**MULTI-SECTORAL ADVISORY BODY (MSAB)**

**PRIVATE SECTOR REPRESENTATIVE PROFILE SHEET**

|  |  |  |  |
| --- | --- | --- | --- |
| **GENERAL INFORMATION** | | | |
| **Name of Organization** |  | | |
| **Name of Head of Organization** |  | | |
| **Position/Designation** |  | | |
| **Office Address** | | **Tel. No.** |  |
| **Fax No.** |  |
| **Email:** |  |
| **Website:** |  |
| **Classification** *(Check the type that best describes your organization)*  Not-for-profit Corporate  Private Academe  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Registration**  *(the government entity which granted legal status to the organization)*  SEC CR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Attach certified true copy of certificate of registration. | | | |
| **Accreditation** *(Indicate the government agency(ies) and/or LGU(s) that have officially acknowledged your organization for purposes of program participation and/or eligibility for development assistance) \*If applicable*       \*Attach proof of accreditation | | | |
| **Organization Overview** *(state the overview of the organization)* | | | |
| **Services/Activities** *(state major services/activities of the organization)* | | | |
| **Partners** *(state the partner organizations/agencies, if there is/are any)* | | | |

|  |  |  |
| --- | --- | --- |
| **Volunteer Engagement**  *(Please list below the volunteer activities undertaken by your organization from 2016 to present)* | | |
| Project/Activity Title & Description | Date/s of Implementation | Beneficiaries |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *\* Please attach certificate/s or any proof of volunteer engagement/s.* | | |

|  |  |
| --- | --- |
| **CONFORME:**  I hereby certify that the above are correct information about the organization and that I accept this nomination, and that if appointed, I commit to attend the meetings and to perform the duties of the position to the best of my ability. | |
| **Name of Head of Organization:** | **Signature:** |
| **Designation:** | **Date:** |