DILG Provincial/HUC/ICC Director

FORM 9

(FY _____)

_____
Date

The Director

_____

_____

_____

Dear _____ :

We are submitting hereunder is/are the name(s) of FR and/or FVE ECLIP beneficiaries for funding allocation:

No.	Name of FR and/or FVE	Address	Group type		Type of Assistance	Amount	With Pending Cases *(If yes, please specify the venue, docket no., case title)*
			FR	FVE			
					Ex: Firearms Remuneration		
					GRAND TOTAL:		-

*(**Indicate number of firearms, applicable to firearms only**)

Summary of the number of partner-stakeholder/s (beneficiary/ies) and financial assistance requested:

Immediate Assistance	Livelihood Assistance	Firearms Remuneration	Reintegration Assistance	FR	FVE
*Ex: 1	1	1	1	1	1

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 FR/s and/or FVE/s.

Very truly yours,

_____

DILG Regional Director