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

**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.)*

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

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Vision

Mission

Objectives:

This internship program aims to achieve the following objectives:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **EXECUTIVE SUMMARY**

*Provide brief Description of the Farm, its operations and programs.*

*Add innovativeness or uniqueness of the program.*

1. **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 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