



Republic of the Philippines
DEPARTMENT OF AGRICULTURE
Regional Field Office No.5
San Agustin, Pili, Camarines Sur, 4418
<http://bicol.da.gov.ph>

Date of Request: _____

FACILITY UTILITY PROPOSAL

I. ABSTRACT OF REQUEST (Please check if applicable)

Facility requested <i>(Subject to Availability)</i>	Capacity	Proposed No. of hrs/day of operation	Type	No. of Units	Source
<input type="checkbox"/> RPC 1					
<input type="checkbox"/> RPC 2					
<input type="checkbox"/> SWP					
<input type="checkbox"/> Diversion Dam					
<input type="checkbox"/> FMR					
<input type="checkbox"/> Palay Shed					
<input type="checkbox"/> MPDP					
<input type="checkbox"/> Others, Please specify:					

II. PROFILE OF REQUESTING PARTY (Please check if applicable)

Name of Proponent (FA/Fos)			
Address:			
Contact Person:		Contact No.:	
No. of Members:		No. of Intended Beneficiary Members of the Facilities:	
Registration:	<input type="checkbox"/> SEC <input type="checkbox"/> CDA <input type="checkbox"/> DOLE <input type="checkbox"/> Others, pls. specify:	Year Registered:	
Registration No.:			

III. PROFILE OF SERVICE AREA

Location and Coordinates:	Lat.:	Long.:			
Crop Planted	Existing		Potential		Cropping per year
	Area (ha)	Yield (MT/yr)	Area (ha)	Yield (MT/yr)	

IV. OTHER INFORMATION (Please check if applicable)

With Available machinery shed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size of Area (sq. m)	
Land Ownership (Machinery Shed/lot):	<input type="checkbox"/> Owned <input type="checkbox"/> Donated <input type="checkbox"/> Lease <input type="checkbox"/> Others:		
Source of Operation & Mgt. Funds:	<input type="checkbox"/> Service Fee <input type="checkbox"/> Organizational Fund <input type="checkbox"/> Others:		
With Trained Operators:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:	
Other Available Agricultural Machinery & Equipment:			
Availability of Three Phase Power Supply:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:	
Availability of Water Supply:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:	
Road Network Connection:	<input type="checkbox"/> Barangay <input type="checkbox"/> Municipal <input type="checkbox"/> Provincial <input type="checkbox"/> National	Remarks:	
Road Condition:	<input type="checkbox"/> PCCP <input type="checkbox"/> All Weather Road	Remarks:	
Business Operation(s)/ Services Offered:			

Prepared by (Requesting Party):		Validated by (RFO Representative):	
Name and Signature:		Name and Signature:	
Position/Designation:		Position/Designation:	