I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the

DAP-PDC-GQMP-01

Attachment A

(Agency)

(Name)

(Position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby express our interest to participate

in the Government Quality Management Program as a beneficiary agency for the:

* Development of a QMS Certifiable to ISO 9001:2015 Standard
* Process or Site Scope Expansion of QMS
* Consolidation of Separate QMS

We hereby present the agency profile and other pertinent information:

|  |
| --- |
| **Agency Profile** |
| **Complete Name of Agency** |  |  NLA and Attached Agencies OEO  SUC |
| **Complete Address of Agency** |  |
| **Frontline Services** | *Please list down all frontline and other critical services:* | Clients (e.g. transacting individuals, business, govt. agency) |
|  |  |
| **Reasons for participating in GQMP** |  |
| **Other Information** |
| **Contact Person***Name* |  |
|  Title First Name Middle Name Last Name Suffix |
| **Phone Number** |  | **Mobile Number** |  | **E-mail address** |  |
| **Head of Agency***Name* |  |
|  Title First Name Middle Name Last Name Suffix |
| **Position/ Designation** |   | **ID No.** |  |
| **Memorandum of Understanding Witness** |  |
|  Title First Name Middle Name Surname Suffix |
| **List of Attachments***Please check the appropriate box.* | * Agency Mandate, Vision, Mission and Core Values
* Organizational Chart
* Copy of ISO 9001 Certificate/s (for Process/Site Scope Expansion and Consolidation of Separate QMS)
 |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature