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

**PRIVATE SECTOR REPRESENTATIVE PROFILE SHEET**

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| **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**
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\*Attach proof of accreditation |
| **Organization Overview** *(state the overview of the organization)**
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| **Services/Activities** *(state major services/activities of the organization)**
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| **Partners** *(state the partner organizations/agencies, if there is/are any)**
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| **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 |
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| *\* Please attach certificate/s or any proof of volunteer engagement/s.* |

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| **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:** |