

**Authorization Form for
Agency Regional Development Investment Program Focal(s)
for the RDIP Formulation**

This is to authorize the following from (Name of Department/Agency/Office) as the **Agency Regional Development Investment Program (RDIP) Focal(s)** who will be responsible in all the activities related to RDIP formulation and updating such as but not limited to **attendance to meetings and *submission of duly endorsed/approved priority programs and projects (PAPs)*** for inclusion in the RDIP.

Based on this authorization, it is understood that all information on the PAPs submitted by the following Agency Focal(s) are **correct, complete, and duly endorsed/approved by the agency**. For reporting purposes and request for information on the priority PAPs under the RDIP, the submitted information by the Agency RDIP Focals will be deemed as **official and can be used for quotation** by NEDA MIMAROPA.

Authorized Agency RDIP Focal(s):

Name	Designation and Office/Unit	Contact Number	Email Address
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Agency RDIP Focal 2			
		Mobile No: Tel. No:	
Agency RDIP Focal 3			
		Mobile No: Tel. No:	

Name and Signature of the

Head of Agency:

Date:

NOTE: *Kindly submit the accomplished form on or before 31 October (Monday).*

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ATTACHMENT D

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