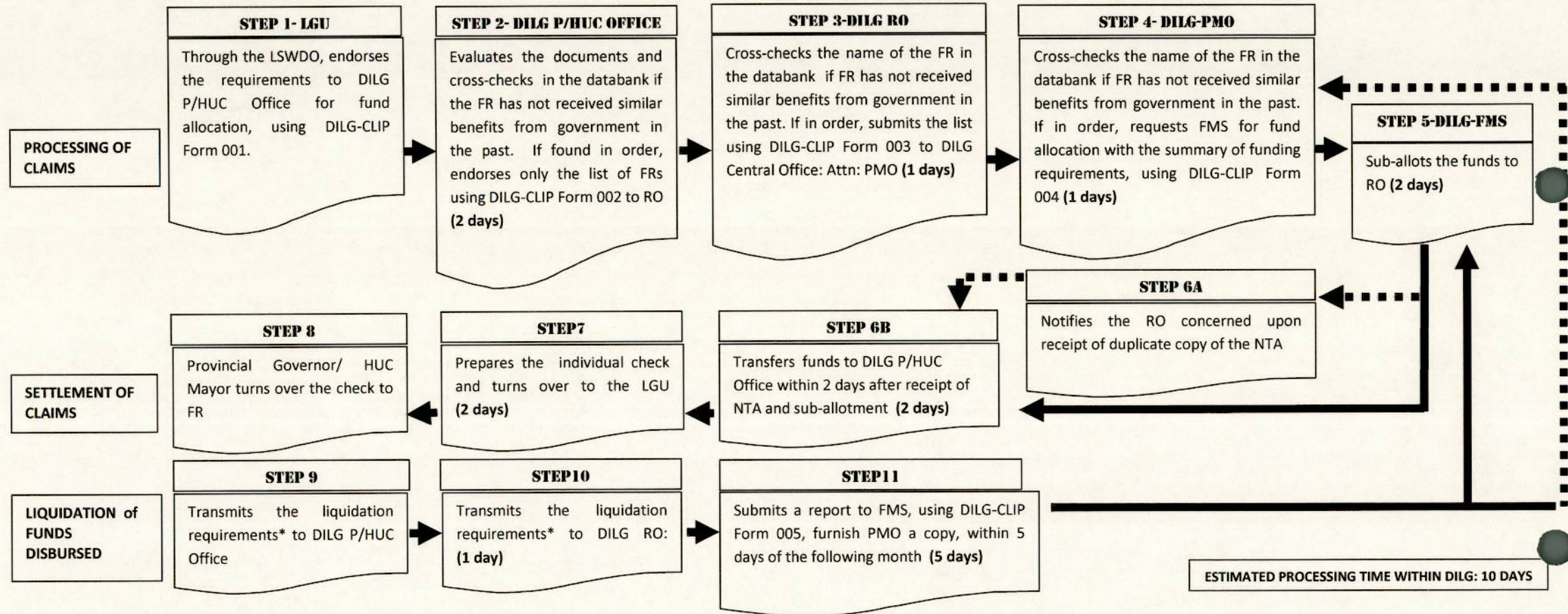
Awasin:	hulog sa hiniharaman na puhunan	P _____
	Natirang Kita/Hawak na Pera	P _____

Nagpatutoo:

Inihanda ni:

(pangalan ng beneficiary)
Nagmungkahi

COMPREHENSIVE LOCAL INTEGRATION PROGRAM (CLIP)
 Processing/Settlement of Claims and Liquidation of Funds Disbursed



DILG-CLIP Form 001
2014

ENDORSEMENT LETTER

Date

Dear _____ :

Respectfully endorsing the enrollment of the following Former beneficiaries (FRs) for financial assistance:

NAME OF FR	ADDRESS	TYPE OF ASSISTANCE REQUESTED	AMOUNT

I hereby certify that the list is a full, true and correct statement of beneficiaries and this is in support of the liquidation of financial assistance to be granted to the FRs.

Very truly yours,

GOVERNOR/HUC MAYOR

Attachments:

For Reintegration Assistance	Immediate Assistance	Livelihood Assistance	Firearms Remuneration
<ul style="list-style-type: none"> • List and total # of FRs • Activity Proposal 	<ul style="list-style-type: none"> • Enrollment form • Intake form • JAPIC Certificate • Profiling form 	<ul style="list-style-type: none"> • Former Rebel Reintegration Plan 	<ul style="list-style-type: none"> • Property Turn-in Slip • Account Form and Inventory/ turned-in receipt • Cost Valuation Form

PROVINCIAL/HUC LIST OF FR CLIP ENROLLEES

REGION: _____

PROVINCE/HUC: _____

NAME OF FR	ADDRESS	TYPE OF ASSISTANCE REQUESTED	AMOUNT

I hereby certify that the list is a full, true and correct statement of beneficiaries and this is in support of the liquidation of financial assistance to be granted to the FRs.

Prepared by:

CLIP Focal Person

Approved by:

Provincial/HUC Director

Annex 1

DILG-CLIP Form 003
2014

The Director

_____ Date

Dear _____ :

We are submitting hereunder is/are the name(s) of FR CLIP beneficiaries for funding allocation:

NAME OF FR	ADDRESS	TYPE OF ASSISTANCE REQUESTED	AMOUNT

I hereby certify that the list is a full, true and correct statement of beneficiaries and this is in support of the liquidation of financial assistance to be granted to the FRs.

Very truly yours,

DILG Regional Director

DILG-CLIP Form 004
2014

MEMORANDUM

FOR : _____
 THRU : _____
 Assistant Secretary for Finance and Comptrollership
 SUBJECT : REQUEST FOR TRANSFER OF FUNDS
 DATE :

=====

May we request for the transfer of funds to DILG Region ____ in the amount of _____ to settle the FRs' Claims for Financial Assistance as listed hereunder.

NAME OF FR	REGION/PROVINCE/HUC	TYPE OF ASSISTANCE	AMOUNT

The amount requested shall be chargeable against the CLIP funds .

DILG Bureau Director

Prepared by:

PMO Program Manager

STATUS OF FUND TRANSFERRED TO SETTLE FORMER REBEL (FR) CLAIMS FOR FINANCIAL ASSISTANCE

Certified by:

FUND TRANSFERRED			DISBURSEMENT				NAME OF FR	REMARKS
AMOUNT	DATE	SUB-ALLOTMENT NUMBER	CHECK NUMBER	DATE	AMOUNT	TYPE OF FINANCIAL ASSISTANCE		

Noted by:

Regional Accountant

Regional Director

Annex 1