

Republic of the Philippines  
Department of Social Welfare and Development  
**Standards Bureau**

**APPLICATION FOR AUTHORITY  
TO CONDUCT NATIONAL FUND RAISING CAMPAIGNS**

Status: (Please check the appropriate box)

- New application  
 Renewal

<p><i>1. Name of the Organization</i></p> <p>_____</p> <p>_____</p>	<p><i>3. Business Address</i></p> <p>_____</p> <p style="text-align: center;">Street, Barangay</p> <p>_____</p> <p style="text-align: center;">Municipality/City/Province</p> <p>_____</p> <p style="text-align: center;">Telephone/Fax Number/s</p> <p>_____</p> <p style="text-align: center;">E-mail address</p>
<p><i>2. Number of years in operation</i></p> <p>_____</p>	<p><i>5. Position Title/Designation</i></p> <p>_____</p> <p>_____</p>
<p><i>4. Head of the Organization</i></p> <p>_____</p> <p>_____</p>	<p><i>7. Date of Issuance of Registration/Permit</i></p> <p>6.1. SEC _____</p> <p>6.2. DTI _____</p> <p>6.3 Mayor's Permit _____</p> <p>6.4. Others (specify) _____</p> <p>7.1 SEC _____</p> <p>7.2. DTI _____</p> <p>7.3 Mayor's Permit _____</p> <p>7.4. Others (specify) _____</p>



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10. Description of project for which funds raised will be used:

Note: Please attach accomplished form on Project Description (Attachment A)

11. List of Authorized Solicitors (if applicable)

I HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION FORM  
ARE TRUE AND COMPLETE

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Printed Name & Signature of Authorized Organization Representative

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Position in the Organization

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Date

This is an attachment to the **APPLICATION FORM** of:

Name of the Organization:

\_\_\_\_\_

With Application No. \_\_\_\_\_

**PROJECT DESCRIPTION**

I. Title of the Project :

\_\_\_\_\_

\_\_\_\_\_

II. Objectives/s of the Project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. Brief Description of the Project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. Target Beneficiaries of the Project (specify number of people, sector, location of beneficiary)

\_\_\_\_\_

\_\_\_\_\_

V. Project Site/Coverage (specify place or places covered and to be served by the project)

\_\_\_\_\_

\_\_\_\_\_

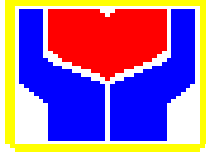
VI. Budget Utilization Plan

<i>PROJECT/ACTIVITY</i>	<i>DATE</i>	<i>REQUIRED AMOUNT</i>	<i>PERSONS RESPONSIBLE</i>

Accomplished

By:

\_\_\_\_\_  
Date: \_\_\_\_\_



Republic of the Philippines  
**DEPARTMENT OF SOCIAL WELFARE AND  
DEVELOPMENT**

Batasan Pambansa Complex, Constitution Hills,  
Quezon City

**AUTHORITY TO CONDUCT NATIONAL FUND RAISING CAMPAIGN**

The Department of Social Welfare and Development (DSWD) authorizes  
\_\_\_\_\_, the principal office  
of \_\_\_\_\_,

*Name of the Organization*  
which \_\_\_\_\_ is \_\_\_\_\_ located \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ *Address of the Organization*  
to conduct national fund raising campaign for a period of \_\_\_\_\_  
for \_\_\_\_\_.

\_\_\_\_\_ *Purpose*

This authorization takes effect \_\_\_\_\_ and expires on  
\_\_\_\_\_.

**CORAZON JULIANO-SOLIMAN**  
Secretary  
Department of social Welfare & Development

Authorization No.: \_\_\_\_\_

*- IMPORTANT -*

- *This authority is not transferable and can only be used by the organization to which it was issued.*
- *Unless sooner revoked or suspended for a cause it shall be valid only for the duration specified.*
- *This authority shall be surrendered to the concerned Field Office upon completion of the fund raising activity.*