

Memorandum Circular No: 04
Series of 2016

**SUBJECT : SUPPLEMENTARY DSWD INTERNAL IMPLEMENTING PROCEDURES
ON THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS**

I. RATIONALE

Sections 66 and 68 of 2014 and 2015 General Appropriation Act (GAA) respectively, mandate government agencies (GAs) that are implementing programs and projects to transfer funds only to Civil Society Organizations (CSOs) who have been accredited by the Department of Social Welfare and Development (DSWD) in accordance with the guidelines issued jointly by the Commission on Audit (COA), Department of Budget and Management (DBM) and the DSWD, in consultation with other agencies concerned;

The afore-cited GAA provisions tasked the DBM, COA and DSWD to formulate the required guidelines for accreditation of CSOs which resulted to the issuance of Joint Resolution No. 2014-001 (**JR 2014-001**) entitled *Guidelines for Accreditation of Civil Society Organizations as Implementing Entities of Government or Public Funds*;

JR 2014-001 served as the legal basis for DSWD's formulation and issuance of the needed implementing procedures through Memorandum Circular No. 5 series of 2015 (**MC 5 s 2015**).

However, the COA, DBM and DSWD recognized the need for a supplemental JR to address the concerns raised by the different stakeholders, such as but not limited to, the need for a simplified process and requirements for the accreditation of Beneficiary CSOs, issues on the short validity period of the accreditation, voluminous documentary requirements and other related concerns.

COA, DBM and DSWD therefore issued Joint Resolution 2015-001 to address these concerns.

With this policy development, there is also a need to supplement the specific provisions of the earlier issued MC 5 s 2015.

These guidelines will provide for the implementing procedures of the DSWD in implementing the provisions of Joint Resolution 2015-001.

II. DETAILS OF SUPPLEMENTAL AND AMENDMENT

A. Legal Basis of MC 5 series of 2015 is amended to include:

JR 2015-01, entitled "Supplemental Guidelines for Accreditation of Civil Society Organizations," provides for the accreditation of Beneficiary CSOs as well as the

needed improvements of the earlier issued JR 2014-001 on the accreditation of CSOs who would be receiving public/government funds to implement government projects and programs.

B. Definition cited in MC 5 series of 2015 is hereby amended to include the following:

8. **Implementing CSO** – is a domestic non-stock, non-profit corporation, organization or association, labor organization, workers association, or cooperative, expressing the interests and values of their members or others, based on socio-economic, ethical, cultural and scientific considerations duly registered with the SEC, CDA, and DOLE as the case may be, who would be receiving government/public funds to implement government programs and projects. (*DBM, COA and DSWD JR 2014-001*)
9. **Beneficiary CSO**– a group of individuals directly affected by a calamity, crisis or a particular social condition or problem, who have undergone social preparation to become responsible implementers of a particular government program or project using public funds; provided, that at least 75% of members of the CSO comprise the majority of the beneficiaries of such program or project; provided, further, that the group may or may not have its own distinct legal personality.
10. **Social Preparation** – the process followed by a GA, as described and contained in its manual and guidelines, to prepare individual beneficiaries who are directly affected by a calamity, crisis or a particular social condition or problem to become responsible implementers of government programs and projects; it must include activities to (i) identify, analyze and prioritize needs, and identify solutions to address needs, (ii) prepare proposals, studies and technical designs and financial plans, (iii) form committees and task groups, and (iv) build capacity and capability to undertake the project activities.

C. General Policies of MC 5 series of 2015 is hereby amended to include the following provisions:

1. The Coverage is amended to read as follows:

These Guidelines cover CSOs that would be engaged by GAs to be the beneficiaries or to implement or co-implement projects and programs using public funds. Further, these Guidelines cover only the accreditation of CSOs. The selection of CSOs by GAs, the actual transfer of funds from GAs to CSOs, or the liquidation or audit of transferred funds, shall be the subject of separate Guidelines to be issued by COA and the Government Procurement Policy Board (GPPB).

2. Criteria for Accreditation

2.1 To be accredited as an implementing CSO, a CSO must meet the following criteria:

- a. Must have operated, for at least three (3) years prior to the date of application for accreditation in the Geographical Area(s) of Activity and Technical Areas of Activity/Expertise being applied for accreditation;

- b. Must not have any director, trustee, officer or key personnel related within the fourth civil degree of consanguinity or affinity to any DSWD official involved in the processing of its accreditation, or any official of the GAs funding or implementing the program or the project to be implemented by the CSO;
 - c. Must be in good standing with all GAs from which the CSO has received funds; and
 - d. Must not be in default or delay in liquidating any funds received from any GA.
- 2.2. To be accredited as a Beneficiary CSO, a CSO must meet the following criteria:
- a. Must be organized and composed of individuals directly affected by a problem or crisis;
 - b. Must have undergone social preparation specific to the proposed program or project;
 - c. Must be in good standing with all GAs from which it has received funds; and
 - d. Must not be in default or delay in liquidating any funds received from any GA.

D. Accreditation Process

1. Filing of Application.

1.1 Submission of Application. Implementing CSOs shall submit their application to the DSWD-Standards Bureau (DSWD-SB), Central Office while Beneficiary CSOs shall submit their application to the DSWD-Field Office Standards Unit (DSWD-FO-SU) which has jurisdiction over the CSO's area of operation.

The following shall be adhered to:

Means of Filing Application	Where to Address the Application	
	Implementing CSO	Beneficiary CSO
Walk-in	Bureau Director, Standards Bureau, DSWD, Batasan Complex, Constitution Hills, Quezon City, 1126	Standards Unit of the DSWD Field Office
Regular Mail/ Courier	Bureau Director, Standards Bureau, DSWD, Batasan Complex, Constitution Hills, Quezon City, 1126	Standards Unit – CSO Accreditation (please see attached file of the addresses of the DSWD Field Offices)
Electronic Mail	csoaccreditation@dswd.gov.ph	Please see attached email addresses of the respective Field Offices

1.2 To facilitate the application for accreditation, the applicant shall file the accomplished application form together with the following documentary requirements for submission to the DSWD for assessment and evaluation:

DOCUMENTARY REQUIREMENTS FOR BOTH IMPLEMENTING CSO AND BENEFICIARY CSO

DOCUMENTARY REQUIREMENTS	NEW APPLICATION		RENEWAL
	IMPLEMENTING CSO	BENEFICIARY CSO	IMPLEMENTING CSO
A. Basic Documents			
Duly accomplished Original Application Form <ul style="list-style-type: none"> • DSWD-SB-CSOA-001A (Application Form) Implementing CSO • DSWD-SB-CSOA-001B (Application Form) Beneficiary CSO 	✓	✓	✓
Location sketches and Photographs of the principal office and satellite offices (if any)	✓	✓	✓
Organizational Chart	✓	✓	
List of Officers		✓	
Original Data sheet of the Directors, Trustees, Officers and Key Personnel <ul style="list-style-type: none"> • DSWD-SB-CSOA-05A (CSO Data Sheet) Implementing CSO 	✓		
Original document stating Roster of Members DSWD-SB-CSOA-005B (Roster/List of Members)		✓	
Documents showing General Agreement of Members to apply for CSO Beneficiary Accreditation *If with juridical personality, to submit the Articles of Incorporation or any of its equivalent from DOLE/HLURB/CDA		✓	
Certified True Copy of Resolution of the CSO's governing board authorizing the CSO to apply for the accreditation and to act on behalf of the CSO <ul style="list-style-type: none"> • DSWD-SB CSO-002A (CSO's Board Resolution) Implementing CSO • DSWD-SB CSO-002B (CSO's Officers' Resolution) Beneficiary CSO 	✓	✓	✓
Original Copy of Omnibus Sworn Statement <ul style="list-style-type: none"> • DSWD-SB-CSOA-006A (Omnibus Sworn Statement) Implementing CSO • DSWD-SB-CSOA-06B)Omnibus Sworn 	✓	✓	✓

DOCUMENTARY REQUIREMENTS	NEW APPLICATION		RENEWAL
	IMPLEMENTING CSO	BENEFICIARY CSO	IMPLEMENTING CSO
Statement) Beneficiary CSO			
B. Documents establishing Corporate Existence and Regulatory Compliance			
<p>Certified True Copy of the Certificate of Registration issued by either of the following:</p> <ul style="list-style-type: none"> • Securities or Exchange Commission (SEC); • Cooperative Development Authority (CDA); • Department of Labor and Employment (DOLE); or • Housing and Land Use Regulatory Board (HLURB); <p>together with the latest Articles of Incorporation or Articles of Cooperation (as applicable), By-Laws, and General Information Sheets (GIS) (for the past 3 years).</p> <p>Instead of the GIS, the Cooperative Annual Performance Report (CAPR) or Registered Workers Association (RWA) for CDA or DOLE respectively.</p>	✓		✓
Photocopy of Secondary Permit, License or Registration (if applicable, e.g. issued by DSWD for SWDAs)	✓		
Photocopy of valid Business License issued by LGU	✓		✓
Photocopy of Certificate of Registration with BIR, together with Annual Income Tax Returns and Audited Financial Statements as received by the BIR (for the past 3 years)	✓		✓
<p>Original Copy of Sworn Certification issued by the concerned GA that the Beneficiary CSO has undergone Social Preparation</p> <ul style="list-style-type: none"> • DSWD-SB-CSO-007B (Template of GA's Sworn Certificate of CSO's Social Preparation) 		✓	
Photocopy of By-laws and other organizational policies (if any)		✓	
C. Documents Establishing Track Record and Good Standing			
Original List of Projects and Programs, whether or not utilizing government funds (for	✓	✓	✓

DOCUMENTARY REQUIREMENTS	NEW APPLICATION		RENEWAL
	IMPLEMENTING CSO	BENEFICIARY CSO	IMPLEMENTING CSO
the past 3 years) <ul style="list-style-type: none"> • DSWD-SB-CSOA-003A (Projects Or Programs Using Public Funds) Implementing CSO • DSWD-SB-CSOA-003B (Projects Or Programs Using Public Funds) Beneficiary CSO • DSWD-SB-CSOA-004A (Projects Or Programs Not Using Public Funds) Implementing CSO • DSWD-SB-CSOA-004B (Projects Or Programs Not Using Public Funds) Beneficiary CSO 			
Original Copy of Certificate of Good Standing issued by SEC, CDA, DOLE or HLURB, or its equivalent	✓	✓ (If applicable)	✓
Original Copy of Certificate of Good Standing issued by each GA from which the CSO received public funds, if any	✓	✓	✓
Original Copy of Certificate of Affiliation and Certificate of Good Standing issued by umbrella group to which the CSO belongs, if any	✓	✓	✓
	✓		<i>Other Updated Documents (if any)</i>

The template forms prescribed in MC05 s 2015 were enhanced to make it more user-friendly.

1.3 Non-Requirement of Certified True Copies – For purposes of a more responsive and speedy process, both for new applications and renewal, CSOs shall submit the required documents upon application, as stated in the above checklist. However, in cases of questionable documents, submission of originals or certified true copies shall be required.

1.4 Beneficiary CSOs. The Accreditation Certificate issued to Beneficiary CSOs is not renewable after its validity period. The concerned CSO shall file a new application for the new project and shall undergo the whole accreditation process.

2 Initial Review of Documentary Requirements, and Validation Visit & Ocular Inspection.

2.1 Initial Desk Review.

For applicant CSOs as Implementing Entities, steps 2.1 to 2.2 as stated in MC 5 s 2015 are still applicable. However, in cases of applicant CSOs who have been found by substantial information to be non-compliant with any of the set criteria, their application will no longer proceed to the other steps but shall instead be forwarded by the Secretariat to the Accreditation Committee for due process and deliberation.

On the other hand, for applicant Beneficiary CSOs, the following shall be followed:

a. All applications shall be filed at the DSWD Field Office (DSWD-FO)

The FO-SU-CSO shall serve as the FO Secretariat and shall conduct the initial desk review using the Accreditation Assessment Tool to check the completeness and authenticity of the documentary requirements submitted by the applicant within two (2) working days. It is a must for the FO-SU-CSO to have a complete list of the CSO Focal per Regional Government Agency and DSWD CSO Focal at the DSWD Field Office per program for easy verification of documents.

a.1. If the documentary requirements are found to be incomplete, the FO-SU-CSO shall return the application documents to the applicant without prejudice to its re-filing. In case of applications filed personally, advance information can be shared by the handling Assessor regarding the lacking documents. A written notice reflecting the results of the desk review shall be sent to the agency duly signed by the DSWD Regional Director.

a.2. **If the submitted documents are found to contain forged/falsified documents, such will not be returned to the applicant CSO. This shall serve as evidence in the blacklisting proceedings of the applicant CSO.** The following steps will be observed in handling such cases, applicable for applications filed both at SB and FOSU-CSO:

- Verification of the noted falsified/forged document;
- The concerned CSO will be provided an opportunity to explain. The Secretariat will send an official communication to the concerned CSO directing them to provide an explanation on the matter within ten (10) working days from receipt thereof;
- The explanation or reply of the concerned CSO will be deliberated upon by the Accreditation Committee;
- The recommendation of the Accreditation Committee on the matter will be reflected in a Resolution for the Secretary's approval;

- The decision of the Secretary on the matter shall be final and executory.

- a.3. If the application documents are found to be complete, please proceed to item II.D.2.2 of this guidelines.
- b. All FOSU-CSO shall prepare a weekly report on the list of applicants, actions taken and status of all CSOs that have applied whether their applications were accepted or denied. Weekly report shall be submitted to the CSO-SB Secretariat.

2.2 Posting of CSO Application

- a. FOSU-CSO shall request the Information and Technology Unit (ITU) of the Field Office to post the details of the applicant CSO at the FO website for a period of ten (10) working days to notify the public of the CSO's application for accreditation and inviting them to provide inputs/comments to the DSWD any derogatory information on the applicant CSO. The same request shall be submitted to the Information Management Bureau (IMB) at the Central Office, copy furnished the SB-CAD.
- b. Simultaneously the details about the applicant CSOs must also be posted in visible areas of the DSWD Field Office for a period of ten (10) working days

3. Derogatory Reports from the Public

- 3.1. The SB-CAD and FOSU-CSO can receive any derogatory report against the applicant even after the Accreditation Committee has deliberated its application.
- 3.2. Within two (2) working days from receipt of any derogatory report, the FOSU-CSO and/or SB CAD Secretariat shall notify the applicant and require the applicant to submit an explanation/comment within ten (10) working days from receipt thereof.
- 3.3. The derogatory report/s together with the CSO's explanation shall form part of the CSO's application which shall then be submitted to the Accreditation Committee for appropriate action.

4. Validation Visit and Ocular Inspection.

The task of validating the applicant Implementing CSO and Beneficiary CSO is lodged with the FO-SU. They are expected to ensure due diligence in the validation of the activities in the needed/various sources of information and probing efforts. Sources can be, but not limited to the following:

- Select beneficiaries of the CSO programs, CSO Staff, ABSNET, C/MSWDO, LGU, Academe, other CSOs, Umbrella Organizations, etc.

- 4.1. Steps 4.1 to 4.3 are still in effect for the applicant CSOs as Implementing Entity as stated in MC 5 s 2015.**

4.4. For applicant Beneficiary CSOs

- a. Conduct a validation visit to verify the existence and operation of the applicant; and
- b. Conduct an ocular inspection of the principal and/or satellite offices of the applicant.
- c. The programs/projects which have been and/or being implemented or for implementation in the region shall be validated, including other beneficiaries of the said programs/projects.
- d. The FO shall complete the foregoing within five (5) working days after receipt of the application.

5. Assessment and Examination.

5.4. For applicant CSOs as Implementing Entity

- a. The SB CAD shall then assess and examine the FO SU-CSO Report, together with its attachments, if any.
- b. The SB CAD shall then endorse the application, together with the FO SU-CSO Report, to the Accreditation Committee. The endorsement shall include the findings and assessment of the Secretariat and present it through an Abstract Report.
- c. The Secretariat shall complete the foregoing within three (3) working days upon receipt of the FO SU-CSO Report.

5.5. For applicant CSOs as Beneficiary

- a. The concerned FO SU-CSO shall prepare and submit to the SB-CAD their full assessment report to include but not limited to the results of its desk review up to validations, attaching thereto scanned copies of all required application documents and pertinent documents if any, within three (3) days after thorough and diligent validation.
- b. SB-CAD shall then assess and examine the report with the scanned copy of the pertinent documents submitted by the FO SU-CSO. The result of the SB CAD assessment shall be presented though an Abstract report.
- c. The SB CAD shall then endorse the application to the Accreditation Committee for deliberation within three (3) days after receipt of the report from FO SU-CSO.

6. Evaluation and Deliberation

- 6.2. During its evaluation and deliberations, the Accreditation Committee shall consider all information on record, including, but not limited to the documentary requirements submitted by the CSO Applicant, the FO SU-CSO Report, the findings and assessment of the Secretariat, any Derogatory Report and matters related thereto. The Accreditation Committee shall complete the foregoing five (5) days after receipt of the endorsement from SB-CAD.

On the other hand, if the applicant CSO Beneficiary is scheduled for deliberation, SB-CAD shall inform the FO SU-CSO of the schedule for the latter to be on standby and be prepared to address the queries of the Accreditation Committee, if any.

8. Notification

8.1. Steps 8.1 through 8.2 shall remain the same as stated in MC 5 s 2015.

8.3. For applicant CSOs as Beneficiary

- a. If application is granted:
 - a.1. The Secretariat shall release the Certificate of Accreditation to the FOSU- CSO who will in turn release the same to the Accredited CSO.
 - a.2. FO SU-CSO shall inform the Regional GA, if necessary, concerns on the grant of application,
 - a.3. FO SU-CSO shall coordinate with the Accredited CSO to schedule an orientation on its roles and responsibilities as an Accredited CSO.
- b. If application is denied:
 - b.1. The Secretariat shall inform the FOSU-CSO of the denial of the application of the CSO who will in turn inform the CSO concern.
 - b.2. FOSU-CSO shall inform the Regional GA, if necessary, concerns on the denial of the application.
- c. The Secretariat shall complete the foregoing within three (3) working days from the final action by the DSWD Secretary. In turn, the FO SU-CSO shall complete the same within three (3) days upon receipt of the information from the Accreditation Committee.

9. Validity of the Certificate of Accreditation

A Certificate of Accreditation issued both to implementing CSOs and Beneficiary CSOs shall be valid for a period of three (3) years from the date of issuance, unless sooner revoked in accordance with the provisions below. In no case shall the period of validity of a Certificate of Accreditation be extended.

E. Continuing Verification And Reporting Section of MC 5 is amended to add the following:

2. Reporting.

- 2.4 Every accredited CSO shall submit to the Accreditation Committee an annual accomplishment report, recent annual financial report certified under oath by the Chairperson or Treasurer, and a report of all material changes and updates on accreditation documents already submitted.

F. Revocation Of Accreditation

1. **Grounds.** Revocation of Certificate of Accreditation is hereby amended to include:

1.6. Failure to submit the reports required under Section VII.2, 2.3.

G. TRANSITORY PROVISIONS

1. Implementing CSOs and Beneficiary CSOs that received public funds prior to the effectivity of JR 2014-001, JR-2015-001 and the DSWD MC 5 s 2015, respectively, shall be subject to the pertinent guidelines existing at the time of the fund release.
2. CSOs that have pending application for accreditation shall be governed by the provisions of JR 2014-001 or JR 2015-001 and the DSWD MC5 s 2015, whichever is applicable.
3. Provisions of DSWD Memorandum Circular No. 05 series of 2015 inconsistent hereto are accordingly supplanted.

H. EFFECTIVITY

These **Supplemental Guidelines** shall take effect immediately.

30th day of March 2016, Quezon City, Metro Manila.


CORAZON JULIANO SOLIMAN
Secretary

ANNEXES

1. DSWD-SB-CSO-001A(Application Form) Implementing CSO
2. DSWD-SB-CSO-001B (Application Form) Beneficiary CSO
3. DSWD-SB-CSO-002A (CSO's Board of Resolution) Implementing CSO
4. DSWD-SB-CSO-002B (CSO's Officers' Resolution) Beneficiary CSO
5. DSWD-SB-CSO-003A (Projects or Programs) Implementing CSO
6. DSWD-SB-CSO-003B (Projects or Programs) - Beneficiary CSO
7. DSWD-SB-CSO-004A (List of On-going and Completed Projects and Programs Not Using Government or Public Funds) - Implementing CSO
8. DSWD-SB-CSO-004B (List of On-going and Completed Projects and Programs Not Using Government or Public Funds) - Beneficiary CSO
9. DSWD-SB-CSO-005A (CSO Data Sheet) Implementing CSO
10. DSWD-SB-CSO-005B (Roster/List of Members) Beneficiary CSO
11. DSWD-SB-CSO-006A (Omnibus Sworn Statement) Implementing CSO
12. DSWD-SB-CSO-006B (Omnibus Sworn Statement) Beneficiary CSO
13. DSWD-SB-CSO-007B (Template of GA's Sworn Certificate of CSO's Social Preparation
14. DSWD-SB-CSO-008A (Certificate of Accreditation) Implementing CSO
15. DSWD-SB-CSO-008B (Certificate of Accreditation) Beneficiary CSO
16. DSWD-SB-CSO-009A Checklist of Implementing CSO
17. DSWD-SB-CSO-009B Checklist of Beneficiary CSO
18. DSWD-SB-CSO-010A Assessment Tool for Implementing CSO
19. DSWD-SB-CSO-010B Assessment Tool for Beneficiary CSO
20. DSWD-SB-CSOA-11 (Process Flow)

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

APPLICATION FORM FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATION/S (CSO)
AS IMPLEMENTING ENTITY OF GOVERNMENT OR PUBLIC FUNDS

Type of application: New Application For renewal

Previous DSWD CSO Accreditation No.	
Date Issued	
Date of Expiration	

BASIC INFORMATION:

Complete name of CSO <i>(as stated/indicated on the registration papers)</i>		
Other Name <i>(e.g., acronym, short name, previous name, etc.)</i>		
Principal Address	No. and Street	
	Barangay	
	City or Municipality	
	Province	
	Zip Code	
Head of CSO	Name	
	Position/Designation	
Contact details	Landline No.	
	Mobile No.	
	E-mail address	
	Website	
Information on Branches and/or Satellite Office/s <i>(if there are any) (Use separate paper if there are more than 2 branches and /or Satellite office/s following the format)</i>	Number of Branches/Satellite Offices	
	No. and Street	
	Barangay	
	City or Municipality	
	Province	
Coordinator/Staff-in-Charge of Branch or Satellite Office/s	Name	
	Position/Designation	
	Contact number	
Principal Registration	Agency (SEC, CDA, DOLE, and HLURB)	
	Registration No.	
	Date Registered	
Business Permit	Place	
	No.	
	Valid Until	

Purposes <i>(as stated in Articles of Incorporation or Articles of Cooperation)</i>	
Government Agencies (GAs) from which the CSO expects to receive public funds	
Estimated amount of public funds to be requested from the Gas	

PROGRAM/PROJECT PROFILE:

Technical Expertise <i>(pls. check appropriate box)</i>	Title of the programs/projects implemented and/or being implemented for the past five (5) years.	Geographical Areas of Coverage <i>(pls. indicate specific location as to the Barangay, City/Municipality, Province and Region)</i>	Beneficiaries/ Clientele <i>(pls. indicate specific sector: Fisherfolks, Farmers, Persons with Disabilities, Children, Indigenous People, Older Persons, Cooperative members, etc.)</i>
<input type="checkbox"/> Livelihood Development			
<input type="checkbox"/> Manpower Development			
<input type="checkbox"/> Sports Development			
<input type="checkbox"/> Cooperative Development			
<input type="checkbox"/> Delivery of Basic Services			
<input type="checkbox"/> Environment Protection			
<input type="checkbox"/> Agriculture and Fisheries			
<input type="checkbox"/> Rural Industrialization			
<input type="checkbox"/> Development of Local Enterprises			
<input type="checkbox"/> Construction, Maintenance, Operation and Management of Infrastructure Projects, such as, but not limited to, the following: ➤ Housing			

projects for the poorest of the poor ➤ School buildings for schools with inadequate classroom			
<input type="checkbox"/> Disaster Risk Reduction and Management			
<input type="checkbox"/> Rescue, Relief and Rehabilitation Operations			
<input type="checkbox"/> Participation in Government Planning, Budgeting, and Monitoring and Evaluation			
<input type="checkbox"/> Social Services in areas that would not be ordinarily undertaken by the private sector			
<input type="checkbox"/> Capacity Development / Capacity Building			
<input type="checkbox"/> Advocacy			
<input type="checkbox"/> Resource Mobilization/Management			
<input type="checkbox"/> Others (pls specify)			

STAFF:

<i>Indicate no. of current personnel</i>	Full-time/Regular	Part-time	Project-Based	Volunteer
Management				
Technical				
Administrative				
TOTAL				

SOURCES OF OPERATIONAL FUNDS: *(indicate the names of sponsors/benefactors/donors providing support to CSO to maintain its operations for the last five (5) years)*

No.	Local	No.	Foreign
1		1	
2		2	
3		3	
4		4	
5		5	

AUTHORIZATION:

On behalf of the CSO Applicant, I hereby:

- (a) Authorize the DSWD to inspect the premises of the office(s) of the CSO Applicant, as well as the site of any past or present project or program of the CSO Applicant, and
- (b) Authorize any concerned person to disclose to the DSWD any fact material to the validation of any information provided by the CSO Applicant in this application or in any of the documents submitted in support thereof.

AFFIANT – Authorized Representative	Signature	
	Name	
	Position/Designation	
Date executed		
Place executed		

SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document:

Government ID Type and No.	
Place and date of issue	
Valid until	

Doc. No.		Signature	
Page No.		Name of Notary Public	
Book No.		Address	
Series of		Commission valid until	

BOARD RESOLUTION

WHEREAS, _____
 (Name of CSO)

located at _____
 (CSO Address)

RESOLVED to apply to the Department of Social Welfare and Development (DSWD) for the Accreditation of Civil Society Organization (CSO) as implementing entity of government or public funds;

RESOLVED, to authorize _____
 (Name of Authorized Representative/s)

_____ as the sole representative of
 (Designation of Authorized Representative/s)

the CSO to represent in the filling-up of necessary application with the DSWD.

UNANIMOUSLY APPROVED on _____
 (Date of Approval)

Governing Board Members / Officers		Position	Nationality <i>(if foreign, pls. indicate BID clearance/working visa number and date)</i>	Government-issued valid ID	Residential Address <i>(Within the Philippines)</i>	Contact Numbers
Full Name	Signature					

Conformed by:

 (Name and Signature of the Chairman/President of the Board)

Certified Correct

 (Name and Signature of the Corporate Secretary)

SUBSCRIBED AND SWORN to before me this _____ day of ____ 20__, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Application for CSO Accreditation before me and acknowledged that he/she executed the same.

NOTARY PUBLIC

Doc. No. _____;
 Page No. _____;
 Book No. _____;
 Series of 20 _____.

**LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS
USING GOVERNMENT OR PUBLIC FUNDS**

(From Year _____ to Year _____)

Note: Covered Period – for the past 3 years if new application and last year if for renewal. Please use additional sheet/s, if necessary.

Name of the CSO: _____

Title of the Project/s or Program/s with brief description	Beneficiary Areas or area/s where the program/s are implemented	Number and specific sectors of beneficiaries served	Name and designation of person/s in-charge of the program/project	Funding Agency/ies (NGAs, LGUs)	Total amount received	Unliquidated amount of the funds received if any	CSO Counterpart	Date started	Date completed
A. Completed									
•									
•									
B. On-Going									
•									
•									

I hereby certify under the penalties of perjury that the information specified on this form are true and complete.

(Signature over printed name of the Head of CSO or Authorized Representative and Designation)

(Date)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Application for CSO Accreditation before me and acknowledged that he/she executed the same.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____; Series of 20 _____.

**LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS
NOT USING GOVERNMENT OR PUBLIC FUNDS**

(From Year _____ to Year _____)

Note: Covered Period – for the past 3 years if new application and last year if for renewal. Please use additional sheet/s, if necessary.

Name of the CSO: _____

Title of the Project/s or Program/s with brief description	Beneficiary Areas or areas where the program/s are implemented	Number and specific sectors of beneficiaries served	Name and designation of person/s in-charge of the program/project	Funding Agency/ies (Private Donors, Sponsors, other NGOs, etc.)	Total amount received	Unliquidated amount of the funds received if any	CSO Counterpart	Date started	Date completed
A. Completed									
•									
•									
B. On-Going									
•									
•									

I hereby certify under the penalties of perjury that the information specified on this form are true and complete.

(Signature over printed name of the Head of CSO or Authorized Representative with Designation)

(Date)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Application for CSO Accreditation before me and acknowledged that he/she executed the same.

NOTARY PUBLIC

Doc. No. _____,
Page No. _____,
Book No. _____, Series of 20 ____.

CSO DATA SHEET

As of _____
 (Updated at least 3 months before the application)

Name of the CSO: _____

Address: _____

A. Profile of Board of Trustees

Names of Board Officers and Members (Last name, First name, Middle name)	Position Title	Educational Attainment	Home Address	Contact Numbers	Nationality	Government-issued valid ID			1x1 picture taken within the last three months
						ID type	Number	Date Issued	

B. Profile of Employees

Names of Key Employees and Position/Designation (Indicate if Regular, Casual, Contractual or Volunteer)	Place of Assignment (Indicate name of Office/Unit and location)	Educational Attainment	Home Address	Contact Numbers	Nationality	Government-issued valid ID			1x1 picture taken within the last three months
						ID type	Number	Date Issued	

Certified true and correct:

Name and Signature of Secretary of the Board

Date

OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES
PROVINCE OF _____
CITY/MUNICIPALITY OF _____

I (Name of CSO Head or Authorized Representative), (Nationality), of legal age designated as (Position) of (Name of CSO), with registered address located at (Registered CSO Address), do hereby certify the following:

- THAT, the CSO has authorized the application for accreditation, and has authorized the person actually filing the application to represent the CSO in the application;
- THAT , all the supporting documents are authentic, true and correct;
- That, the CSO is not in default or delay in liquidating public funds received from any G;
- That, neither the CSO nor any of its members/s has been blacklisted by any GA;
- That, none of members of the CSO has been convicted in any case, or is currently a defendant/accused/respondent in any pending case, related to the use of public funds;
- That, the CSO is aware of, understands and agrees to abide by the guidelines for accreditation of CSOs;

Hereby declare:

- Other business of the CSO and its key personnel (indicate none, if not applicable)

I HEREBY DECLARE UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING ATTESTATIONS ARE TRUE AND CORRECT.

(Signature over Printed Name of the Head or Authorized Representative of the CSO)

(Date)

SUBSCRIBE AND SWORN to before me this _____ day of ____ 20____, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Sworn Certification before me and acknowledged that he executed the same.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 20 _____.



DSWD-CSO ACRN No. _____

This
Certificate of Accreditation
is issued to

with address at

for having satisfactorily complied with the qualification requirements of a legitimate Civil Society Organization (CSO) pursuant to Joint Resolution No. 2014-001 series of 2014 and its supplemental guidelines, Joint Resolution No. 2015-001 series of 2015 of the Department of Social Welfare and Development, Department of Budget and Management and Commission on Audit (COA), entitled "*Guidelines for Accreditation of Civil Society Organizations*".

This accreditation covers the following:

(PROGRAM/PROJECT)

(GEOGRAPHICAL AREA/S OF COVERAGE)

This Certificate of Accreditation shall be valid for three (3) years or until the project/program is completed or terminated whichever comes first.

Issued on _____ 2016 in _____, Philippines.

CORAZON JULIANO SOLIMAN
Secretary, Department of Social Welfare and Development

NOTATION: The accredited CSO may not receive public or government funds from any government agency where any incorporator, organizer, director, trustee, officer or key personnel of the CSO is related within the fourth civil degree of consanguinity or affinity to any official of that government agency funding or implementing the program or the project to be implemented by the CSO

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

STANDARDS BUREAU

Date Received

**CSO ACCREDITATION DOCUMENT CHECKLIST
(IMPLEMENTING CSO)**

Name of CSO:

Complete Address:

Type of Application:

New
Renewal

Please check the appropriate box:

1. Application submitted is supported with complete supporting documents and subject for posting at DSWD website and validation of Field Office ()
2. Application submitted is supported with incomplete documents (X)

2.1. Specific documents that are lacking :

Documentary Requirement	Remarks
1. Duly accomplished Application Form (DSWD-SB-CSOA 001A)	•
2. Board Resolution (DSWD-SB-CSOA 002A)	•
3. Location sketches and Photographs of the Principal Office and Satellite offices (if any)	•
4. Organizational Chart	•
5. Data Sheet of the Directors, Trustees, Officers and Key Personnel (DSWD-SB-CSOA 005A)	•
6. Omnibus Sworn Statement (DSWD-SB-CSOA 006A)	•
7. Photocopy of the following for the past three (3) years: <ul style="list-style-type: none"> ○ Certificate of Registration with SEC, DOLE, CDA, or HLURB; ○ Articles of Incorporation/ Articles of Cooperation and By-Laws; ○ General Information Sheets (GIS) for SEC registered/ Cooperative Annual Performance Report for CDA registered / Registered Workers Association for DOLE registered. 	•

8. Photocopy of Secondary Permit, License to Operate or Registration if applicable (e.g. Certificate of Registration and/or license issued by the DSWD for Social Welfare and Development Agencies, etc.)	•
9. Photocopy of Valid and Current Business License issued by the LGU	•
10. Photocopy of the following document issued/as filed with BIR. <ul style="list-style-type: none"> ○ Certificate of registration with BIR; ○ Annual Income Tax Returns as filed by the BIR (for the past 3 years); ○ Audited Financial Statements as filed by the BIR (for the past 3 years) 	•
11. List of Projects and Programs currently or previously implemented by the CSO, for the past three (3) years for which the CSO received public funds from any GA, certified under oath by the responsible officer of the CSO, if applicable. (DSWD-SB-CSOA 003A)	•
12. List of Projects and Programs currently or previously within the past three (3) years, for which the CSO did not receive any public funds from any GA or wishes to be partner with the GAs), certified under oath by the responsible officer of the CSO, if applicable (DSWD-SB-CSOA 004A)	•
13. Original Certificate of Good standing issued by SEC, CDA, DOLE or HLURB, as applicable issued within the last three (3) months prior to application.	•
14. Original Certificate of Good Standing issued by each GA from which the CSO received public funds, if any ; issued not more than three (3) months prior to application	•
15. Original Certificate of Affiliation and Certificate of Good Standing issued by umbrella group to which the CSO belongs, if any; issued not more than three (3) months prior to application	•

Republic of the Philippines
 Department of Social Welfare and Development

**ASSESSMENT TOOL FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATION (CSO)
 AS IMPLEMENTING ENTITIES OF GOVERNMENT OR PUBLIC FUNDS**

Type of Application:

- New Application
- Renewal:
- Previously Issued DSWD CSO Accreditation
 Certificate No: _____
 Date of Issuance: _____
 Date of Expiration: _____

_____ *Date Received by DSWD CSO Accreditation Secretariat*

I. IDENTIFYING INFORMATION:

1. *Name of CSO:*
2. *Principal Address:*
3. *CSO Head and Designation:*
4. *Telephone/Mobile/Fax Number/s:*
5. *E-mail Address:*
6. *Website :*
7. *GA/s where the CSO expects funding support:*
8. *Purposes:*
9. *Programs and Services:*

<i>Technical Expertise</i>	<i>Geographical Areas of Coverage (pls. indicate specific location)</i>	<i>Target Clientele (Please indicate specific sector)</i>
	•	•

Part II. Documentary Requirements: Please put a check on the corresponding column to indicate whether the requirements are complied with or not. Whenever applicable, indicate under findings/ observations whether such document contains complete information or there are other concerns that need to be improved.

Requirements	Compliance		Findings/Observations
	Yes	No	
1. Duly accomplished Application Form (DSWD-SB-CSOA 001A)			
2. Board Resolution (DSWD-SB-CSOA 002A)			
3. Location sketches and Photographs of the Principal Office and Satellite offices (if any)			
4. Organizational Chart			
5. Data Sheet of the Directors, Trustees, Officers and Key Personnel (DSWD-SB-CSOA 005A)			
6. Omnibus Sworn Statement (DSWD-SB-CSOA 006A)			
7. Photocopy of the following for the past three (3) years: <ul style="list-style-type: none"> ○ Certificate of Registration with SEC, DOLE, CDA, or HLURB; ○ Articles of Incorporation/ Articles of Cooperation and By-Laws; ○ General Information Sheets (GIS) for SEC registered/ Cooperative Annual Performance Report for CDA registered / Registered Workers Association for DOLE registered 			
8. Photocopy of Secondary Permit, License to Operate or Registration if applicable (e.g. Certificate of Registration and/or license issued by the DSWD for Social Welfare and Development Agencies, etc.)			
9. Photocopy of Valid and Current Business License issued by the LGU			
10. Photocopy of the following document issued/as filed with BIR. <ul style="list-style-type: none"> ○ Certificate of registration with BIR; ○ Annual Income Tax Returns as filed by the BIR (for the past 3 			

Requirements	Compliance	Findings/Observations
years); <ul style="list-style-type: none"> ○ Audited Financial Statements as filed by the BIR (for the past 3 years) 		
11. List of Projects and Programs currently or previously implemented by the CSO, for the past three (3) years for which the CSO received public funds from any GA, certified under oath by the responsible officer of the CSO, if applicable. (DSWD-SB-CSOA 003A)		
12. List of Projects and Programs currently or previously within the past three (3) years, for which the CSO did not receive any public funds from any GA or wishes to be partner with the GAs), certified under oath by the responsible officer of the CSO, if applicable (DSWD-SB-CSOA 004A)		
13. Original Certificate of Good standing issued by SEC, CDA, DOLE or HLURB, as applicable issued within the last three (3) months prior to application.		
14. Original Certificate of Good Standing issued by each GA from which the CSO received public funds, if any ; issued not more than three (3) months prior to application		
15. Original Certificate of Affiliation and Certificate of Good Standing issued by umbrella group to which the CSO belongs, if any; issued not more than three (3) months prior to application		

Part III. Recommendation of the Assessor/Evaluator based on the initial desk review: (Please check appropriate box and fill-up the requested information below:

Based on the above findings, it is recommended that the application submitted by

Proceed to validation and posting

Be returned to the CSO Applicant:

Reasons:

Attached is the draft letter to CSO

Assessed/Evaluated by:

(Name and Signature of DSWD Accreditation Committee Secretariat)

(Designation)

(Date)

Concurred By:

(Name and Signature of the Accreditation Committee Secretariat Leader)

(Designation)

(Date)

Remarks:

Part IV. FO Validation report (please see attached)

Part V. Result of the Notice to the Public on any derogatory record of the CSO applicant

Part VI. Summary of Findings (Indicate the highlights of the assessment and evaluation of records, review of submitted documents, ocular inspection/validation made by FO and collateral interview with the board members, key personnel and others as well as the feedback from the public) (See attached validation and abstract reports)

Part VII. Recommendations of the Accreditation Committee Secretariat: (Please check appropriate box and fill-up the requested information below:

Endorsed to the DSWD Accreditation Committee

Returned to CSO Applicant:

Reasons: _____

Attached is the draft letter to CSO

Assessed/Evaluated by:

(Name and Signature of DSWD Accreditation Committee Secretariat)

(Designation)

(Date)

Concurred By:

(Name and Signature of the Accreditation Committee Secretariat Leader)

(Designation)

(Date)

Remarks:

Approved By:

(Name and Signature of Standards Bureau Director)

(Designation)

(Date)

Remarks:

Follow Through Actions

- Date Returned to CSO Applicant _____
 - Date Endorsed to Accreditation Committee _____
 - Date Schedule of Accreditation Committee Meeting _____
 - Results of the Evaluation of Accreditation Committee _____
-

Part IV. FO VALIDATION REPORT

DSWD-FO _____

Date Requested FO to validate: _____

Date Validated by FO: _____

Date of FOs report Submitted to SB: _____

The following are the prescribed content of validation assessment reports on CSO's operations in the region:

1. Identifying Information

A.1. If the agency has an office in the region:

- Name of Agency
- Address
- Agency Region Head and Designation
- Telephone/Mobile/Fax Number/s
- E-mail Address
- Website
- Photograph of the visited CSO office in the region

A.2. If the agency is found not existing nor operating in the region despite exhausted efforts to locate, there's no need to fill-up other part of this template

B. If the agency does not have an office in the region but has existing partners or operating in a tie-up scheme:

- Contact details of the focal person/coordinator such as name, address, telephone/mobile numbers, e-mail, etc.; **or**
- Contact details of partner agency such as name of agency, name of focal person, address, telephone/mobile numbers, e-mail, etc.

Part IV. FO VALIDATION REPORT

Technical Areas of Activity (pls. check appropriate box)	Brief Description on How the CSO implements the Technical Areas	Geographical Areas of Coverage (pls. indicate specific location)			Target Clientele (please indicate specific sector)
		Province	City/Municipality	Barangay	
<input type="checkbox"/> Livelihood Development					
<input type="checkbox"/> Manpower Development					
<input type="checkbox"/> Sports Development					
<input type="checkbox"/> Cooperative Development					
<input type="checkbox"/> Delivery of Basic Services					
<input type="checkbox"/> Environment Protection					
<input type="checkbox"/> Agriculture and Fisheries					
<input type="checkbox"/> Rural Industrialization					
<input type="checkbox"/> Development of Local					

Enterprises					
<input type="checkbox"/> Construction, Maintenance, Operation and Management of Infrastructure Projects, such as, but not limited to, the following: <ul style="list-style-type: none"> ➤ Housing projects for the poorest of the poor ➤ School buildings for schools with inadequate classroom 					
<input type="checkbox"/> Disaster Risk Reduction and Management					
<input type="checkbox"/> Rescue, Relief and Rehabilitation Operations					
<input type="checkbox"/> Participation in Government Planning, Budgeting, and Monitoring and Evaluation					
<input type="checkbox"/> Social Services in areas that would not be ordinarily undertaken by the private sector					
<input type="checkbox"/> Advocacy					
<input type="checkbox"/> Capacity Development/Building					
<input type="checkbox"/> Resource Mobilization					
<input type="checkbox"/> Research					
<input type="checkbox"/> Others (pls specify)					

2. Identifying Information

A.1. If the agency has an office in the region:

- Name of Agency
- Address
- Agency Region Head and Designation
- Telephone/Mobile/Fax Number/s
- E-mail Address
- Website
- Photograph of the visited CSO office in the region

A.2. If the agency is found not existing nor operating in the region despite exhausted efforts to locate, there's no need to fill-up other part of this template

B. If the agency does not have an office in the region but has existing partners or operating in a tie-up scheme:

- Contact details of the focal person/coordinator such as name, address, telephone/mobile numbers, e-mail, etc.; **or**
- Contact details of partner agency such as name of agency, name of focal person, address, telephone/mobile numbers, e-mail, etc.

3. Program Profile:

- List of beneficiaries benefitting from the program/ project
- Memorandum of Agreement (MOA)/ Memorandum of Understanding (MOU) with partner agencies

4. Personnel

A. If the agency has an office in the region, kindly fill-up the following matrix:

No of Staff	Staff Complement			
	Full time/ Regular Staff	Project-Based Staff	Part time Staff	Volunteer
Technical Staff				
Administrative Staff				
Total				

B. If the agency does not have an office in the region but has existing partners or operating in a tie-up scheme, describe the extent of the CSO's partnership/tie-up with its regional partners.

5. **Source of Funds:** To the extent and possible, please specify the CSO's specific sources of funds whether government or private organizations/individuals, local and/or international/foreign including other resource generation activities.

6. **Other information gathered necessary to the assessment (if any)**

- Supporting documents relative to the declared implemented or currently being implemented programs and projects

7. **Source of Information:** (Please specify the sources of information. If there are other information gathered aside from the person/s, kindly indicate.)

Name of Source of Information	Designation	Name of Agency (if not the CSO being validated)	Address	Contact Person

8. Remarks

Validated by:

 (Name and Signature of DSWD-FO Standards Unit Staff (Division/Unit) _____ (Date)
 And Designation)

Concurred By:

 (Name and Signature of Immediate Supervisor (Division/Unit) _____ (Date)
 And Designation)

Endorsed By:

(Name and Signature of Field Office Director or
Authorized Representative and Designation)

(Field Office)

(Date)

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

APPLICATION FORM FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATION/S (CSO)
AS BENEFICIARY OF GOVERNMENT OR PUBLIC FUNDS

Information on previous DSWD CSO Accreditation if applicable	
Previous DSWD CSO Accreditation No.	
Date Issued	
Date of Expiration	

BASIC INFORMATION:

Complete name of CSO <i>(as stated/indicated on the registration papers)</i>		
Other Name <i>(e.g., acronym, short name, previous name, etc.)</i>		
Principal address or place where the CSO operates as a group	No. and Street	
	Barangay	
	City or Municipality	
	Province	
	Zip Code	
Head of CSO	Name	
	Position/Designation	
Contact details	Landline No.	
	Mobile No.	
	E-mail address	
	Website	
Coordinator/Staff-in-Charge of Branch or Satellite Office/s if there is any	Name	
	Position/Designation	
	Contact number	
Purposes or reasons for organizing or forming as a group		
Government Agencies (GAs) from which the CSO expects to receive public funds		
Estimated amount of public funds to be requested from the Gas		

SOCIAL PREPARATION: (USE ADDITIONAL SHEET IF NECESSARY)

Social Issue/Problem	Description of Program/Project	Geographical Location <i>(pls. indicate specific Barangay, City/Municipality, Province and Region)</i>	Beneficiary Sector/s: <i>(Fisher folks, Farmers, Persons with Disabilities, Children, Indigenous People, Older Persons, Cooperative members, mixed group, etc.)</i>

AUTHORIZATION:

On behalf of the CSO Applicant, I hereby:

- (a) Authorize the DSWD to inspect the premises of the office(s) of the CSO Applicant, as well as the site of any past or present project or program of the CSO Applicant, and
- (b) Authorize any concerned person to disclose to the DSWD any fact material to the validation of any information provided by the CSO Applicant in this application or in any of the documents submitted in support thereof.

AFFIANT – Authorized Representative	Signature	
	Name	
	Position/Designation	
Date executed		
Place executed		

SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document:

Government ID Type and No.	
Place and date of issue	
Valid until	

Doc. No.		Signature	
Page No.		Name of Notary Public	
Book No.		Address	
Series of		Commission valid until	

OFFICERS' RESOLUTION

WHEREAS, _____
 (Name of CSO)

located at _____
 (CSO Address)

RESOLVED to apply to the Department of Social Welfare and Development (DSWD) for the Accreditation of Civil Society Organization (CSO) as beneficiary of government or public funds;

RESOLVED, to authorize _____,
 (Name of Authorized Representative/s)

_____ as the sole representative of
 (Designation of Authorized Representative/s)

the CSO to represent in the filling-up of necessary application with the DSWD.

UNANIMOUSLY APPROVED on _____
 (Date of Approval)

Officers		Position	Valid ID	Residential Address	Contact Numbers
Full Name	Signature				

Conformed by:

 (Name and Signature of the Head of CSO)

Certified Correct

 (Name and Signature of the Secretary)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20____, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Application for CSO Accreditation before me and acknowledged that he/she executed the same.

NOTARY PUBLIC

Doc. No. _____;
 Page No. _____;
 Book No. _____;
 Series of 20_____.

**LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS
USING GOVERNMENT OR PUBLIC FUNDS**

(From Year _____ to Year _____)

Note: Covered Period – for the past three (3) years. Please use additional sheet/s if necessary.

Name of the CSO: _____

Title of the Project/s or Program/s	Description of program/project	Beneficiary Areas or areal/s where the program/s are implemented	Funding Agency/ies (NGAS, LGUS)	Total amount received	Unliquidated amount of the funds received if any	CSO Counterpart	Date started	Date completed
A. Completed								
•								
•								
B. On-Going								
•								
•								

I hereby certify under the penalties of perjury that the information specified on this form are true and complete.

(Signature over printed name of the Head of CSO or Authorized Representative with Designation)

(Date)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Application for CSO Accreditation before me and acknowledged that he/she executed the same.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____; Series of 20 _____.

**LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS
NOT USING GOVERNMENT OR PUBLIC FUNDS**

(From Year _____ to Year _____)

Note: Covered Period – for the past three (3) years. Please use additional sheet/s if necessary.

Name of the CSO: _____

Title of the Project/s or Program/s	Description of program/project	Beneficiary Areas or area/s where the program/s are implemented	Funding Agency/ies (Private Donors, Benefactors, Sponsors, other NGOs, etc.)	Total amount received	Unliquidated amount of the funds received if any	CSO Counterpart	Date started	Date completed
A. Completed								
•								
•								
B. On-Going								
•								
•								

I hereby certify under the penalties of perjury that the information specified on this form are true and complete.

(Signature over printed name of the Head of CSO or Authorized Representative with Designation)

(Date)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Application for CSO Accreditation before me and acknowledged that he/she executed the same.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____; Series of 20 _____.

ROSTER/LIST OF MEMBERS

As of _____
 (Updated at least 3 months before the application)

Name of the CSO: _____

Address: _____

<i>Names of Officers and Members</i>	<i>Position Title</i>	<i>Home Address</i>	<i>Contact Numbers</i>	<i>1x1 picture taken within the last three months (for Officers only)</i>
1.				
2.				
3.				
4.				
5.				

Note: Please use additional sheet if necessary.

Certified true and correct:

 Name and Signature of Secretary of the CSO

 Date

OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES
PROVINCE OF _____
CITY/MUNICIPALITY OF _____

I (Name of CSO Head or Authorized Representative), (Nationality), of legal age designated as (Position) of (Name of CSO), with registered address located at (Registered CSO Address), do hereby certify the following:

- THAT, the CSO has authorized the application for accreditation, and has authorized the person actually filing the application to represent the CSO in the application;
- THAT, all the supporting documents are authentic, true and correct;
- That, the CSO is not in default or delay in liquidating public funds received from any GA;
- That, neither the CSO nor any of its officers has been blacklisted by any GA;
- That, none of the officers of the CSO has been convicted in any case, or is currently a defendant/accused/respondent in any pending case, related to the use of public funds;
- That, the CSO is aware of, understands and agrees to abide by the guidelines for accreditation of CSOs;
- That, the CSO has undergone Social Preparation as described and contained in the GA's manual and guidelines.

Hereby declare:

- Other business of the CSO and its key personnel (indicate none if not applicable)

I HEREBY DECLARE UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING ATTESTATIONS ARE TRUE AND CORRECT.

(Signature over Printed Name of the Head or Authorized Representative of the CSO)

(Date)

SUBSCRIBE AND SWORN to before me this _____ day of ____ 20____, affiant has satisfactorily proven his/her identity to me through his/her valid Identification No. _____, with his/her picture and signature appearing therein. That he/she personally swears that he/she is the same person who personally signed the foregoing Sworn Certification before me and acknowledged that he executed the same.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;

Book No. _____;
Series of 20 _____.

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

STANDARDS BUREAU

Date Received

**CSO ACCREDITATION DOCUMENT CHECKLIST
(BENEFICIARY CSO)**

Name of CSO:

Complete Address:

Please check the appropriate box:

1. Application submitted is supported with complete supporting documents and subject for posting at DSWD website and validation of Field Office ()
2. Application submitted is supported with incomplete documents (X)

2.1. Specific documents that are lacking :

Documentary Requirement	Remarks
1. Duly accomplished Application Form (DSWD-SB-CSOA 001B)	•
2. Officers' Resolution (DSWD-SB-CSOA 002B)	•
3. Location sketches and Photographs of the Principal Office and Satellite offices (if any)	•
4. Organizational Chart	•
5. General Agreement of Members: <ul style="list-style-type: none"> • If with juridical personality, to submit the Articles of Cooperation or Articles of Incorporation or its equivalent thereof) • If without juridical personality, to submit Minutes of the Meeting, MOA/MOU, Resolution, etc. 	•
6. Certificate of Good Standing from SEC/CDA/DOLE/HLURB within the last three (3) months if applicable	•
7. Omnibus Sworn Statement (DSWD-SB-CSOA 006B)	•
8. Roster of Members (DSWD-SB-CSOA 005B)	•
9. Certification issued by the concerned GA that the Beneficiary CSO has undergone Social Preparation. (DSWD-SB-CSOA 007B)	•
10. By-laws and other organizational policies (if any)	•
11. List of Projects and Programs currently or previously implemented by the CSO, for the past three (3) years for which the CSO received public funds from any GA,	•

<p>certified under oath by the responsible officer of the CSO, if applicable. (DSWD-SB-CSOA 003B)</p>	
<p>12. List of Projects and Programs currently or previously within the past three (3) years, for which the CSO did not receive any public funds from any GA or wishes to be partner with the GAs), certified under oath by the responsible officer of the CSO, if applicable (DSWD-SB-CSOA 004B)</p>	<ul style="list-style-type: none"> •
<p>13. Original Certificate of Good Standing issued by each GA from which the CSO received public funds, if any ; issued not more than three (3) months prior to application</p>	<ul style="list-style-type: none"> •
<p>14. Original Certificate of Affiliation and Certificate of Good Standing issued by umbrella group to which the CSO belongs, if any; issued not more than three (3) months prior to application</p>	<ul style="list-style-type: none"> •

CERTIFICATION

This is to certify under oath that the officers and majority of the members of **(complete and official name of Beneficiary CSO)** have undergone the necessary **social preparation/technical assistance** (*terms used may vary depending on the government agency concern*) with the following components and activities for the purpose of preparing them as beneficiaries of (name of government agency) under the (name of government program or project):

(These components must all be present in the social preparation/technical assistance)

- a. identify, analyze and prioritize needs, and identify solutions to address these needs ***(must identify the specific need/s to be addressed) and ensure that these are the problems or parts thereof are addressed by the proposal;***
- b. prepare proposals, and financial plans;
- c. form committees and task or work groups; and
- d. build capacity and capability to undertake the project activities.

This Certification is issued in compliance with DBM-COA-DSWD JR 2015-001.

Issued this _____ day of (month), (year).

(Signature over printed name of the Head of the government agency concerned or his authorized representative, with their corresponding designation)

(Date)



DSWD-CSO ACRN No. _____

This
Certificate of Accreditation
is issued to

with address at

for having satisfactorily complied with the qualification requirements of a legitimate Civil Society Organization (CSO) pursuant to Joint Resolution No. 2014-001 series of 2014 and its supplemental guidelines, Joint Resolution No. 2015-001 series of 2015 of the Department of Social Welfare and Development, Department of Budget and Management and Commission on Audit (COA), entitled "*Guidelines for Accreditation of Civil Society Organizations*".

This accreditation covers the following:

(PROGRAM/PROJECT)

(GEOGRAPHICAL AREA/S OF COVERAGE)

This Certificate of Accreditation shall be valid for three (3) years or until the project/program is completed or terminated whichever comes first.

Issued on _____ 2016 in _____, Philippines.

CORAZON JULIANO SOLIMAN
Secretary, Department of Social Welfare and Development

NOTATION: The accredited CSO may not receive public or government funds from any government agency where any incorporator, organizer, director, trustee, officer or key personnel of the CSO is related within the fourth civil degree of consanguinity or affinity to any official of that government agency funding or implementing the program or the project to be implemented by the CSO

Republic of the Philippines
 Department of Social Welfare and Development

ASSESSMENT TOOL FOR THE ACCREDITATION OF BENEFICIARY CIVIL SOCIETY ORGANIZATION (CSO)

_____ *Date Received by DSWD CSO Accreditation Secretariat*

- Previously Issued DSWD CSO Accreditation
 Certificate No: _____
 Date of Issuance: _____
 Date of Expiration: _____

I. IDENTIFYING INFORMATION:

1. *Name of CSO:*
2. *Principal Address:*
3. *CSO Head and Designation:*
4. *Telephone/Mobile/Fax Number/s:*
5. *E-mail Address:*
6. *Website :*
7. *GA/s where the CSO expects funding support:*
8. *Purposes:*
9. *Programs and Services:*

<i>Technical Expertise</i>	<i>Geographical Areas of Coverage (pls. indicate specific location)</i>	<i>Target Clientele (Please indicate specific sector)</i>
	•	•

Part II. Documentary Requirements: Please put a check sign on the corresponding column to indicate whether the requirements are complied with or not. Whenever applicable, indicate under findings/observations whether such document contains complete information or there are other concerns that need to be improved.

Requirements	Compliance		Findings/Observations
	Yes	No	
1. Duly accomplished Application Form (DSWD-SB-CSOA 001B)			
2. Officers' Resolution (DSWD-SB-CSOA 002B)			
3. Location sketches and Photographs of the Principal Office and Satellite offices (if any)			
4. Organizational Chart			
5. General Agreement of Members: <ul style="list-style-type: none"> • If with juridical personality, to submit the Articles of Cooperation or Articles of Incorporation or its equivalent thereof) • If without juridical personality, to submit Minutes of the Meeting, MOA/MOU, Resolution, etc. 			
6. Certificate of Good Standing from SEC/CDA/DOLE/HLURB within the last three (3) months if applicable			
7. Omnibus Sworn Statement (DSWD-SB-CSOA 006B)			
8. Roster of Members (DSWD-SB-CSOA 005B)			
9. Certification issued by the concerned GA that the Beneficiary CSO has undergone Social Preparation. (DSWD-SB-CSOA 007B)			
10. By-laws and other organizational policies (if any)			
11. List of Projects and Programs currently or previously implemented by the CSO, for the past three (3) years for which the CSO received public funds from any GA, certified under oath by the responsible officer of the CSO, if applicable. (DSWD-SB-CSOA 003B)			
12. List of Projects and Programs currently or previously within the past three (3) years, for which the CSO did not receive any public funds from any			

Requirements	Compliance		Findings/Observations
GA or wishes to be partner with the GAs), certified under oath by the responsible officer of the CSO, if applicable (DSWD-SB-CSOA 004B)			
13. Original Certificate of Good Standing issued by each GA from which the CSO received public funds, if any ; issued not more than three (3) months prior to application			
14. Original Certificate of Affiliation and Certificate of Good Standing issued by umbrella group to which the CSO belongs, if any; issued not more than three (3) months prior to application			

Part III. Recommendation of the Assessor/Evaluator based on the initial desk review: (Please check appropriate box and fill-up the requested information below:

Based on the above findings, it is recommended that the application submitted by

Proceed to validation and posting

- Be returned to the CSO Applicant:
 - Reasons:
 - Attached is the draft letter to CSO

Assessed/Evaluated by:

(Name and Signature of DSWD Accreditation Committee Secretariat)

(Designation)

(Date)

Concurred By:

(Name and Signature of the Accreditation Committee Secretariat Leader)

(Designation)

(Date)

Remarks:

Part IV. FO Validation report (please see attached)

Part V. Result of the Notice to the Public on any derogatory record of the CSO applicant

Part VI. Summary of Findings (Indicate the highlights of the assessment and evaluation of records, review of submitted documents, ocular inspection/validation made by FO and collateral interview with the board members, key personnel and others as well as the feedback from the public) (See attached validation and abstract reports)

Part VII. Recommendations of the Accreditation Committee Secretariat: (Please check appropriate box and fill-up the requested information below:

Endorsed to the DSWD Accreditation Committee

Returned to CSO Applicant:

Reasons: _____

Attached is the draft letter to CSO

Assessed/Evaluated by:

(Name and Signature of DSWD Accreditation Committee Secretariat)

(Designation)

(Date)

Concurred By:

(Name and Signature of the Accreditation Committee Secretariat Leader)

(Designation)

(Date)

Remarks:

Approved By:

(Name and Signature of Standards Bureau Director)

(Designation)

(Date)

Remarks:

Follow Through Actions

- Date Returned to CSO Applicant _____
- Date Endorsed to Accreditation Committee _____
- Date Schedule of Accreditation Committee Meeting _____
- Results of the Evaluation of Accreditation Committee _____

Part IV. FO VALIDATION REPORT

DSWD-FO _____

Date Requested FO to validate: _____

Date Validated by FO: _____

Date of FOs report Submitted to SB: _____

The following are the prescribed content of validation assessment reports on CSO's operations in the region:

1. Identifying Information

A.1. If the agency has an office in the region:

- Name of Agency
- Address
- Agency Region Head and Designation
- Telephone/Mobile/Fax Number/s
- E-mail Address
- Website
- Photograph of the visited CSO office in the region

A.2. If the agency is found not existing nor operating in the region despite exhausted efforts to locate, there's no need to fill-up other part of this template

B. If the agency does not have an office in the region but has existing partners or operating in a tie-up scheme:

- Contact details of the focal person/coordinator such as name, address, telephone/mobile numbers, e-mail, etc.; **or**
- Contact details of partner agency such as name of agency, name of focal person, address, telephone/mobile numbers, e-mail, etc.

Part IV. FO VALIDATION REPORT

Technical Areas of Activity (pls. check appropriate box)	Brief Description on How the CSO implements the Technical Areas	Geographical Areas of Coverage (pls. indicate specific location)			Target Clients (please indicate specific sector)
		Province	City/Municipality	Barangay	
<input type="checkbox"/> Livelihood Development					
<input type="checkbox"/> Manpower Development					
<input type="checkbox"/> Sports Development					
<input type="checkbox"/> Cooperative Development					
<input type="checkbox"/> Delivery of Basic Services					
<input type="checkbox"/> Environment Protection					
<input type="checkbox"/> Agriculture and Fisheries					
<input type="checkbox"/> Rural Industrialization					
<input type="checkbox"/> Development of Local					

Enterprises					
<input type="checkbox"/> Construction, Maintenance, Operation and Management of Infrastructure Projects, such as, but not limited to, the following: <ul style="list-style-type: none"> ➤ Housing projects for the poorest of the poor ➤ School buildings for schools with inadequate classroom 					
<input type="checkbox"/> Disaster Risk Reduction and Management					
<input type="checkbox"/> Rescue, Relief and Rehabilitation Operations					
<input type="checkbox"/> Participation in Government Planning, Budgeting, and Monitoring and Evaluation					
<input type="checkbox"/> Social Services in areas that would not be ordinarily undertaken by the private sector					
<input type="checkbox"/> Advocacy					
<input type="checkbox"/> Capacity Development/Building					
<input type="checkbox"/> Resource Mobilization					
<input type="checkbox"/> Research					
<input type="checkbox"/> Others (pls specify)					

2. Identifying Information

A.1. If the agency has an office in the region:

- Name of Agency
- Address
- Agency Region Head and Designation
- Telephone/Mobile/Fax Number/s
- E-mail Address
- Website
- Photograph of the visited CSO office in the region

A.2. If the agency is found not existing nor operating in the region despite exhausted efforts to locate, there's no need to fill-up other part of this template

- B. If the agency does not have an office in the region but has existing partners or operating in a tie-up scheme:
- Contact details of the focal person/coordinator such as name, address, telephone/mobile numbers, e-mail, etc.; **or**
 - Contact details of partner agency such as name of agency, name of focal person, address, telephone/mobile numbers, e-mail, etc.

3. Program Profile:

- **List of beneficiaries benefitting from the program/ project**
- **Memorandum of Agreement (MOA)/ Memorandum of Understanding (MOU) with partner agencies**

4. Personnel

A. If the agency has an office in the region, kindly fill-up the following matrix:

No of Staff	Staff Complement			
	<i>Full time/ Regular Staff</i>	<i>Project-Based Staff</i>	<i>Part time Staff</i>	<i>Volunteer</i>
Technical Staff				
Administrative Staff				
Total				

B. If the agency does not have an office in the region but has existing partners or operating in a tie-up scheme, describe the extent of the CSO’s partnership/tie-up with its regional partners.

5. **Source of Funds:** To the extent and possible, please specify the CSO’s specific sources of funds whether government or private organizations/individuals, local and/or international/foreign including other resource generation activities.
6. **Other information gathered necessary to the assessment (if any)**
- **Supporting documents relative to the declared implemented or currently being implemented programs and projects**

7. **Source of Information:** (Please specify the sources of information. If there are other information gathered aside from the person/s, kindly indicate.)

<i>Name of Source of Information</i>	<i>Designation</i>	<i>Name of Agency (if not the CSO being validated)</i>	<i>Address</i>	<i>Contact Person</i>
(MSWD/CSWD Personnel)				
(Beneficiaries)				

8. Remarks

Validated by:

(Name and Signature of DSWD-FO Standards Unit Staff
and Designation)

(Division/Unit)

(Date)

Concurred By:

(Name and Signature of Immediate Supervisor
and Designation)

(Division/Unit)

(Date)

Endorsed By:

(Name and Signature of Field Office Director or
Authorized Representative and Designation)

(Field Office)

(Date)

PROCESS FLOW FOR ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS AS BENEFICIARIES OF GOVERNMENT OR PUBLIC FUNDS

