



CURRICULUM VITAE

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I. PERSONAL INFORMATION			
SURNAME	ONGAYO		
FIRST NAME	EMMA		
MIDDLE NAME	CUMAHIG		
DATE OF BIRTH (MM/DD/YYYY)	February 11, 1976		
PLACE OF BIRTH	Tagbina, Surigao del Sur		
SEX	Female		
CIVIL STATUS	Married		
TELEPHONE NUMBER	None		
MOBILE NUMBER	0910-668-6010		
E-MAIL ADDRESS	emmaongayo@yahoo.com		
RESIDENTIAL ADDRESS	P-1, Macalaya, Placer, Surigao del Norte 8405		
PERMANENT ADDRESS	P-1, Macalaya, Placer, Surigao del Norte 8405		
II. EDUCATIONAL BACKGROUND			
LEVEL	NAME OF SCHOOL <i>(Write in full)</i>	BASIC EDUCATION/DEGREE/COURSE <i>(Write in full)</i>	YEAR GRADUATED
ELEMENTARY	Macalaya Elementary School	Elementary	1990
SECONDARY	Mindanao EF Academy	Secondary	1994
COLLEGE	San Nicolas College	Bachelor in Secondary Education	1998
GRADUATE/SPECIAL STUDIES	None		
III. RELEVANT WORK EXPERIENCE			
<i>(Start from your recent work. Kindly include the relevant work experience in the last five (5) years. Continue on a separate sheet if necessary.)</i>			
INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	POSITION TITLE <i>(Write in full/Do not abbreviate)</i>	COMPANY <i>(Write in full/Do not abbreviate)</i>	STATUS OF EMPLOYMENT
May 02, 2013 – Present	Cluster Head	Surigao Economic Development and Microfinance Foundation, Inc.	Regular
IV. RELEVANT TRAINING PROGRAMS ATTENDED			
<i>(Start from the most recent training program and include only the relevant training programs attended in the last five (5) years. Continue on a separate sheet if necessary.)</i>			
TITLE OF TRAINING PROGRAMS <i>(Write in full)</i>	INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	CONDUCTED BY <i>(Write in full)</i>	
LEAD To Serve Program	November 20, 2019 – August 13, 2021	Association of Foundations	



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I. PERSONAL INFORMATION

SURNAME	DECOY
FIRST NAME	LORNA
MIDDLE NAME	PALEN
DATE OF BIRTH (MM/DD/YYYY)	July 28, 1959
PLACE OF BIRTH	Brgy. Macopa, San Francisco, Surigao Del Norte
SEX	Female
CIVIL STATUS	Married
TELEPHONE NUMBER	None
MOBILE NUMBER	0970-091-5289
E-MAIL ADDRESS	None
RESIDENTIAL ADDRESS	P-3 Brgy. Macopa, San Francisco, Surigao del Norte 8401
PERMANENT ADDRESS	P-3 Brgy. Macopa, San Francisco, Surigao del Norte 8401

II. EDUCATIONAL BACKGROUND

LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	YEAR GRADUATED
ELEMENTARY	Macopa Elementary School	Elementary	1972
SECONDARY	San Nicolas High School	Secondary	1976
COLLEGE	None		
GRADUATE/SPECIAL STUDIES	None		

III. RELEVANT WORK EXPERIENCE

(Start from your recent work. Kindly include the relevant work experience in the last five (5) years. Continue on a separate sheet if necessary.)

INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	COMPANY (Write in full/Do not abbreviate)	STATUS OF EMPLOYMENT

IV. RELEVANT TRAINING PROGRAMS ATTENDED

(Start from the most recent training program and include only the relevant training programs attended in the last five (5) years. Continue on a separate sheet if necessary.)

TITLE OF TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)	CONDUCTED BY (Write in full)



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I. PERSONAL INFORMATION			
SURNAME	CALANG		
FIRST NAME	ROSEMARIE		
MIDDLE NAME	LAGRAMA		
DATE OF BIRTH (MM/DD/YYYY)	March 31, 1964		
PLACE OF BIRTH	Panag, New Bataan, Davao del Norte		
SEX	Female		
CIVIL STATUS	Married		
TELEPHONE NUMBER	None		
MOBILE NUMBER	0910-465-9209		
E-MAIL ADDRESS	None		
RESIDENTIAL ADDRESS	P-8 Sitio Songkoy, Brgy. Poctoy, Surigao City 8400		
PERMANENT ADDRESS	P-8 Sitio Songkoy, Brgy. Poctoy, Surigao City 8400		
II. EDUCATIONAL BACKGROUND			
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	YEAR GRADUATED
ELEMENTARY	Panag Elementary School	Elementary	1977
SECONDARY	Assumption Academy of Compostela	Secondary	1981
COLLEGE	None		
GRADUATE/SPECIAL STUDIES	None		
III. RELEVANT WORK EXPERIENCE			
(Start from your recent work. Kindly include the relevant work experience in the last five (5) years. Continue on a separate sheet if necessary.)			
INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	COMPANY (Write in full/Do not abbreviate)	STATUS OF EMPLOYMENT
IV. RELEVANT TRAINING PROGRAMS ATTENDED			
(Start from the most recent training program and include only the relevant training programs attended in the last five (5) years. Continue on a separate sheet if necessary.)			
TITLE OF TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)	CONDUCTED BY (Write in full)	



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I. PERSONAL INFORMATION			
SURNAME	SALIBAY		
FIRST NAME	VIRGINIA		
MIDDLE NAME	YU		
DATE OF BIRTH (MM/DD/YYYY)	July 15, 1978		
PLACE OF BIRTH	Lagtang, Talisay, Cebu City		
SEX	Female		
CIVIL STATUS	Married		
TELEPHONE NUMBER	None		
MOBILE NUMBER	0935-558-9924		
E-MAIL ADDRESS	salibayvirginia@gmail.com		
RESIDENTIAL ADDRESS	P-2 Sitio Bioborjan, Brgy. Rizal, Surigao City 8400		
PERMANENT ADDRESS	P-2 Sitio Bioborjan, Brgy. Rizal, Surigao City 8400		
II. EDUCATIONAL BACKGROUND			
LEVEL	NAME OF SCHOOL <i>(Write in full)</i>	BASIC EDUCATION/DEGREE/COURSE <i>(Write in full)</i>	YEAR GRADUATED
ELEMENTARY	Surigao City Pilot School	Elementary	1991
SECONDARY	Surigao del Norte National High School	Secondary	1995
COLLEGE	North Eastern Mindanao Colleges	Bachelor of Science in Accountancy	1999
GRADUATE/SPECIAL STUDIES	None		
III. RELEVANT WORK EXPERIENCE			
<i>(Start from your recent work. Kindly include the relevant work experience in the last five (5) years. Continue on a separate sheet if necessary.)</i>			
INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	POSITION TITLE <i>(Write in full/Do not abbreviate)</i>	COMPANY <i>(Write in full/Do not abbreviate)</i>	STATUS OF EMPLOYMENT
April 06, 2015 - Present	Cluster Head	Surigao Economic Development and Microfinance Foundation, Inc.	Regular
IV. RELEVANT TRAINING PROGRAMS ATTENDED			
<i>(Start from the most recent training program and include only the relevant training programs attended in the last five (5) years. Continue on a separate sheet if necessary.)</i>			
TITLE OF TRAINING PROGRAMS <i>(Write in full)</i>	INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	CONDUCTED BY <i>(Write in full)</i>	
Operations Risk Management Training	December 02 – 03, 2018	Surigao Economic Development and Microfinance Foundation, Inc.	



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I. PERSONAL INFORMATION			
SURNAME	FARMA		
FIRST NAME	GINA		
MIDDLE NAME	MAHINAY		
DATE OF BIRTH (MM/DD/YYYY)	December 17, 1966		
PLACE OF BIRTH	Surigao City		
SEX	Female		
CIVIL STATUS	Married		
TELEPHONE NUMBER	None		
MOBILE NUMBER	0928-320-6861		
E-MAIL ADDRESS	gina_farma@yahoo.com		
RESIDENTIAL ADDRESS	P-1 Hondrado, San Francisco, Surigao del Norte 8401		
PERMANENT ADDRESS	P-1 Hondrado, San Francisco, Surigao del Norte 8401		
II. EDUCATIONAL BACKGROUND			
LEVEL	NAME OF SCHOOL <i>(Write in full)</i>	BASIC EDUCATION/DEGREE/COURSE <i>(Write in full)</i>	YEAR GRADUATED
ELEMENTARY	Navarro Memorial Elementary School	Elementary	1980
SECONDARY	Surigao del Norte National High School	Secondary	1984
COLLEGE	Surigao del Norte College of Agriculture and Technology	Bachelor of Science in Agriculture	1989
GRADUATE/SPECIAL STUDIES	None		
III. RELEVANT WORK EXPERIENCE			
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INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	POSITION TITLE <i>(Write in full/Do not abbreviate)</i>	COMPANY <i>(Write in full/Do not abbreviate)</i>	STATUS OF EMPLOYMENT
May 02, 2013 - Present	Cluster Head	Surigao Economic Development and Microfinance Foundation, Inc.	Regular
IV. RELEVANT TRAINING PROGRAMS ATTENDED			
<i>(Start from the most recent training program and include only the relevant training programs attended in the last five (5) years. Continue on a separate sheet if necessary.)</i>			
TITLE OF TRAINING PROGRAMS <i>(Write in full)</i>	INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	CONDUCTED BY <i>(Write in full)</i>	
Branch Operations Management Training	July 01 – 02, 2022	Erwin Idong – Consultant	
Cash Ko Insurance Brokerage (Webinar)	August 02, 2021	Rural Net	
Promoting Good Governance Through Strengthened MBA-MFI/COOP Partnership	March 22, 2021	Micro-insurance MBA Association of the Philippines – Risk Management Solutions, Inc. (MiMAP-RIMANSI)	



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I. PERSONAL INFORMATION			
SURNAME	WINES		
FIRST NAME	IMELDA		
MIDDLE NAME	CORBETA		
DATE OF BIRTH (MM/DD/YYYY)	April 15, 1968		
PLACE OF BIRTH	Pautao, Bacuag, Surigao del Norte		
SEX	Female		
CIVIL STATUS	Married		
TELEPHONE NUMBER	None		
MOBILE NUMBER	0985-625-2475/0917-724-8209		
E-MAIL ADDRESS	meldzwines68@gmail.com		
RESIDENTIAL ADDRESS	P-Ilang-ilang, Brgy. Ipil, Surigao City 8400		
PERMANENT ADDRESS	P-Ilang-ilang, Brgy. Ipil, Surigao City 8400		
II. EDUCATIONAL BACKGROUND			
LEVEL	NAME OF SCHOOL <i>(Write in full)</i>	BASIC EDUCATION/DEGREE/COURSE <i>(Write in full)</i>	YEAR GRADUATED
ELEMENTARY	Pautao Elementary School	Elementary	1981
SECONDARY	Campo Barangay High School	Secondary	1985
COLLEGE	San Nicolas College	Bachelor of Science in Commerce (Major: Accounting)	1999
GRADUATE/SPECIAL STUDIES	None		
III. RELEVANT WORK EXPERIENCE <i>(Start from your recent work. Kindly include the relevant work experience in the last five (5) years. Continue on a separate sheet if necessary.)</i>			
INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	POSITION TITLE <i>(Write in full/Do not abbreviate)</i>	COMPANY <i>(Write in full/Do not abbreviate)</i>	STATUS OF EMPLOYMENT
July 2016 – Present	Executive Director	Surigao Economic Development and Microfinance Foundation, Inc.	Regular
IV. RELEVANT TRAINING PROGRAMS ATTENDED <i>(Start from the most recent training program and include only the relevant training programs attended in the last five (5) years. Continue on a separate sheet if necessary.)</i>			
TITLE OF TRAINING PROGRAMS <i>(Write in full)</i>	INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	CONDUCTED BY <i>(Write in full)</i>	
Future Ready: Resilient Labor Management Committees (LMCs) and Human Resources	September 06, 2022	National Conciliation and Mediation Board, Regional Board XIII	
Management and Supervisory Leadership Development Program	January 31, 2020	Powermax Consulting Group, Inc.	
Poverty Probability Index (PPI) Training	November 12 – 14, 2019	Microfinance Council of the Philippines, Inc.	



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I. PERSONAL INFORMATION			
SURNAME		DIGAO	
FIRST NAME		CELYNITA	
MIDDLE NAME		ALAG	
DATE OF BIRTH (MM/DD/YYYY)		October 30, 1973	
PLACE OF BIRTH		Paco, Mainit, Surigao del Norte	
SEX		Female	
CIVIL STATUS		Married	
TELEPHONE NUMBER		086-813-0208	
MOBILE NUMBER		0919-995-2986/0927-312-2207	
E-MAIL ADDRESS		cdigao@yahoo.com	
RESIDENTIAL ADDRESS		559 Mupas St., Brgy. Quezon, Mainit, Surigao del Norte 8407	
PERMANENT ADDRESS		559 Mupas St., Brgy. Quezon, Mainit, Surigao del Norte 8407	
II. EDUCATIONAL BACKGROUND			
LEVEL	NAME OF SCHOOL <i>(Write in full)</i>	BASIC EDUCATION/DEGREE/COURSE <i>(Write in full)</i>	YEAR GRADUATED
ELEMENTARY	Paco Elementary School	Elementary	1986
SECONDARY	Mainit National High School	Secondary	1990
COLLEGE	San Nicolas College	Bachelor of Science in Commerce (Major: Management Accounting)	1996
GRADUATE/SPECIAL STUDIES	None		
III. RELEVANT WORK EXPERIENCE <i>(Start from your recent work. Kindly include the relevant work experience in the last five (5) years. Continue on a separate sheet if necessary.)</i>			
INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	POSITION TITLE <i>(Write in full/Do not abbreviate)</i>	COMPANY <i>(Write in full/Do not abbreviate)</i>	STATUS OF EMPLOYMENT
2018 - Present	Program Head	Surigao Economic Development and Microfinance Foundation, Inc.	Regular
2016 - 2018	Program Coordinator	Surigao Economic Development and Microfinance Foundation, Inc.	Regular
IV. RELEVANT TRAINING PROGRAMS ATTENDED <i>(Start from the most recent training program and include only the relevant training programs attended in the last five (5) years. Continue on a separate sheet if necessary.)</i>			
TITLE OF TRAINING PROGRAMS <i>(Write in full)</i>	INCLUSIVE DATES <i>(mm/dd/yyyy)</i>	CONDUCTED BY <i>(Write in full)</i>	
Ecosystem Approach to Fishery Management Training	November 27 – December 02, 2022	US Agency for International Development (US-AID)	
Consultation Workshop for the Preparation of 6 th National Report to the Convention on Biological Diversity and Localization of the Philippine Biodiversity Strategy and Action Plan (PBSAP)	July 24 – 26, 2018	Department of Environment and Natural Resources – Biodiversity Management Bureau (DENR – BMB)	