

LEAGUE OF CORPORATE FOUNDATIONS

For LCF Membership: Requirements & Procedures

Membership is for:

- 1) non-stock, non-profit foundations, primarily funded and supported by a corporation or a group of related companies,

OR

- 2) a corporation

duly registered with the Securities and Exchange Commission. At least 70% of their income should be devoted to social, scientific, educational, charitable, and/ or other activities which are referred to as belonging to *corporate social responsibility* (CSR)¹.

Applying Corporate Foundations/ Corporations are requested to accomplish the membership application form and letter of application addressed to our LCF Executive Director, **Ms. Helen O. Orande**.

Kindly submit two (2) copies of the following documentary requirements:

1. SEC Certificate of Registration
2. Articles of Incorporation
3. Constitution and By-Laws
4. Short background of the organization
5. Organizational chart
6. Latest Audited Financial Statements (for applicants for regular membership)
7. Statement of expenditures and sources of funds related to CSR, certified by a ranking corporate office (for Applicants for Associate Membership)
8. Foundation/Corporation brochures and latest CSR Annual Report or Accomplishment Report

Submit all requirements to the LCF Secretariat (attention to the Executive Director):

Address: Unit 403, One Corporate Plaza, 845 Arnaiz Avenue, Legazpi Village, 1226 Makati City, Philippines

E-mail: secretariat@lcf.org.ph

☎ 892 9189 or 892 5753

Acceptance to the LCF:

After a two-level review process (Committee and Board levels), the applying organization will be informed of the result of the review. Should the organization receive favorable endorsements from both the **Membership Committee and the Board of Trustees**, a letter of acceptance will initially be released followed by instructions for the induction ceremony. An acceptance fee of TWENTY-FIVE THOUSAND PESOS (P25,000) inclusive of four (4) General Assemblies and two (2) Special Events for one representative will be required from the organization. Consequently, annual dues of P 25,000 is also required to support the League's activities and the Secretariat

LEAGUE OF CORPORATE FOUNDATIONS

APPLICATION FORM

I. Organizational Profile

Name of Foundation _____

Foundation of Representative / Designation _____

No. of Personnel: _____ regular foundation employees
_____ company employees seconded to foundation
_____ project/contractual foundation staff
_____ others (please specify) _____

Mother Company _____

Nature of Business of Mother Company _____

Mother Company's CEO/COO _____

Contact Details

Address _____

Telephone Nos. _____

Fax No. _____

E-mail Address _____

Website (if any) _____

SEC Registration No. and Date _____

BIR Registration No. and Date _____

NGO certified with PCNC Yes (please provide date) _____ No

Accreditation / Certification

- () Department of Science And Technology () Philippine Council for NGO Certification
() Department of Social Welfare And Development () Others: _____
() not accredited with any

Affiliations

- () Association of Foundations () Caucus of Development NGO Networks
() Philippine Business for Social Progress () Others: _____
() Corporate Network for Disaster Response

II. **Activities and Programs of the Foundation** (please provide details such as specific geographic areas or sectors covered; nature of activities and programs – environment-related, women-specific, child focused, education, micro-enterprise, etc.; and frequency)

LEAGUE OF CORPORATE FOUNDATIONS

A. Nature of Foundation

- Grant-Giving Operating Both

B. Scope of Work/Assistance (Check all applicable areas)

- | | |
|--|--|
| <input type="checkbox"/> Agrarian Reform
And Rural Development | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Arts and Culture Heritage | <input type="checkbox"/> Microcredit/Microfinance |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Peace and Development |
| <input type="checkbox"/> Cooperative Development | <input type="checkbox"/> Science and Technology |
| <input type="checkbox"/> Education, Training and Resource
Development | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Enterprises Development | <input type="checkbox"/> Student and Volunteer Formation |
| <input type="checkbox"/> Gender Development | <input type="checkbox"/> Sustainable Development
Livelihood/Agribusiness the
Environment Development |
| <input type="checkbox"/> Health and Nutrition | <input type="checkbox"/> Others (Please Specify) |

C. Specific Activities/Core Competence (Check all applicable areas)

- | | |
|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Capability / Institution Building | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Research, Publications |
| <input type="checkbox"/> Consulting Services Policy Advocacy | <input type="checkbox"/> Resource Mobilization |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Sectoral Organizing |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Sustainable Integrated Area |
| <input type="checkbox"/> Issue Advocacy | <input type="checkbox"/> Technology Transfer |
| <input type="checkbox"/> Lending, Financing, Grants Development | <input type="checkbox"/> Others (Please Specify) |
| <input type="checkbox"/> Livelihood | _____ |
| <input type="checkbox"/> Medical, Dental and Health | _____ |

D. Target Client by Basic Sector (Check all applicable areas)

- | | Approximate Number |
|--|--------------------|
| <input type="checkbox"/> Elderly | _____ |
| <input type="checkbox"/> Fisher folk | _____ |
| <input type="checkbox"/> Indigenous People | _____ |
| <input type="checkbox"/> Labor/Migrant Worker | _____ |
| <input type="checkbox"/> Peasants | _____ |
| <input type="checkbox"/> People Different able | _____ |
| <input type="checkbox"/> Urban Poor | _____ |
| <input type="checkbox"/> Veterans | _____ |
| <input type="checkbox"/> Victims of Calamities | _____ |
| <input type="checkbox"/> Women | _____ |
| <input type="checkbox"/> Youth/Children | _____ |
| <input type="checkbox"/> Others | _____ |

LEAGUE OF CORPORATE FOUNDATIONS

III. Financial Data

A. Sources of Funds

Funding Source	Amount allotted/ given to the Foundation	Percentage of Total Funding of Foundation
1. Mother Companies		
2. Affiliate Companies		
3. Investments		
4. Funding Agencies		
5. Government		
6. Income – Generating Projects		
7. Fund Raising Activities		
8. Investment		

IV. Other Information

1. What services/benefits do you expect to receive from the League of Corporate Foundations?

2. What can you contribute to the League?

I hereby certify that the above information is true and correct to the best of knowledge.

Date

Signature over printed name

Designation