

**Annex I**

DILG E-CLIP Form 002  
2020

**PROVINCIAL/HUC LIST OF FR CLIP ENROLLEES**

\_\_\_\_\_  
Date

REGION: XI  
PROVINCE/HUC: \_\_\_\_\_

NO.	NAME OF FR	ADDRESS	TYPE OF FR	TYPE OF ASSISTANCE REQUESTED	AMOUNT
TOTAL					

I hereby certify that the list is a full, true and correct statement of beneficiaries and this is in support of the liquidation of financial assistance to be grant to the FRs.

Prepared by:

Approved By:

\_\_\_\_\_  
ECLIP Focal Person

\_\_\_\_\_  
Provincial/ HUC Director

THIS IS A SYSTEM GENERATED LIST OF FR ECLIP BENEFICIARY/IES CULLED FROM THE ECLIP-INFORMATION SYSTEM  
Date Generated: \_\_\_\_\_