



Republic of the Philippines
Department of Education
Region VI-Western Visayas
SCHOOLS DIVISION OF KABANKALAN CITY

DIVISION MEMORANDUM

No. 151, s. 2024

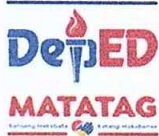
JUN 04 2024

**SUBMISSION OF PROGRAM CENTER RENEWAL AND APPLICATION FORM
WITH CONVOY OF HOPE PHILIPPINES, INC. FOR SCHOOL YEAR 2024-2025**

To: Asst. Schools Division Superintendent
Chiefs, CID and SGOD
Public Schools District Supervisors
Public Elementary School Heads
All Others Concerned

1. This Office, through the Social Mobilization and Networking Unit (SMN), announces the deadline for the **Submission of Program Center Renewal and Application Form with Convoy of Hope Philippines, Inc. for School Year 2024 - 2025** on **Thursday, 06 June 2024** at the School Governance and Operations Division (SGOD) Office, Schools Division of Kabankalan City.
2. Program Centers (schools) which have participated in the trial implementation of the Children's Feeding (CF) Program of Convoy of Hope Philippines (COHP), Inc. on March 2024 can apply for renewal for the oncoming SY 2024-2025. The six (6) schools which have implemented the CF program in the previous school year must also apply for renewal.
3. All Program Centers which are interested to renew their application should submit in hard copy the following documents which can be accessed through the following link: <https://shorter.me/zbeGs>:
 - a. Application for Renewal
 - b. CF Volunteers Registration Sheet
 - c. Letter of Intent
 - d. List of Recipients Form
4. For further details and concerns, contact Sheina S. Saquian, SEPS – SMN, or Jewelyn Q. Cadigal, EPS II – SMN, thru Messenger.
5. Wide and immediate dissemination of and compliance with this Memorandum are desired.

MICHELL L. ACOYONG, CESO VI
Assistant Schools Division Superintendent
Officer In-Charge
Office of the Schools Division Superintendent





PROGRAM CENTER RENEWAL AND APPLICATION FORM

NOTE: One (1) Form is good for (1) Program Center (PC) only.

For faster processing of your application, please provide [all details](#) and remember to write legibly.

PROGRAM CENTER (PC) INFORMATION

NOTE: A Program Center is the exact location where the actual daily food preparation takes place. PC names cannot be duplicated.

Program Center Name (Example: Inawa Outreach Feeding Center or Pag-asa Elementary School)		Program Center ID (if known)	
Program Center type Please select only one (1) <input type="checkbox"/> Church Ministry/Outreach <input type="checkbox"/> Public Elementary School <input type="checkbox"/> Orphanage <input type="checkbox"/> Day Care Center/SNP <input type="checkbox"/> Private School <input type="checkbox"/> Other: _____		Program Center Status <input type="checkbox"/> New PC Application <input type="checkbox"/> For Renewal	
No. of children to be fed daily Please provide an estimate if not yet finalized			
No. of active volunteers		Average no. of volunteers in a day	
Name of Feeding Coordinator The assigned Feeding Coordinator will supervise feeding activities and submit online quarterly reports to Convoy. She/He must have access to a computer and/or the internet at least once a month.		Contact Number	Email Address Active email address only. All announcements will be sent to this email address
Other Convoy Core Programs active at this location (PCs for renewal only) <input type="checkbox"/> WE - Mother's Clubs <input type="checkbox"/> SD - SD Sessions <input type="checkbox"/> WE - Girl's Clubs <input type="checkbox"/> AG - AGRI 567 <input type="checkbox"/> WE - IGA <input type="checkbox"/> None		Other activities at this location not implemented by Convoy Philippines Other NGO or Donors currently connected or partnered with	
Street Address (FORMAT: Bldg No., Street Name, Sitio)		Barangay	Municipality / City
		Province	Region
		GPS Coordinates (Example: 14.220499, 121.124317, refer to digital map)	
Geographic Classification <input type="checkbox"/> Rural <input type="checkbox"/> Urban	Income Classification <input type="checkbox"/> 1st Class <input type="checkbox"/> 3rd Class <input type="checkbox"/> 5th Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 4th Class <input type="checkbox"/> Other: _____	% of Malnutrition among 0-5 y/o Please inquire with your BLGU/BNC	
		Date of Nutritional Survey (MM/YYYY)	
What head of households usually do for a living <input type="checkbox"/> Employment <input type="checkbox"/> Business Owner / Trade <input type="checkbox"/> Farming / Fishing <input type="checkbox"/> Other: _____ <input type="checkbox"/> Construction Labourer		Has access to [potential] vegetable garden as a source of additional ingredients for cooking <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Crops that easily grow in the target community	

MINISTRY PARTNER INFORMATION

NOTE: A Ministry Partner is a local church who will oversee and support the Program Center/s. If you are not a church, please indicate the name of your formal institution.

Ministry Partner Name (Example: Agape Christian Church or Baguio City Local Government Unit)	
Ministry Partner Type <input type="checkbox"/> NGO Partner <input type="checkbox"/> Private Institution <input type="checkbox"/> Local Church <input type="checkbox"/> LGU (DepEd, DSWD, Brgy Council, etc)	Religious Denomination, if any

We highly recommend online applications. To do this, scan the QR code to begin



Address (Bldg No., Street Name, Sitio, Barangay, City, Province)			
Official Representative Name	Designation / Position	Contact Number	Active Email Address <small>Active email ad only. All announcements will be sent to this email address</small>
Stable Internet Access <input type="checkbox"/> Yes <input type="checkbox"/> None	Has access to a computer with Microsoft Office or similar programs <input type="checkbox"/> Yes <input type="checkbox"/> None	Microsoft Excel and Word literate? (Basic competency) <input type="checkbox"/> Yes <input type="checkbox"/> No	
What other activities do you plan on having during your feeding program?			

My signature below serves to certify that the information on this form is true and correct to the best of my knowledge and that I have been authorized to submit this form and to represent the organization listed above.

Signature over Printed Name

Date

You may also apply **online** (recommended) through our [e-PC Renewal and Application Form](#) by scanning this QR code:



Incomplete requirements will not be processed. Please make sure to submit the accomplished **PC Renewal and Application Form** along with your **(1) List of Children** and **(2) Letter of Intent** addressed to our National Director, Rev. Raul S. Manuel through:

Email:
partner_applications_ph@convoyofhope.org

Post Mail:
Convoy of Hope Philippines, Inc.
5th Flr. New Realty Bldg
1924 Taft Avenue corner Bernabe St.,
Brgy 044, Pasay City 1300
Office No: (+632) 8820-8641

We highly recommend online applications. To do this, scan the QR code to begin



LIST OF RECIPIENTS FOR FEEDING PROGRAM

Name of School/Church/Organization: _____

Address: _____

Contact Person: _____

Contact Number: _____

	Name	Birthdate	Gender	Age
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VOLUNTEERS REGISTRATION SHEET

Program Center: _____

Program Year: _____

Date: _____ 2024 Venue: _____

No	COMPLETE NAME	CONTACT NUMBER	EMAIL ADDRESS	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

LETTER OF INTENT

Date: _____

REV. RAUL MANUEL
NATIONAL DIRECTOR
CONVOY OF HOPE PHILIPPINES
PASAY CITY

Dear Rev. Manuel,
Greetings in the name of our Lord Jesus Christ!

(Name of school, Church, community, LCU, organization)
intend to submit our interest to avail the Feeding Program of
Convoy of Hope Philippines.

Feeding Center Address and contact information:

Location/village: _____
Barangay: _____
Municipality: _____
Phone Number: _____
Email Address: _____
Target number of Children: _____
Contact Person: _____
Position/Designation: _____

Thank you for this opportunity to participate in the Program to
benefit children in our community.

Sincerely yours,

Signature over Printed Name

Conformed by:

Signature over Printed Name



PROGRAM CENTER APPLICATION FORM

Please fill up one AppForm for each proposed Program Center (PC).
Please remember to write legibly.

APPLICANT INFORMATION

Organization Name:

Organization Type

- Local Church Private Institution
 NGO Partner LGU (DepEd, DSWD, Brgy Council, etc)

Religious Denomination, if any:

Religious Affiliation, if any:

Address:

Contact Number:

Email Address:

Official Representative Name:

Designation:

Contact Number:

Email Address:

Alternative Representative Name:

Designation:

Contact Number:

Email Address:

Stable Internet Access:

- Yes No

Has access to a computer with Microsoft Office or similar programs:

- Yes No

Microsoft Excel and Word literate?
(Basic competency)

- Yes No

What other activities do you plan on having during your feeding program?

Estimated no. of available volunteers:

Any existing activities or social programs for the following sectors and advocacies:

- Youth Health & Nutrition Livelihood Values Education
 Women Agriculture / Food Security Disaster Response None

BENEFICIARY COMMUNITY INFORMATION

Proposed Program Center Name:

Proposed Program Center Type: *Please select only one (1)*

- Church Public School Orphanage
 Ministry/Outreach Private School Other: _____

Estimated no. of Program Participants:

Please select only one (1)

- 0 - 25 50 - 75 100 - 125
 25 - 50 75 - 100 125 - 150

Has there been a feeding program at this location?

- Yes No

Is it still active?

- Yes No
Why?

BENEFICIARY COMMUNITY INFORMATION*Most of the information for this section may be found in your latest Barangay Community Profile.*

Address:		Barangay:	Municipality / City:	
		Province:	Region:	
Geographic Classification:	Income Classification:		Barangay Population:	Number of Households:
<input type="checkbox"/> Rural	<input type="checkbox"/> 1st Class	<input type="checkbox"/> 4th Class	Year of Census	Year of Census
<input type="checkbox"/> Urban	<input type="checkbox"/> 2nd Class	<input type="checkbox"/> 5th Class		
		<input type="checkbox"/> 3rd Class		
What Head of Households usually do for a living:		Description of living conditions <i>(Type of houses/housing; water source power stability, access to healthcare facilities etc.)</i>		
<input type="checkbox"/> Employment	<input type="checkbox"/> Business Owner / Trade			
<input type="checkbox"/> Farming / Fishing	<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Construction Labourer				

OTHER INFORMATION

How did you hear about Convoy of Hope?	Additional information you want to share:
<input type="checkbox"/> Referred by a friend / Word of mouth	
<input type="checkbox"/> Through a local stakeholder's orientation	
<input type="checkbox"/> Through a seminar or conference	
<input type="checkbox"/> Facebook	
<input type="checkbox"/> Other social media	
<input type="checkbox"/> Other: _____	

My signature below serves to certify that the information on this form is true and correct to the best of my knowledge and that I have been authorized to submit this form and to represent the organization listed above.

Signature over Printed Name

Date

Please submit the accomplished Application Form along with a letter of intent, organizational structure, an endorsement letter from either the beneficiary community or your religious affiliation, latest community profile from the barangay, and feeding program location and potential participant group photos addressed to our Children's Feeding Director, Candice Colleen Q. Manuel, through:

Email:
partner_applications_ph@convoyofhope.org

Post Mail:
Convoy of Hope Philippines, Inc.
5th Flr. New Realty Bldg
1924 Taft Avenue corner Bernabe St.,
Brgy 044, Pasay City 1300
Office No: (+632) 8820-8641