**LEARNING SITE FOR AGRICULTURE II (LSA II)**

**APPLICANT’S CHECKLIST OF REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| Name of Farm | - | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Farm Owner/ Institution | - | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Land area (Hectare/s) | - | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | - | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact No. | - | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address | - | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Category |  | According to Technology Practiced:\_\_\_\_\_\_\_ Farming LSA\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agri-Processing Enterprise\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*\*For Farming LSA: GAP, GAHP, Natural Farming, Organic Agriculture, Integrated/Diversified Farming, Cut Flowers, Ornamentals and Succulents, Halal, Urban Agriculture, Coconut-based*

*\*\*For Agri-Processing Enterprise: Fruits and Vegetables, Meat, Fish, other agricultural products*

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| **Requirements** | **Complied** | **Not Complied** | **Remarks** |
| 1. Letter of Intent
 |  |  |  |
| 1. Endorsement by LGU/PLGU
 |  |  |  |
| 1. Farm/Agri-Enterprise Profile Form
 |  |  |  |
| 1. Certificate of Good Standing as LSA, with recommendation for up-scaling to LSA II
 |  |  |  |
| 1. Certificate of Training/Capability-Building
 |  |  |  |

REMARKS:

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Evaluated by:

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

Signature over printed name

Designation:

Date: