



DEPARTMENT ORDER NO. 219
Series of 2020

JUL 14
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**GUIDELINES ON THE IMPLEMENTATION OF
TULONG PANGHANAPBUHAY PARA SA ATING
DISADVANTAGED/DISPLACED WORKERS (TUPAD)
UNDER THE BAYANIHAN TO RECOVER AS ONE ACT**

WHEREAS, pursuant to Republic Act (RA) No. 10121, otherwise known as Philippine Disaster Risk Reduction and Management Act of 2010, the State guarantees the protection of labor, promotion of full employment, and equality of employment opportunities for all. It is the policy of the State to uphold the people's constitutional rights to life and property, and provide maximum care, assistance and services to individuals and families affected by disaster, implement emergency rehabilitation projects to lessen the impact of disaster, and facilitate resumption of normal social and economic activities;

WHEREAS, the outbreak of COVID-19 constitutes an emergency that threatens public health and national security which requires a whole-of-government response including the implementation of urgent and critical measures to mitigate its effects and impact to the community, and prevent serious disruption of the functioning of government and the community¹;

WHEREAS, RA No. 11469 or the Bayanihan to Heal as One Act (BAYANIHAN 1) mandated various national government agencies including the Department of Labor and Employment (DOLE) to implement social protection programs, projects, and services to mitigate the effects of the declaration on the economic, physical and psychosocial well-being of the most vulnerable sectors. This intensified government response on the implementation of social amelioration measures by concerned agencies shall ensure mobilization of the necessary resources for the provision of urgent and appropriate services and assistance;

WHEREAS, the DOLE, under the BAYANIHAN 1, implemented the Tulong Panghanapbuhay para sa Ating Disadvantaged/Displaced Workers Program #Barangay Ko, Bahay Ko (TUPAD #BKBK) Disinfection/Sanitation Project for informal sector workers to mitigate the adverse economic impacts of the COVID-19 pandemic on workers, establishments, and livelihoods/businesses²;

WHEREAS, RA No. 11494 or the Bayanihan to Recover as One Act (BAYANIHAN 2) was promulgated on 11 September 2020 in cognizance of the lingering consequences of the COVID-19 pandemic to the Philippine economy and society and to establish mechanisms to further reduce its impact on the socio-economic well-being of Filipinos through the provision of assistance and other forms of socio-economic relief;

WHEREAS, Section 4 (f) (2) of BAYANIHAN 2 mandates the provision of assistance to displaced workers in the informal sector, regardless of type of employment, due to the COVID-19 pandemic;

¹ Proclamation No. 922 (Declaring a State of Public Health Emergency Throughout the Philippines) and Inter-Agency Task Force for the Management of Emerging Infectious Diseases Joint Resolution Nos. 11 and 12, Series of 2020

² DOLE Department Order Nos. 209, 210 and 212, Series of 2020

WHEREAS, the DOLE endeavors to implement TUPAD under BAYANIHAN 2 in recognition of the government's pursuit of a whole-of-nation approach in the implementation of recovery and rehabilitation measures to cushion the pandemic's impacts on the economy and society;

WHEREFORE, this Guidelines on the Implementation of TUPAD under the Bayanihan to Recover as One Act (Guidelines) is hereby issued to ensure the effective and streamlined implementation of the above-stated DOLE program. This Guidelines specifies the objectives and coverage, program assistance and corresponding requirements, and the procedures concerning the delivery of services as means of social protection and welfare for affected informal sector workers.

ARTICLE I DEFINITION OF TERMS

The following terms, as used in this Guidelines, shall refer to:

1. **Accredited Co-Partner (ACP)** – program partner, which may be a peoples'/workers' organization, union, association, federation, cooperative, business association, faith-based organization, educational institution, or private foundation, that has been accredited by the DOLE to implement programs and projects using government or public funds. Government agencies, including Local Government Units (LGUs) and State Universities and Colleges (SUCs), need not accredit as program partner but would have to comply with the submission of documentary requirements.
2. **Affected workers** – workers in the informal sector whose employment face or suffer interruption due to the COVID-19 pandemic.
3. **Beneficiary** – individuals or group of individuals or ACPs who are qualified to be recipients of any of TUPAD.
4. **Disaster** – serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. Disasters are often described as a result of the combination of: the exposure to a hazard; the conditions of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences. Disaster impacts may include loss of life, injury, disease and other negative effects on human, physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruption and environmental degradation³.
5. **Elementary occupations** – consist of simple and routine tasks which mainly require the use of hand-held tools and often some physical effort⁴.
6. **Equity** – refers to the proponent's counterpart which may be in the form of labor, land for the project site, facilities, equipment and the like, to be used in a project. It is a requirement for the proponent to allot an equity which is equivalent to at least 20 percent of the total project cost in order to avail of TUPAD assistance.
7. **Job Order** – piece work (*pakyaw*) or intermittent or emergency jobs such as clearing of debris on the roads, canals, waterways, etc. after natural/ man-made disasters/occurrences and other manual/trades and crafts services such as carpentry, plumbing, electrical, and the like. These jobs are of short duration and for a specific piece of work⁵.

³ Section 3 of Republic Act No. 10121 (Philippine Disaster Risk Reduction and Management Act of 2010)

⁴ International Labour Organization International Standard Classification of Occupations

⁵ Paragraph 5.4 Civil Service Commission (CSC) and Department of Budget & Management Joint Circular No. 1, s. 2017

8. **Local Government Unit (LGU)** – those institutional units whose fiscal, legislative and executive authority extends over the smallest geographical areas distinguished for administrative and political purposes⁶.
9. **Regional Project Management Team (RPMT)** – a team in the DOLE Regional Office which evaluates, deliberates, and endorses project proposals to the Regional Director for approval.
10. **Self-employed workers** - those who operate their own businesses or trades and do not employ paid workers in the conduct of their economic activities. This category includes workers who worked purely on commission basis and who may not have regular working hours⁷.
11. **Unpaid family workers** - refer to family members who work without pay in a farm or business operated by the family⁸.
12. **Workers in the informal sector** - workers and/or operators in household unincorporated enterprises which consists of both informal own-account enterprises and enterprises of informal employers. These units typically operate at a low level of organization, with little or no division between labor and capital as factors of production⁹.

ARTICLE II PROGRAM DESCRIPTION

The Tulong Panghanapbuhay para sa Ating Disadvantaged/Displaced Workers (TUPAD) program is a safety net program that provides temporary wage employment to the workers in the informal sector particularly the unpaid family workers and self-employed workers with elementary occupations who were displaced or whose earnings were affected due to the COVID-19 pandemic.

ARTICLE III PROGRAM OBJECTIVES

The TUPAD program aims to mitigate the economic impact of COVID-19 on the workers in the informal sector.

ARTICLE IV COVERAGE AND PERIOD

The TUPAD program shall cover the workers in the informal sector particularly the self-employed with elementary occupations and unpaid family workers.

Further, it shall prioritize the workers in the informal sector affected by the COVID-19 pandemic who applied on or before 30 April 2020 but were not assisted under the TUPAD Barangay Ko, Bahay Ko (#BKBK) Disinfection/Sanitation Project and TUPAD as post-enhanced community quarantine (ECQ)-intervention.

⁶ System of National Accounts 4.198.

⁷ Philippine Statistics Authority

⁸ Ibid

⁹ National Statistical Coordination Board (NSCB) Resolution No. 15, Series of 2020

ARTICLE V PROGRAM ASSISTANCE

The following services and assistance shall be provided to eligible beneficiaries:

Section 1. Pre-Implementation Phase. Services to be provided prior to the engagement in any TUPAD project:

- a. Orientation on safety and health which shall be thru dissemination of brochures or Audio-Visual Presentation to be provided either by DOLE or ACPs/LGUs.
- b. Orientation on financial literacy which shall be thru dissemination of brochures or Audio-Visual Presentation to be provided either by DOLE or ACPs/LGUs.
- c. Micro-insurance particularly the Group Personal Accident Insurance (GPAI) of the GSIS to be provided by DOLE (Annex A).

However, the LGUs are encouraged to enroll the beneficiaries to other micro-insurance providers as part of their counterpart in case the processing of applications for GPAI is suspended by GSIS due to COVID.

- d. Personal Protective Equipment (PPE) may be provided by DOLE and/or the ACPs/LGUs or the beneficiaries as their counterpart/equity.

The LGUs/ACPs and/or DOLE shall ensure that the beneficiaries are observing physical distancing and wearing basic PPE i.e. long sleeves TUPAD T-shirt (Annex B), cap, face mask/shield, while engaged under TUPAD for their protection.

- e. Work programs that are classified as hazardous work as defined in Rule 1013 of the Occupational Safety and Health Standards s1989 (Annex C) shall be provided with complete sets of PPE.
- f. TUPAD ID (Annex D) to be provided by DOLE.

Section 2. Implementation Phase

- a. Beneficiary workers shall be paid based on the highest prevailing minimum wage in the region upon completion of the Work Program/Contract, subject to submission of Daily Time Record (DTR) in case of direct Administration or Certification from the Barangay/LGU that the beneficiaries have performed the work under the TUPAD Program in case of implementation thru ACPs/LGUs.
- b. Payment of wages (Annex E or F) is subject to the provisions of Article IX, Section 11 of this Guidelines. Should wages be paid thru cash out/payout, same should be directly claimed by the beneficiaries upon presentation of the TUPAD ID. If, for a valid reason, the beneficiary-workers will not be able to claim their wages, an authorization letter and a photocopy of the TUPAD ID of the beneficiary should be presented by the representative claimant. The representative claimant who must be an immediate family member should also present a valid Government issued IDs such as Postal, Barangay, Voter's ID etc.
- c. The nature of work under the TUPAD Program shall include the following:
 - i. Social and Economic Community Projects, such as:
 - (a) repair, maintenance, and/or improvement of common public facilities and infrastructure;
 - (b) repair, maintenance and/or rehabilitation of farm-to-market roads, bridges, post-harvest facilities, public markets, and common service facilities;
 - ii. Agro-forestry Community Projects, such as tree planting, seedling preparation, group re-forestation, community gardening in public facilities;
 - iii. Provision of assistance to the LGUs thru:

- (a) Delivery of essential goods and services such as food and non-food items, i.e. personal hygiene items, medicines, and PPEs to the frontliners and the general public;
 - (b) Packing relief goods and other related tasks assigned by the LGU;
 - (c) Preparation, design, dissemination, posting of information and educational materials, especially in rural areas.
 - iv. Transport services for setting up of mobile markets; and
 - v. Disinfection/sanitation of community, or other public facilities.
- d. The duration of work under the TUPAD Program shall be limited to fourteen to sixteen (14-16) days for four (4) hours a day only to reduce the possible risk of exposure of beneficiaries to COVID- 19, pursuant to the following schedule:

Regional Offices	Duration of Work
NCR	14
CAR	15
1	16
2	14
3	15
4-A	16
MIMAROPA	15
5	16
6	15
7	14
8	15
9	15
10	16
11	15
12	14
13	15

Section 3. Post-Implementation Phase. Liquidation of fund assistance released and submission of necessary reports and supporting documents shall be undertaken within sixty (60) days upon completion of the project.

ARTICLE VI PROGRAM IMPLEMENTATION

Section 1. General Procedural Guidelines

a. Eligibility Requirements

- i. The following are eligible to avail of assistance under the TUPAD program:
 - (a) Workers in the informal sector particularly the self-employed including those with elementary occupations and the unpaid family workers
 - (b) Senior Citizens who are not beyond 75 years of age provided that they are fit to work and are not receiving pensions except for Social Pension for Indigent Filipino Senior Citizen. As part of precautionary measure, a certificate of fitness to work issued by the local health unit will be required to be presented prior to engagement to work.
- ii. Only one (1) beneficiary per family shall be accommodated under the TUPAD program.
- iii. Those who were already assisted under the TUPAD #BKBK and TUPAD as post Enhanced Community Quarantine (ECQ) intervention may avail again the TUPAD program under the BAYANIHAN 2.

b. Documentary Requirements

The following are the requirements for availment of the program:

i. Direct Administration

Phases of Implementation	Requirements
Pre-implementation Phase	1. TUPAD Work Program (OSEC-FMS Form No. 3, Annex G) 2. Summary of List of Beneficiaries (Enhanced OSEC-FMS Form No. 4, (Annex H) 3. Contract of Service between DOLE and the TUPAD Workers or Oath of Undertaking (Annex I)
During/Post-Implementation	Daily Time Record to be signed by authorized officer of DOLE or LGU

ii. LGU/ACP

Phases of Implementation	Requirements
Pre-implementation Phase	1. Letter of intent (Annex J) 2. TUPAD Work Program (OSEC-FMS Form No. 3) 3. Summary of List of Beneficiaries (Enhanced OSEC-FMS Form No. 4) For LGUs as ACP • Memorandum of Agreement (Annex K) • Contract of Service between the LGU and the TUPAD workers or Oath of Undertaking (Annex L) • Board or Sangguniang Bayan (SB) Resolution authorizing the LCE to enter into a MOA to avail of DOLE programs • Certification of no unliquidated cash advances and/or grants from DOLE For Other Types of ACP • Memorandum of Agreement • Contract of Service between the ACP and the TUPAD workers or Oath of Undertaking • Copy of ACP Certificate of Accreditation • Board Resolution authorizing a representative to enter into a MOA • Sworn affidavit of the secretary of the applicant organization/entity that none of its incorporators, organizers, directors or officers is an agent of or related by consanguinity or affinity up to the fourth civil degree to the official of the agency authorized to process and/or approve proposed Memorandum of Agreement (MOA), and release funds • Certification of no unliquidated cash advances and/or grants from DOLE
During/Post-Implementation	Certification from the Barangay/LGU that the beneficiaries have performed the work under the TUPAD Program

c. Application Procedures

The following are the procedures to be undertaken by the LGUs/ACPs to avail of assistance under the program:

- i. Secure the list of requirements and forms for the application of assistance under the TUPAD program from the nearest DOLE Regional/Provincial/Field Office
- ii. Undertake the profiling of beneficiaries using the Enhanced OSEC FMS Form No.4 (Summary of List of Beneficiaries)

The LGUs shall ensure that all the required information under the said form is completely and properly accomplished. The beneficiaries may indicate the Government issued IDs in the form such as the postal, Barangay, Voter's ID etc.

The beneficiaries should signify their intention to avail of skills training to prepare them towards self- or wage employment. The Technical Education and Skills Development Authority (TESDA) or its accredited training institutions shall be tapped to conduct the appropriate skills training.

- iii. Affected workers who were not profiled by LGUs/ACP may also signify their intent to avail of the TUPAD program thru their respective LGUs or Public Employment Service Office or thru the nearest DOLE regional/provincial office in their area. If eligible, the LGU/ACPs shall require the beneficiary to accomplish the said form.
- iv. Submit the complete and duly-signed requirements to the nearest DOLE Regional/Provincial Office. As much as possible, online submission of requirements is highly encouraged.

Section 2. Component Specific Procedures

a. Modes of Implementation of the Program

The TUPAD program shall be implemented by the DOLE Regional Offices through:

i. Direct Administration

Under the direct administration mode, the implementation of the program shall be done by the DOLE Regional/Provincial/Field Offices.

The TUPAD program may also be implemented through:

ii. Accredited Co-Partner (ACP)

Under the ACP mode, the following will qualify as partner or conduit in the implementation of the program, provided they are registered with any government registering body and accredited with DOLE:

- (a) peoples'/ workers' organizations
- (b) private sector unions/federations
- (c) cooperatives
- (d) faith-based organizations
- (e) private educational institutions
- (f) private foundations

Government agencies/institutions such as local government units (provinces cities, municipalities, and barangay) and national government agencies and public educational institutions (SUCs/HEIs/national technical-vocational schools) need not accredit as program partner but would have to comply with the submission of documentary requirements.

b. Procedures in Processing the Application for TUPAD Program

- i. The DOLE PO/FO shall receive and review the documents submitted by the LGUs/ACP using the prescribed TUPAD Project Appraisal Sheet (Annex M).

Criteria for Evaluation	Description
Documentary Requirements	Complete documentary requirements were submitted
Applicability of Minimum Wage	Wage is based on the highest prevailing minimum wage in the region
Completeness of Work Program	Work program is complete, nature of works are eligible
Provision of Personal Protective Equipment	• Appropriate PPEs are provided depending on the nature of work • Reasonable costs of PPEs is observed
Orientation on Safety and Health	Orientation on Safety and Health is provided thru dissemination of brochures or Audio-Visual Presentation
Orientation on Financial Literacy	Orientation on Financial Literacy is provided thru dissemination of brochures or Audio-Visual Presentation
Inclusion of Micro-insurance	Provision of micro-insurance premiums is included
Provision of Equity	Equity of at least 20% of total project cost is provided by the proponent beneficiary or proponent ACP

Likewise, the DOLE PO/FO shall review the list of beneficiaries as to completeness and compliance with the prescribed format. If there are lacking information/requirements, the PO/FO shall immediately notify and return the application to the proponent for completion and/or appropriate action.

- ii. Once the requirements are completed, the DOLE PO/FO shall endorse the application to the Regional Project Management Team (RPMT) for validation and subsequently endorse it to the Regional Director for approval.
- iii. Once approved and in case of funding of projects under the Centrally Managed Funds, the DOLE RO shall submit the following documents to the Undersecretary for Regional Operations, Labor Standards and Special Concerns Cluster copy furnished the Bureau of Workers with Special Concerns (BWSC), program manager of the TUPAD Program, for review and endorsement for possible funding.
 - (a) Letter of Intent
 - (b) TUPAD Work Program (OSEC-FMS Form No. 3)
 - (c) TUPAD Program Appraisal Sheet
- iv. However, if the funds are already with the Regional Office, the said documents need not be submitted to the Central Office.
- v. The DOLE shall coordinate with concerned government agencies, i.e. Department of Social Welfare and Development (DSWD) and Department of Agriculture (DA) for data matching/validation of beneficiaries to ensure that they are eligible to avail of assistance under the TUPAD program. Alternatively, the DOLE RO/PO/FO may rely on the Enhanced OSEC-FMS-Form No. 4 to be certified by the LGU or authorized representative that the target beneficiaries were verified to have not received cash assistance from various social amelioration programs.

Changes in the list of beneficiaries should be tracked. The clean/validated list of beneficiaries shall serve as basis in preparing the needed documents for enrollment of the beneficiaries to micro-insurance and in preparing the payroll.
- vi. The BWSC shall review the application based on the requirements set forth in this Guidelines and endorse it to DOLE-FMS for possible funding.
- vii. Once the funds have been downloaded to the DOLE Regional Office, the RO-TSSD shall immediately notify and advise the concerned PO/FO to prepare the following:
 - (a) In case of implementation through ACP, the corresponding Memorandum of Agreement (MOA), consistent with the terms and provisions prescribed

under COA Circular Nos. 2012-001 dated 14 June 2012 and 2007-001 dated 25 October 2007 shall be prepared, prior to the release of funds. Once signed, the PO/FO shall endorse the MOA to the RO for signature of the Regional Director and other concerned officials.

- (b) The ACP shall in turn prepare corresponding group service/job contract or Oath of Undertaking as basis for the payment of wages.
- (c) In case of Direct Administration, the corresponding group service/job contract by and between the DOLE and TUPAD workers or Oath of Undertaking shall be prepared to formalize their employment as basis for the payment of wages. Once signed, the PO/FO shall endorse the group service/job contract to the RO for signature of the Regional Director and other concerned officials.
- (d) The DOLE RO and the LGU/ACP shall facilitate the provision of assistance to the beneficiaries.

- c. **Hiring of Program Coordinators.** TUPAD program coordinators will be hired to provide support and assistance towards the effective implementation of the program. The DOLE RO/PO/FO may consider the graduates of Government Internship Program in the selection and hiring of the TUPAD program coordinators.

Each DOLE RO could hire three (3) program coordinators while each DOLE PO/FO could hire five (5) program coordinators. The provisions for hiring of program coordinators are as follows:

i. **Minimum Qualifications of the Program Coordinator**

Criteria	Minimum Qualifications
Education	Bachelor's degree relevant to the job
Skills	With good interpersonal skills and basic knowledge in using Microsoft Office applications
Experience	Preferably with experience in administrative and coordination works

ii. **Duration of Work**

The TUPAD program coordinators will be hired for a maximum of 90 days.

iii. **Duties and Responsibilities**

The program coordinators shall provide the following assistance to the DOLE RO/PO/FO from pre to post implementation:

- (a) Assist in profiling and encoding of the list of beneficiaries;
- (b) Assist in reviewing of applications, i.e. checking if the documentary requirements are complete and in compliance with the prescribed format, reviewing if all the beneficiaries listed in the Enhanced OSEC-FMS Form No. 4 were able to sign in the Contract of Service; reviewing if there are duplications in the list of beneficiaries and if the Enhanced OSEC-FMS Form No.4 is completely and properly accomplished; reviewing of Work Program;
- (c) Assist in the conduct of field visits/monitoring of project implementation and preparation of reports;
- (d) Coordinate with LGUs and other stakeholders relative to program implementation i.e. completion of profile of beneficiaries, liquidation of fund releases;

- (e) Track/follow-up the status of funding request and other documents requiring action;
- (f) Prepare correspondence and other documents/materials needed in program implementation i.e. TUPAD IDs;
- (g) Sort, file, photocopy/scan, fax and record the TUPAD documents;
- (h) Respond to basic inquiries related to TUPAD program;
- (i) Assist in preparation of liquidation reports; and
- (j) Perform such other functions as may be assigned.

iv. Benefits

- (a) Wages of Php 20,000 per month;
- (b) Travel allowance on reimbursement basis up to a maximum of Php2,000 per month; and
- (c) Coverage to Micro-insurance particularly Group Personal Accident Insurance (GPAI) of the GSIS.

v. Criteria for Evaluation

Criteria	Percentage (%)
Education	30
Skills	35
Experience	35
Total	100

ARTICLE VII EXCLUSION

The following are excluded from the TUPAD:

1. Government employees (i.e. Local Government Units, and Job Order Personnel); and
2. Beneficiaries of the following programs:
 - a. Department of Finance's (DOF) Small Business Wage Subsidy (SBWS) program¹⁰
 - b. Social Security System's (SSS) Unemployment Benefit¹¹
 - c. DSWD's Expanded and Enhanced Pantawid Pamilyang Pilipino Program¹²
 - d. DSWD's Assistance to Individuals in Crisis Situation¹³
 - e. DA Cash Assistance for Rice Farmers¹⁴

ARTICLE VIII DENIAL OF APPLICATION

An application may be denied by the DOLE Regional Director upon determination of any of the following grounds:

1. Ineligibility of applicant;
2. Misrepresentation of facts in the application¹⁵; or
3. Submission of falsified or tampered document

¹⁰ Section 4 (f) (2) of Republic Act No. 11494

¹¹ Ibid.

¹² Section 7.5.1. of the DSWD-DOLE-DTI-DA-DOF-DBM-DILG Joint Memorandum Circular No. 2020-001

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Fraudulent misrepresentation or false statement that will have a negative effect in the evaluation of the application which was made knowingly, or without belief in its truth, or recklessly whether it is true or false.

ARTICLE IX DISBURSEMENT OF FINANCIAL ASSISTANCE

Section 11. Mode of Disbursement. The TUPAD financial assistance shall be implemented through payout using digital technologies or e-wallet in addition to the existing practice of using money remittance service provider¹⁶. Procurement of above-cited platforms shall be exempted from the bidding process required under RA 9184¹⁷ and other relevant laws: Provided that the information and documents related to the procurement as stated in said law shall be published in the Government Procurement Policy Board (GPPB) online portal within seven (7) working days from the date of acceptance of the award.

Disbursement of funds shall be subjected to the usual accounting and auditing rules and regulations.

Section 12. Replacement of Beneficiary. In the event that the allotted funds for TUPAD downloaded to all DOLE ROs have not been fully disbursed due to unclaimed financial assistance, the DOLE ROs may re-allocate undisbursed funds to other beneficiaries.

ARTICLE X MONITORING AND EVALUATION

Section 13. Monitoring. To ensure that program objectives are met and beneficiaries are assisted, the concerned DOLE Offices (i.e. Regional/Field) shall prepare and submit necessary monitoring reports (i.e. updated list of affected workers, approved beneficiaries and program implementation issues encountered) through the online monitoring platform (Annex N).

Further, the Local Government Unit/ACP shall monitor the implementation of the TUPAD Project. Likewise, the DOLE RO/PO/FO and the TUPAD program coordinators shall also monitor the implementation of the TUPAD project, be it under the ACP mode or direct administration mode, in coordination with the offices of the Local Chief Executive or Barangay, as the case maybe.

All reports shall be consolidated and evaluated by the Bureau of Workers with Special Concerns and shall be submitted to the Office of the Secretary.

Section 14. Evaluation. An evaluation of the program implementation shall be conducted three (3) months after its commencement to determine the soundness of the policies and effectiveness of the program. Regular meetings shall be conducted to discuss and resolve issues and problems arising from the program implementation as the need arises.

ARTICLE XI BUDGET

The DOLE shall allocate and utilize funds to be sourced from the Republic Act No. 11494 or the Bayanihan to Recover as One Act for the following items subject to the usual accounting and auditing rules and regulations:

1. Financial support and subsidy assistance;
2. Administrative funds to DOLE Regional Offices for the implementation and monitoring of the program; and
3. Administrative funds to the Central Office for the operationalization, implementation, and monitoring of the program.

¹⁶ Section F (3) of RA 11494

¹⁷ Government Procurement Reform Act

**ARTICLE XII
MISCELLANEOUS PROVISIONS**

Section 15. Separability Clause. If any portion or provision of this Order is declared invalid, illegal, unenforceable, void or unconstitutional, the validity, legality, enforceability, or constitutionality of the remaining portions or provisions thereof shall not be affected by such declaration.

Section 16. Repealing Clause. All issuances and rules and regulations or parts thereof, which are contrary to and inconsistent herewith, are hereby deemed repealed, amended, or modified accordingly.

Section 17. Effectivity. This Department Order shall take effect three (3) days after its publication in the Official Gazette or in at least one (1) newspaper of general circulation.

Approved this 28 day of October, 2020.


SILVESTRE H. BELLO III
Secretary

Dept. of Labor & Employment
Office of the Secretary



**List of Annexes for the Implementation of Tulong Panghanapbuhay sa Ating
Displaced/Disadvantaged Workers Program (TUPAD) Program under the Bayanihan to
Recover as One Act (Bayanihan 2)**

ANNEX A	Enrollment Form to Group Personal Accident Insurance of the GSIS
ANNEX B	Prescribed Design of TUPAD T-shirt
ANNEX C	Pertinent Provisions in Occupational Safety and Health Standards s1989
ANNEX D	TUPAD Identification Card (ID)
ANNEX E	Template for TUPAD Payroll Under Direct Administration
ANNEX F	Template for TUPAD Payroll for Accredited Co-Partner
ANNEX G	Work Program
ANNEX H	Summary of List of Beneficiaries
ANNEX I	Template for Contract of Service between the DOLE Regional Office and TUPAD workers/between the ACP and the TUPAD workers
ANNEX J	Letter of Intent
ANNEX K	Template for TUPAD Memorandum of Agreement
ANNEX L	Template for Oath of Undertaking
ANNEX M	TUPAD Project Appraisal Sheet
ANNEX N	Progress Report Form for TUPAD Program

**ENROLLMENT FORM TO GROUP PERSONAL ACCIDENT INSURANCE
OF THE GOVERNMENT SERVICE INSURANCE SYSTEM**

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
Employment Programs of DOLE (SPES / GIP / DILEEP)

DOLE's Program : _____

Name of Employer : _____

Address : _____

Period of Coverage : _____

Name of Insured*				Date of Birth	Age	Address				Beneficiary
Surname	First Name	Middle Initial/ Name	Extension Name			Brgy.	City/ Municipality	Province	District	

Prepared by:

Submitted by:

Name, Designation and Signature

Name, Designation and Signature

PRESCRIBED DESIGN OF TUPAD T-SHIRT



Specifics	Specifications
Color	Apple Green (Body of t-shirt)
Material	Cotton
Design	
❖ Front	TUlong Panghanapbuhay para sa Ating Displaced Workers, Font – Calibri (Body) Font size – 150 pixels (TUPAD), 110 pixels (other letters aside from TUPAD) Font color - Navy Blue (TUPAD), Black & White (other letters aside from TUPAD)
❖ Back	DOLE Logo Font – Calibri (Body) (DOLE-TUPAD) Font size – 120 pixels Font color & design – Navy Blue

PERTINENT PROVISIONS OF THE OCCUPATIONAL SAFETY AND HEALTH STANDARDS
(As Amended, 1989)

1013 : Hazardous Workplaces:

For purposes of this Standards, the following are considered hazardous workplaces:

- a. Where the nature of work exposes the workers to dangerous environmental elements, contaminants or work conditions including ionizing radiation, chemicals, fire, flammable substances, noxious components and the like;
- b. Where the workers are engaged in construction work, logging, fire fighting, mining, quarrying, blasting, stevedoring, dock work, deep-sea fishing and mechanized farming;
- c. Where the workers are engaged in the manufacture or handling of explosives and other pyrotechnic products;
- d. Where the workers use or are exposed to power driven or explosive powder actuated tools;
- e. Where the workers are exposed to biologic agents such as bacteria, fungi, viruses, protozoas, nematodes, and other parasites.

DESIGN OF TUPAD IDENTIFICATION CARD



TUPAD
More than jobs!
 It's decent jobs.

Tulong Panghanapbuhay sa Ating Disadvantaged/ Displaced Workers Program

ID No.: xxxxxx

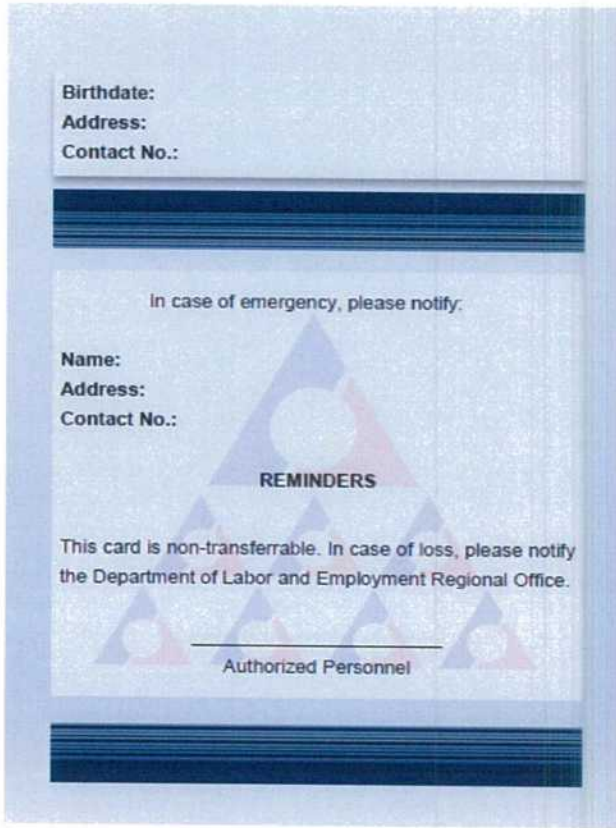
1x1 Picture

**FIRST, MIDDLE,
LAST NAME**

SIGNATURE

Issued: mm/dd/yyyy
 Expires: 3 months after issuance

FRONT



Birthdate:
 Address:
 Contact No.:

In case of emergency, please notify:

Name:
 Address:
 Contact No.:

REMINDERS

This card is non-transferrable. In case of loss, please notify the Department of Labor and Employment Regional Office.

Authorized Personnel

BACK

TUPAD PAYROLL TEMPLATE UNDER DIRECT ADMINISTRATION

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Regional Office No. _____

Province: _____

Municipality: _____

Barangay: _____

We hereby acknowledge to have received from DOLE RO__ the sum specified opposite our respective names as full compensation for our services for the period _____ to _____.

ID No.	Name of Worker	Address	Rate Per Day	No. of Days Worked	Earned for the Period	Signature
					₱0.00	
					₱0.00	
					₱0.00	
					₱0.00	
					₱0.00	
					₱0.00	
					₱0.00	
TOTAL					₱0.00	

Funds Available: _____
(Signature over Printed Name)
 Chief Accountant or Budget Officer

1. I CERTIFY on my official oath that the above Payroll is correct and that the services have been duly rendered.

3. I CERTIFY on my official oath that I have processed the release of funds for the payment of salaries of TUPAD beneficiaries and I have deposited the same to the bank account of the (indicate the name of the service provider).

(Signature over Printed Name)

PO/FO Head

(Signature over Printed Name)

Cashier

2. Approved payable from appropriation.

4. I CERTIFY on my official oath that I have paid to each worker whose names appear above the amount set opposite their names.

(Signature over Printed Name)

Regional Director

(Signature over Printed Name)

Service Provider Representative

TUPAD PAYROLL TEMPLATE UNDER ACCREDITED CO-PARTNER

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Regional Office No. _____

Province: _____

Municipality: _____

Barangay: _____

We hereby acknowledge to have received from _____ the sum specified opposite our respective names as full compensation for our services for the period _____ to _____.

ID No.	Name of Worker	Address	Rate Per Day	No. of Days Worked	Earned for the Period	Signature
					₱0.00	
					₱0.00	
					₱0.00	
					₱0.00	
					₱0.00	
					₱0.00	
					₱0.00	
	TOTAL				₱0.00	

Funds Available: _____
(Signature over Printed Name)
 Chief Accountant or Budget Officer

1. I CERTIFY on my official oath that the above Payroll is correct and that the services have been duly rendered.

(Signature over Printed Name)
 LGU/ACP Focal Person

3. I CERTIFY on my official oath that I have paid to each worker whose names appear above the amount set opposite their names.

(Signature over Printed Name)
 Cashier/Treasurer

2. Approved payable from appropriation.

(Signature over Printed Name)
 LCE/ACP Head

4. I CERTIFY on my official oath that I witness payment of salaries to workers.

(Signature over Printed Name)
 DOLE PO/FO Head

WORK PROGRAM

OSEC-FMS Form No. 3

WORK PROGRAM

REGIONAL OFFICE: _____

PROPONENT: _____

NATURE OF WORK: _____

MODE OF IMPLEMENTATION: _____

Project Location District/Province/				No. of Target Benef.	Type of Benef.	Occupation	No. of Days of Employment	Period of Implementation		Financial requirements (P)						
Brgy.	Municipality	Province	District					Q3	Q4	DOLE					ACP/Benef Counterpart 20% equity (specify)	Total
										Wages	PPE	Micro- insurance	Admin. Cost i.e. cost for service fee,	Total Amount Requested		

Certified true and correct by:

Reviewed by:

Approved by:

Signature over Printed Name
of Authorized LGU or DOLE officer(if direct admin)

Signature over Printed Name of Chief, TSSD

Signature over Printed Name of Regional Director

Date: _____

Notes:

Proponent: (a.) LGU, (b.) Accredited Co-Partner

Nature of Work: (i.) Social Community Projects, such as (a.) repair, maintenance, and/or improvement of common public facilities and infrastructure, (b.) repair, maintenance, and/or rehabilitation of farm-to-market roads, bridges, post-harvest facilities, public markets, and common service facilities

(ii.) Agro-forestry Community Projects, such as tree planting, seedling preparation, re-forestation, group reforestation, community gardening in public facilities;

(iii.) Provision of assistance to the LGUs thru: (a.) Delivery of essential goods and services such as food and non-food items, i.e. personal hygiene items, medicines, and Personal Protective Equipment (PPEs) to the frontliners and the general public; (b.) Packing relief goods and other related tasks assigned by the LGU; (c.) Preparation, design, dissemination, posting of information and educational materials, especially in rural areas

(iv.) Transport services for setting up of mobile markets; and

(v.) Disinfection/sanitation of community, or other public facilities.

Mode of Implementation: (a.) Thru Direct Administration (b.) Thru ACP

Type of Beneficiaries: (a.) Underemployed/Self-employed, (b.) Minimum wage/below minimum wage earners that were displaced due to: temporary suspension of business operations, calamity/crisis situation i.e. COVID-19 pandemic, earthquake, typhoon, volcanic eruption, global/national financial crisis, others (pls. specify), closure of company, retrenchment, (c.) Person with Disability (PWD), (d.) Indigenous People, (e.) Former rebels, (f.) Former Violent Extremist Groups

Occupation: (a.) transport workers, (b.) vendor, (c.) crop growers (pls. specify), (d.) home-based worker (pls. specify), (e.) fisherfolk, livestock/poultry raiser, (f.) small transport drivers, (g.) laborer (pls. specify), (h.) others

Financial Requirements (others): other cost include micro-insurance, Personal Protective Equipment (PPEs), cleaning solutions, among others, as applicable.

*Revised form as of October 6, 2020

SUMMARY OF LIST OF BENEFICIARIES

Name of Project: TUPAD
 DOLE Regional Office: _____
 Province: _____
 Municipality: _____
 Barangay: _____

OSEC-FMS Form No. 4

LIST OF BENEFICIARIES

No.	Name of Beneficiary				Birthdate ¹ (YYYY/MM/DD)	Address ²				Type of ID (e.g. SSS, Voter's ID)	ID Number	Contact No.	E-payment/Bank Account No. (Indicate the type of account and no. as applicable)	Type of Beneficiary ³	Occupation ⁴	Sex ⁵	Civil Status ⁶	Age	Dependent ⁷ (Name of Beneficiary of the Micro- insurance Holder)	Interested for Skills Training (Y - Yes N - No)	If Yes, Indicate skills training needed ⁸
	First Name	Middle Name	Last Name	Extension Name		Barangay	City/Municipality	Province	District												
1																					
2																					
3																					
4																					
5																					

I hereby certify that the above list of beneficiaries are displaced workers, underemployed or self-employed workers who have lost their livelihood or whose earnings were affected by the COVID-19 pandemic.

Further, I certify that they, or any member of their families, were verified to have not received cash assistance from the DOLE's TUPAD #BKBK and TUPAD as post ECQ intervention, COVID Adjustment Measures Program (CAMP), Abot Kamay Ang Pagtulong (AKAP) for OFWs, DSWD under the Assistance to Individuals in Crisis Situation (AICS) and the Enhanced Pantawid Pamilyang Pilipino Program (4Ps), DA's cash assistance for rice farmers, and DOF's Small Business Wage Subsidy Program.

Prepared and Certified true and Correct by:

(Signature over Printed Name)

LGU or Authorized representative

***Only the gray portion of this form should be submitted to concerned agencies, i.e DSWD for data matching/validation.**

No.	Particular	Description
1	Birthdate	Year/Month/Day (YYYY/MM/DD)
2	Address	Street No, Barangay, City/Municipality, Province, District
3	Type of Beneficiaries	• Underemployed/Self-employed • Minimum wage/below minimum wage earners that were displaced due to: a. temporary suspension of business operations b. calamity/crisis situation (please specify): COVID 19 pandemic, earthquake, typhoon (please specify), volcanic eruption (please specify), global/national financial crisis, others c. closure of company, retrenchment • PWDs, Senior citizens, Former rebels, Former Violent Extremist Groups, Indigenous People
4	Occupation	Transport workers, Vendors, Crop growers (please specify, i.e tobacco farmer, Homebased worker (please specify, i.e sewer), Fisherfolks, Livestock/Poultry Raiser, Small transport drivers, Laborer (please specify), Barangay Tanod, Barangay Health Workers, Others (please specify)
5	Civil Status	S for single, M for married
6	Dependent	Name of the Beneficiary of micro-insurance policy holder.

Note: Statement of Informed Consent

I understand the purpose of this profiling activity. I voluntarily and willfully give my consent to be part of this undertaking. I certify that the information that I will give are true and correct and that any misrepresentation and falsification of information may void their application to TUPAD. I authorize the use, processing and sharing of my personal data for the purpose that is intended for without prejudice to my rights stated in the Data Privacy Act of 2012.

CONTRACT OF SERVICE BETWEEN THE DOLE REGIONAL OFFICE AND TUPAD WORKERS
(For Direct Administration)

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. _____

CONTRACT OF SERVICE

KNOW ALL MEN BY THESE PRESENTS:

This contract of service entered into and executed this ____ day of _____, 20____ at the _____, Philippines by and between:

Department of Labor and Employment- Regional Office No. _____ with office address at _____ herein represented by **DIRECTOR** _____, hereinafter referred to as the **First Party**;

-and-

TUPAD Workers, all of legal ages, Filipinos and residents of Brgy. _____, hereinafter referred to as the **Second Party**;

-WITNESSETH-

That pursuant to the provisions of DOLE Department Order No. _____ authorizing the contracting of service in the DOLE-RO to implement the **Emergency Employment Program called Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers (TUPAD)**, to enable the displaced workers, the self-employed and seasonal workers, to engage in short-term community works to provide them with emergency/temporary wage employment, the following terms and conditions are hereby set:

1. That the **Second Party** are physically fit to perform **LABOR-BASED SERVICES**, in accordance with the requirements of the job;
2. That the **Second Party or any member of their families** have not received cash assistance from other social amelioration programs such as DOLE's TUPAD #Barangay Ko, Bahay Ko (#BKBK) Disinfection Sanitation Project, TUPAD as post-ECQ intervention,

COVID Adjustment Measures Program (CAMP), CAMP-Abot Kamay ang Pagtulong sa OFWs, DSWD's Expanded and Enhanced Pantawid Pamilyang Pilipino Program and Assistance for Individuals in Crisis Situation (AICS), DA's cash assistance, and DOF's Small Business Wage Subsidy Program.

3. That in view hereof, the **Second Party** are hereby contracted to perform the following works

for ____ days covering the period _____ to _____, with a daily wage rate of _____ (prevailing minimum wage in the RO) chargeable against the _____ Fund. Absences, tardiness or under-time shall be deducted accordingly; and

4. That notwithstanding the fixed duration of the employment, the contract of service, may be terminated anytime by the **First Party** for just cause such as but not limited to failure to meet the required outputs.

IN WITNESS WHEREOF, both parties have hereunto set their hand this ____ day of _____ 20__ in _____.

First Party:

SIGNATURE

DIRECTOR _____

Second Party:

(Names of TUPAD-Emergency Employment Program Beneficiaries)

Name	Address	Signature

Subject to Availability of Funds: (General Fund)

(Signature over Printed Name)

Chief Accountant

Signed in the presence of:

(Signature over Printed Name)

Proponent Representative
(LGU i.e PESO Manager, LCE
or Head of PO/CSO)

(Signature over Printed Name)

DOLE Representative
(RO/PO/FO Head or
DILEEP Focal Person)

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)

CITY OF _____) S.S

BEFORE ME, IN THE City of _____, this _____ day of _____,
20____ personally appeared the following:

NAME	VALID IDENTIFICATION CARD/NUMBER	DATE/PLACE OF ISSUE
Director		

(Names of TUPAD-Emergency Employment Program Beneficiaries)

NAME	VALID IDENTIFICATION CARD/NUMBER	DATE/PLACE OF ISSUE

all known to me and to me known to be the same persons who executed this Contract of Service and acknowledge that the same is their free and voluntary act and deed, which was signed by the parties and their witnesses and sealed with my notarial seal.

NOTARY PUBLIC

Book No. _____:

Doc. No. _____:

Page No. _____:

Series of _____:

CONTRACT OF SERVICE BETWEEN THE ACP/LGU AND THE TUPAD WORKERS
(For Implementation thru ACP)

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. _____

CONTRACT OF SERVICE

KNOW ALL MEN BY THESE PRESENTS:

This contract of service entered into and executed this ____ day of _____, 20____ at the _____, Philippines by and between:

Name of Proponent Accredited Co-Partner with office address at _____ herein represented by Head of Proponent ACP, hereinafter referred to as the **First Party**;
-and-

TUPAD Workers, all of legal ages, Filipinos and residents of Brgy. _____, hereinafter referred to as the **Second Party**;

-WITNESSETH-

That pursuant to the provisions of DOLE Department Order No. _____ authorizing the contracting of service in the DOLE-RO to implement the **Emergency Employment Program also called as Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers (TUPAD)**, to enable the displaced workers, the underemployed and seasonal workers, to engage in short-term community works to provide them with emergency/temporary wage employment, the following terms and conditions are hereby set:

1. That the **Second Party** are physically fit to perform **LABOR-BASED SERVICES**, in accordance with the requirements of the job;
2. That the **Second Party or any member of their families** have not received cash assistance from other social amelioration programs such as DOLE's TUPAD #Barangay Ko, Bahay Ko (#BKBK) Disinfection Sanitation Project, TUPAD as post-ECQ intervention, COVID Adjustment Measures Program (CAMP), CAMP-Abot Kamay ang Pagtulong sa OFWs, DSWD's Expanded and Enhanced Pantawid Pamilyang Pilipino Program and Assistance for

Individuals in Crisis Situation (AICS), DA's cash assistance, and DOF's Small Business Wage Subsidy Program.

3. That in view hereof, the **Second Party** are hereby contracted to perform the following works

for ___ days covering the period _____ to _____, with a daily wage rate of _____ (*prevailing minimum wage in the region*) chargeable against the _____ Fund. Absences, tardiness or under-time shall be deducted accordingly;

4. That notwithstanding the fixed duration of the employment, the contract of service, may be terminated anytime by the **First Party** for just cause such as but not limited to failure to meet the required outputs.

IN WITNESS WHEREOF, both parties have hereunto set their hand this ___ day of _____ 20___ in _____.

First Party:

SIGNATURE

Proponent ACP _____

Second Party:

(Names of TUPAD-Emergency Employment Program Beneficiaries)

Name	Address	Signature

Subject to Availability of Funds: (General Fund)

(Signature over Printed Name)

Treasurer/Chief Accountant

Signed in the presence of:

(Signature over Printed Name)

ACP Representative
(LGU i.e PESO Manager, LCE
or Head of PO/CSO)

(Signature over Printed Name)

DOLE Representative
(RO/PO/FO Head or DILEEP Focal Person)

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)

CITY OF _____) S.S

BEFORE ME, IN THE City of _____, this _____ day of _____,
20____ personally appeared the following:

NAME	VALID IDENTIFICATION CARD/NUMBER	DATE/PLACE OF ISSUE
Proponent ACP		

(Names of TUPAD-Emergency Employment Program Beneficiaries)

NAME	VALID IDENTIFICATION CARD/NUMBER	DATE/PLACE OF ISSUE

all known to me and to me known to be the same persons who executed this Contract of Service and acknowledge that the same is their free and voluntary act and deed, which was signed by the parties and their witnesses and sealed with my notarial seal.

NOTARY PUBLIC

Book No. _____:

Doc. No. _____:

Page No. _____:

Series of _____:

LETTER OF INTENT

Date (day/month/year)

Name of Regional Director
Department of Labor and Employment
Regional Office No. _____

(Address)

Dear Sir/Ma'am:

This is to signify our intent to avail of assistance under the Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers (TUPAD) Program for (indicate the target no. of beneficiaries) underemployed/self-employed/displaced workers in the (indicate province and municipalities affected) whose livelihoods were affected by the Corona Virus Disease 2019 (COVID 19) pandemic, with funding requirement of (indicate amount).

Further, I certify that the target beneficiaries and their families were verified to have not received cash assistance from the DOLE's TUPAD #Barangay Ko, Bahay Ko Disinfection and Sanitation Project, TUPAD as post COVID intervention, COVID Adjustment Measures Program (CAMP), Abot Kamay Ang Pagtulong (AKAP) for OFWs, DSWD under the Assistance to Individuals in Crisis Situation (AICS) and the Enhanced Pantawid Pamilyang Pilipino Program (4Ps), DA's cash assistance for rice farmers, and DOF's Small Business Wage Subsidy Program.

We have attached the copy of the TUPAD Work Program (Enhanced OSEC-FMS Form No. 3) relative to our request.

Should you have queries/concerns relative to our application, our office may be reached thru the following contact details (indicate phone number and/or e-mail address).

Thank you and we look forward to your favorable consideration of this request.

Respectfully yours,

(Signature over Printed Name of the LGU/ACP)

MEMORANDUM OF AGREEMENT
TUPAD Program

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Agreement (MOA) made and entered into by and between:

The **DEPARTMENT OF LABOR AND EMPLOYMENT REGIONAL OFFICE No. _____**, a government office existing by virtue of the laws of the Republic of the Philippines with principal office address at _____, represented herein by its Regional Director, _____, and herein referred to as **DOLE-RO** __; and

The (Name of Proponent), with principal addresses at _____ represented herein by its (Authorized signatory/representative of the ACP _____), herein referred to as **PROPONENT ACP or PROPONENT BENEFICIARY**.

-WITNESSETH-

WHEREAS, it is the National Government's policy to implement poverty alleviation project in all regions;

WHEREAS, the Department of Labor and Employment (DOLE) is mandated to promote gainful employment opportunities, develop human resources, protect workers and promote their welfare, and maintain industrial peace;

WHEREAS, the DOLE provides assistance to help displaced or to be displaced workers in coping with the closure or slowing down of operations of companies as a result of economic disruptions and/or the occurrence of natural disasters, calamities, or armed conflicts that affect their economic base and to augment the meager income of the underemployed and seasonal workers under its **TULONG PANGHANAPBUHAY SA ATING DISPLACED/DISADVANTAGED (TUPAD) WORKERS PROGRAM**, pursuant to the provisions of DO No. _____, series of 20____;

WHEREAS, the **DOLE-RO No. _____** has been given the responsibility to implement the TUPAD Program to enable the displaced workers, underemployed and seasonal workers to engage in short-term community works to provide them with temporary wage employment for a period of _____ days;

WHEREAS, this partnership is vital to ensure the successful implementation of the said projects and achieve their desired social outcomes;

NOW, THEREFORE, for and in consideration of the foregoing premises, the parties hereto have agreed to enter into this Memorandum of Agreement under the following terms and conditions:

I. RESPONSIBILITIES OF THE PARTIES

A. The DOLE-RO NO. _____ shall:

1. Provide the following package of services:
 - a) 100% wage for work rendered based on prevailing minimum wage in the region;
 - b) Orientation on safety and health thru dissemination of brochures or Audio Visual Presentation;
 - c) Personal Protective Equipment (PPE) such as TUPAD t-shirt; and
(Other PPEs may be provided in case of hazardous work as specified in OSH Standards, S1989)
 - d) Micro-insurance
2. Provide orientation/briefing to the PROPONENT prior to issuance of fund assistance to ensure that both the technical and administrative concerns relative to the Project are adequately addressed;
3. Monitor and inspect the project implementation on a regular basis; verify the liquidation reports and authenticity of payroll of the PROPONENT;
4. Adhere to the accounting and auditing requirements of fund transfers to the Proponent per COA Circular 2007-001 and 2012-001.
5. Demand the refund of unused funds or savings after project completion and the refund of any disallowed amount as a result of financial audit by the DOLE and/or the Commission on Audit, as well as issue an Official Receipt (OR) for the refunded unexpended balance or disallowance remitted by the PROPONENT;
6. Issue Certificate of Completion of the project to the proponent.

7. Institute appropriate actions against the concerned PROPONENT which may include, among others, suspension or termination of the project in case of violation of the provisions of this MOA and/or legal action for misuse of approved and released funds, the legal costs of which shall be shouldered by the PROPONENT.

II. The PROPONENT ACP shall:

1. Identify community work projects and engage the beneficiaries for the period of _____ days starting from _____ date _____ to _____ date _____, specifically in Barangay/Municipality of _____, Province of _____;
2. Provide equity or counterpart equivalent to twenty percent (20%) of the total project cost.
3. Adhere to the TUPAD Program guidelines and procedures as stipulated in DO No. _____ and other relevant government regulations;
4. Implement the TUPAD Program based on the approved project proposal which forms as an integral part of this Agreement, in accordance with the approved program objectives, standards, systems and procedures for implementation, time schedule, as well as the attached approved work program
5. Deposit the check received for the purpose to their respective authorized depository banks. It shall issue corresponding Official Receipt (OR) in acknowledgement thereof;
6. Keep the DOLE informed at least three (3) working days before the actual date of implementation of the project.
7. Utilize the amount received from DOLE solely for the approved project/s and/or for the purpose and line items as specified in the approved project proposals;
8. Shall not use the funds received from DOLE for payment of additional compensation or in the creation of new positions or augmentation of salaries of regular personnel of ACP officers and members/employees, or for other benefits in the form of allowances, incentive pay, bonuses, honorarium or other forms of additional compensation, and for purchase of motor vehicles;
9. Keep and maintain separate subsidiary record for the project funds.
10. Submit to DOLE the required worker's profile and duly audited liquidation reports with supporting documents such as payroll, pictures, certificate of project completion and attendance sheet/DTR.

11. Return to DOLE any unused funds or savings immediately after project completion and any disallowed amount as a result of financial audit by the DOLE and/or the Commission on Audit;
12. Allow access to or make available all records and facilities pertaining to the project for the visitorial audit and examination of the DOLE and/or COA authorized representative/s; and
13. Prepare a separate proposal and MOA for the provision of skills and entrepreneurship training (if to be provided, based on the willingness of beneficiaries).

III. MODIFICATION/AMENDMENT AND EFFECTIVITY

- a) Any modification/amendment to this Agreement shall be subject to the mutual consent of the parties hereto;
- b) Any deviation from the approved project proposal shall require approval from the Regional Director. In case of unauthorized deviations, the PROPONENT shall be obliged to return any unutilized portion of the financial assistance without need of prior demand from DOLE.
- c) This Agreement takes effect upon signing of the parties hereto and shall remain in force for the duration of the implementation of the project.

IN WITNESS WHEREOF, the parties have hereunder affixed their signatures this ____ day of _____, 20____.

DEPARTMENT OF LABOR AND EMPLOYMENT
REGIONAL OFFICE No. _____

LOCAL GOVERNMENT UNIT OF _____
or Accredited Co-Partner

By:

By:

(Signature over Printed Name)

Regional Director

(Signature over Printed Name)

LGU or ACP Representative

Signed in the Presence of:

(Signature over Printed Name)

Witness

(Signature over Printed Name)

Witness

Subject to Availability of Funds: (General Fund)

(Signature over Printed Name)

Chief Accountant

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)

CITY OF _____) S.S.

BEFORE ME, in the City of _____, this _____ day of _____
20____, personally appeared the following:

NAME	VALID IDENTIFICATION CARD/NUMBER	DATE/PLACE OF ISSUE
1.		
2.		
3.		

All known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged before me that the same is their free and voluntary act and deed as well as those of the entities they represent.

Said instrument refers to a Memorandum of Agreement consisting of _____ pages including this page of acknowledgement, signed by the parties and their witnesses and sealed with my notarial seal.

NOTARY PUBLIC

Book No. _____;

Doc. No. _____;

Page No. _____;

Series of 20_____.

Oath of Undertaking

PAGKILALA SA PAGGAWA

Nauunawan ko na ako ay magtatrabaho sa Department of Labor and Employment (DOLE)'s Tulong Panghanapbuhay sa Ating Disadvantaged/Displaced Workers (TUPAD) Program na ipinatutupad sa pakikipagtulungan sa LGU/BLGU _____ sa loob ng _____ araw mula _____ hanggang _____.
(Petsa ng unang araw) (Petsa ng huling araw)

Ako ay pasasahuran ng kabuuang halaga na _____ na gagawin ng _____ bigayan: (1) sa ika - _____, ika - _____ at sa ika- _____ araw ng trabaho. Ang sahod na aking matatanggap ay naka depende sa umiiral na pinaka-mataas na sahod sa aming rehiyon at naka-batay sa kung ilang araw ako nag-trabaho.

Ako rin ay nangangako na aking tatapusin ang trabaho sa loob ng _____ araw upang matanggap ang kabuuang sahod.

Nagpapatunay rin ako na ako ay manggagawa mula sa impormal na sector na naapektuhan ang kabuhayan dulot ng pagpapatupad ng Community Quarantine laban sa COVID-19. Ako rin ay hindi naging benepisaryo ng TUPAD #Barangay Ko, Bahay Ko (#BKBK) Disinfection/Sanitation Project, TUPAD bilang post ECQ intervention, Department of Finance's (DOF) Small Business Wage Subsidy (SBWS) program, Social Security System's (SSS) Unemployment Benefit, DSWD's Expanded and Enhanced Pantawid Pamilyang Pilipino Program, DSWD's Assistance to Individuals in Crisis Situation at Department of Agriculture's (DA) Cash Assistance for Rice Farmers.

Gayundin ay hindi ako nakatanggap ng tulong pinansyal mula sa ibat-ibang social amelioration programs na aabot sa halagang P5,000 – P8,000 (depende sa itinalagang limit sa kada rehiyon alinsunod sa itinakda ng Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID)), kung kaya't ako ay naging kwalipikado sa TUPAD program.

LISTAHAN NG BENEPISYARYO NG TUPAD PROGRAM

Pangalan ng Benepisyaryo	Lagda	Petsa	Valid Identification No./Date Issued

TUPAD PROGRAM PROJECT APPRAISAL SHEET

A. Project Profile

Project Title:	Emergency Employment Assistance for
Project Proponent:	
Covered Areas:	State areas affected where project will be implemented
Number of Beneficiaries:	State number of target beneficiaries per area
Amount of Assistance Requested:	
Source of Funds:	
Equity of the Proponent:	

B. Evaluation

Place a check mark (/) on the box if the requirements are met. Otherwise, place X. Indicate any observations and recommendations under the remarks column.

Criteria	Evaluation (/ or X)	Remarks
A. Documentary Requirements Complete documentary requirements were submitted (refer to attached checklist of requirements)		
B. Applicability of Minimum Wage Wage is based on the prevailing minimum wage in the region		
C. Completeness of Work Program Work program is complete, and the nature of work falls under the eligible projects for TUPAD program.		
D. Provision of Personal Protective Equipment - Minimum Personal Protective Equipment (PPEs) i.e. hats and shirt are provided - Other PPEs i.e. helmet, gloves, booths, etc, are provided depending on the nature of work - Reasonable costs of PPEs is observed		
E. Orientation on Safety and Health Orientation on Safety and Health is provided		
F. Inclusion of Micro-Insurance Premiums Provision of Micro-Insurance premiums is included		
G. Provision of Equity (at least 20% of Total Project Cost)		

General Comments and Recommendation

Reviewed/Evaluated By:

Date:

(Signature over Printed Name)

PO/FO Head

Recommending approval (RPMT Members):

Name/Position/Designation

Name/ Position/Designation

Name/Position/Designation

Name/Position/Designation

Approved by:

Date:

(Signature over Printed Name)

Regional Director

PROGRESS REPORT FORM FOR TUPAD PROGRAM

Status Report per Region, Province, and District (as of _____)

RO	Requests Received					Target No. of Beneficiaries	Target Work Period ¹	Approved Budget				Actual Disbursement				Fund Source	Status/Remarks ⁴
	Proponent	Province	Municipality	District	Barangay			Wages	Insurance	PPV / Cleaning Sol'n	Total	Total Benef	Female	Type of Beneficiary ²	Occupation ³	Total Amount Paid	

Notes:

1 - Target Work Period

Indicate dates of start and end of the 10-day work

2 - Type of Beneficiaries

I. Underemployed/Self-employed

II. Minimum wage (below minimum wage earners that were displaced due to:

a. temporary suspension of

business operations

b. calamity/crisis situation (please specify): COVID 19

pandemic, earthquake, typhoon (please specify), volcanic

eruption (please specify), global/national financial crisis,

others

c. closure of company, retrenchment

III. PWGs, Senior citizens, Former rebels, Former Violent Extremist Groups, Indigenous People

3 - Occupation: Transport workers, Vendors, Crop growers (please specify, i.e. tobacco farmer, Homestead worker (please specify, i.e. sewer), Rahanillo, Livestock/Poultry Raiser, Small transport drivers, Laborer (please specify), Barangay Tanod, Barangay Health Workers, Others (please specify)

4 - Status/Remarks

Indicate any of the following:

Pre-implementation, specify if funds downloaded, currently profiling, or for completion of requirements

Ongoing, indicate target date and mode of payment

Completed, indicate the date and mode of payment