**ANNEX A. PROVISION OF YOUTH SCHOLARSHIP GRANT ON ORGANIC FARMING**

(*for Farm Partners Only)*

**INTERNSHIP PROGRAM PLAN**

(March -November)

**On**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Name of Project/Farm*

By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Farm Partner*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Prepared*

1. **GENERAL INFORMATION**

| Farm Title | : |  |
| --- | --- | --- |
| Name of Farm Partner | : |  |
| Registering Entity  (SEC/CDA/DTI/DOLE/ATI) | : |  |
| Registration Number | : |  |
| Registration Date | : |  |
| Accreditation Ctrl. No. (RSBSA/FFEDIS/LSA) |  |  |
| Type of Business | : | ( ) Crop Production  Specify type of crop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( ) Livestock Production  Specify type of livestock: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( ) Fisheries  ( ) Trading  ( ) Processing  ( ) Integrated Farming  ( ) Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business Address | : | *(Lot no., Street, Brgy., Municipality, Province, Region)* |
| Contact Person | : |  |
| Designation | : |  |
| Contact Number | : |  |
| Email Address | : |  |

**Program Description**

*(Describe your program, its objectives, vision and mission, its scope/scale, when will you start the program, and how are you going to start your youth internship program. Provide brief Description of the Farm, its operations and programs. Add innovations or uniqueness of the plan.)*

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**Vision:**

**Mission:**

**Objectives:**

This internship program aims to achieve the following objectives:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **PROFILE OF THE OWNER**

| **Name of Agriprenuer** | : |  |
| --- | --- | --- |
| **Home Address** | : |  |
| **Contact Number** | : |  |
| **Email Address** | : |  |
| **Birth Date** (mm/dd/yyyy) | : |  |
| **Sex** | : | Female | Male |
| **Marital Status** | : |  |
| **Single Parent** | : | Yes | No |
| **Indigenous Group** (if applicable) | : |  |
| **Person with Disability** | : |  |
| **Experience/years in the business/project** | : |  |
| **Were you involved in any court cases?** | : | Yes | No |
| If yes, what is your  involvement? | : |  |

**Other relevant information:**

Current Sources of Income

| **Source of Income**  (Crop production, livelihood project, odd job etc.) | **Amount (Php) per Period** (Monthly/Annually/Cycle) |
| --- | --- |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

Assets

| **Asset**  (Cash, receivables, equipment, house, and lot) | **Amount (Php)** |
| --- | --- |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

1. **Detailed Weekly Work Plan and Schedule**

| **ACTIVITIES** | **Mar** | | | | **Apr** | | | | **May** | | | | **Jun** | | | | **Jul** | | | | **Aug** | | | | **Sep** | | | | **Oct** | | | | **Nov** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |
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Prepared by:

**\_\_\_\_\_\_(FULL NAME AND SIGNATURE)\_\_\_\_\_\_\_**

Applicant