TECHNICAL ASSISTANCE REQUEST FORM

Date of Request: _____

Reference No. (PCDO use only): _____

I. REQUESTING PARTY INFORMATION

Name of Cooperative / Association / Organization:

Type of Organization:
☐ Cooperative ☐ Association ☐ Federation ☐ Union ☐ LGU ☐ Other: _____

CDA Registration No. (if applicable): _____

Business Address:

Municipality / City: _____
Province: _____

Contact Person: _____

Position / Designation: _____

Contact Number: _____
Email Address: _____

II. TYPE OF TECHNICAL ASSISTANCE REQUESTED

(You may check more than one)

☐ Cooperative Organization & Registration
☐ Governance & Leadership (BOD / Committees / Officers)
☐ Financial Management & Bookkeeping
☐ Audit & Internal Control Systems
☐ Policy Formulation / By-Laws / Manuals
☐ Business Planning & Enterprise Development
☐ Marketing & Value Chain Development
☐ Project Proposal Preparation
☐ Monitoring & Evaluation
☐ Capacity Building / Training / Seminar
☐ Conflict Resolution / Mediation
☐ Compliance with CDA / Other Regulatory Requirements
☐ CSO Accreditation / CSO Desk Assistance
☐ Other (please specify): _____

III. DETAILS OF THE REQUEST

Brief Description of the Technical Assistance Needed:

Objectives / Expected Output:

Specific Issues / Challenges to be Addressed:

IV. PREFERRED MODE AND SCHEDULE

Preferred Mode of Assistance:
☐ On-site ☐ Online / Virtual ☐ Hybrid

Proposed Date(s): _____

Proposed Venue (if on-site): _____

V. TARGET BENEFICIARIES

Estimated Number of Participants / Members Involved: _____

Target Group:
☐ Officers ☐ Members ☐ Management Staff ☐ Mixed

VI. PREVIOUS ASSISTANCE FROM PCDO

Have you previously received technical or financial assistance from PCDO?

☐ Yes ☐ No

If YES, please specify the type and year:

VII. COMMITMENT OF THE REQUESTING PARTY

We hereby certify that the information provided above is true and correct. We commit to actively participate in the technical assistance activity and comply with the requirements set by the Provincial Cooperative Development Office.

Name of Authorized Representative: _____

Signature: _____ **Date:** _____

VIII. PCDO ASSESSMENT (For Official Use Only)

Date Received: _____

Assessed by: _____

Findings / Remarks:

Recommended Action:
☐ Approve ☐ Defer ☐ Disapprove

Type of Assistance to be Provided:

Proposed Schedule: _____

Prepared by: _____ **Date:** _____

Noted by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Provincial Cooperative Development Office (PCDO)
Provincial Government of Bohol