

Mission Ministries Philippines, Inc.

Application Form A

Date: _____

Name of the Organization: _____

Complete Mailing Address: _____

Landline: _____ Cellphone No. _____

Email Address: _____ Messenger Account _____

Others: _____

Nature of Your Organization:

Church Please identify the denomination _____

Non-Government Organization Government Organization

Community Based Organization Private

Peoples Group Others _____

Year when your organization started: _____

Type of Early Childhood Education Program you plan to set up:

Formal Preschool Day Care Community/Church Based Tutorial

Others (Remedial Reading, After Class Enrichment, Kidpreneur) _____

Early Childhood Program:

Vision:

Mission:

Objectives: (Purpose for Setting-up an ECE Program)

- 1.
- 2.
- 3.

Initial Operational Budget on hand:

----THIS PAGE IS FOR CHURCH-BASED APPLICANT ONLY-----

Year the church is established: _____

Total Number of Members: Adult: _____ Youth: _____ Children: _____

Average Monthly Income: Tithes: _____ Offering: _____ Others: _____

Average Monthly Expenses: _____

| Key Leaders | Name | Highest Educational Attainment | Ministry Involvement |
|-----------------------------|----------------------------|---------------------------------------|-----------------------------|
| <i>Pastor</i> | | | |
| <i>Board Members/Elders</i> | 1. 2. 3. 4. 5. | | |
| <i>Others</i> | 1. 2. 3. | | |

Other Church Ministries: Existing Social Programs/Projects: (Use the back portion if necessary)

| Name of Project | Objectives | Services | Year Started | Sponsor/Financial Source |
|------------------------|-------------------|-----------------|---------------------|---------------------------------|
| | | | | |

Target School Location: _____

Brief Description of the Site: _____

Estimate Transportation Cost from MMP office to the School Site: _____

| ECE Team | Name | Highest Educational Attainment | Church/Org. Involvement |
|------------------|----------------------------|---------------------------------------|--------------------------------|
| 1. Teacher/s | 1. 2. | | |
| 2. Board Members | 1. 2. 3. 4. 5. | | |
| 3. Others | | | |

Budgetary Projection:

| Income | School Yr. _____ | School Yr. _____ | School Yr. _____ |
|--------------------|-------------------------|-------------------------|-------------------------|
| Registration Fee | _____ | _____ | _____ |
| Tuition Fee | _____ | _____ | _____ |
| Books & Worksheets | _____ | _____ | _____ |
| Field Trip | _____ | _____ | _____ |
| Moving-up Fee | _____ | _____ | _____ |
| Uniforms | _____ | _____ | _____ |
| Others | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |

Expenses

| | | | |
|--------------------------|-------|-------|-------|
| Salaries: Teaching Staff | _____ | _____ | _____ |
| Non-Teaching Staff | _____ | _____ | _____ |
| SSS: Teaching Staff | _____ | _____ | _____ |
| Non-Teaching Staff | _____ | _____ | _____ |
| Water | _____ | _____ | _____ |
| Electricity | _____ | _____ | _____ |
| Building Rent | _____ | _____ | _____ |
| Books & Worksheets | _____ | _____ | _____ |
| Equipment: chairs | _____ | _____ | _____ |
| Tables | _____ | _____ | _____ |
| Cabinets | _____ | _____ | _____ |
| Cassette | _____ | _____ | _____ |
| Blackboard | _____ | _____ | _____ |
| Consultancy | _____ | _____ | _____ |
| Manipulatives | _____ | _____ | _____ |
| Field Trip | _____ | _____ | _____ |
| Moving-up | _____ | _____ | _____ |
| Uniforms | _____ | _____ | _____ |
| Others | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| BALANCE | _____ | _____ | _____ |

Accomplished by:

Signature Over Printed Name

Designation: _____

Date: _____

Note: Please attached pictures or videos of your planned ECE facility and nearby community.