



Republic of the Philippines

Department of Agriculture

AGRICULTURAL TRAINING INSTITUTE

ATI Building, Elliptical Road, Diliman, Quezon City, Metro Manila 1100

Tel. Nos. (63-2) 8929-8541 to 49 & 8928-7397 Fax No. (63-2) 8920-9792 *for Farm Partner Only*

Email: ati_director@ati.da.gov.ph & ati_director@yahoo.com

URL: <http://www.ati.da.gov.ph>; www.e-extension.gov.ph

LEVEL I

(START-UP)

ANNEX A. PROVISION OF YOUTH SCHOLARSHIP GRANT ON ORGANIC FARMING

INTERNSHIP PROGRAM PLAN

(March -November)

On

Name of Project

By:

Name of Farm Partner

Date Prepared



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A. 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 :

Project Description

(Describe your business, its objectives, vision and mission, its scope/scale, when will you start the project, and how are you going to start your business)



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This internship program aims to achieve the following objectives:

- a.) _____
- b.) _____
- c.) _____

B. EXECUTIVE SUMMARY

The project, on its first year of operation, will generate an income in the amount of _____. This represents an annual ROI of _____ %. With this income capacity of the project, the loan amount of Php_____ can be repaid in ___ years, with a grace period of ___ years/months.

This project will provide a total volume of (quantity to be produced for the market) which will satisfy ___% of the target buyers. For the next _____ years, its production is projected to supply ___% of its current demand.

The project will be able to generate employment of ___ people/workers from (groups).

Add: Innovativeness or uniqueness of the project.

C. 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 : _____



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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 | |

