

APPLICATION FORM FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS (CSOs) TO IMPLEMENT DSWD PROJECTS AND / OR PROGRAMS USING DSWD FUNDS

SWA RLA Information	Registration, License and/or Accreditation number	Date Issued:	Date of Expiration	Issued by (indicate if DSWD Central Office or specify the Field Office)
SWA Registration No.				
SWA License No.				
SWA Accreditation No.				
Declared Projects and/or Programs:				
Geographical Areas of Coverage:				

BASIC INFORMATION:

Complete name of SWA <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/ Sitio	
	Barangay	
	City or Municipality	
	Province	
	Zip Code	
Head of SWA	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	
	Registration issued by SEC	Registration No.
	Date Registered	
Purposes <i>(as stated in Articles of Incorporation)</i>		

List of Government Agencies (GAs) from which the SWA implemented projects/programs using public funds (if with previous engagement with any GA for the past five years. Indicate “none” if not applicable)	
Estimated amount of public funds to be requested from DSWD	

PROJECT/ PROGRAM PROFILE (TRACK RECORD):

Projects and/or Programs of the SWA based on its mandate <i>(pls. check appropriate box)</i>	Title of the projects and/or programs implemented and/or being implemented for the last three (3) 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: Children, Youth , Women, Persons with Disabilities, Older Persons, Indigenous People, Internally Displaced, etc.)</i>
<input type="checkbox"/> Delivery of basic social welfare services			
<input type="checkbox"/> Disaster risk reduction and management program /Community Resiliency Program			
<input type="checkbox"/> Livelihood development			
<input type="checkbox"/> Center based services			
<input type="checkbox"/> Community based social welfare programs and services			

SPECIFIC PROJECTS AND/OR PROGRAMS IN LINE WITH THE DELIVERY OF BASIC SOCIAL SERVICES OR SOCIAL WELFARE AND DEVELOPMENT:

Projects/Programs of the SWA in the area of social welfare and development (provide brief description)	Period implemented (indicate the specific year started and completed)	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: Children, Youth , Women, Persons with Disabilities, Older Persons, Indigenous People, Internally Displaced, etc.)</i>
1.			
2.			
3.			
4.			
5.			

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/partners providing support to SWA to maintain its operations for the last five (5) years)*

No.	Local Sources	No.	Foreign Sources
1		1	
2		2	
3		3	
4		4	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	

AUTHORIZATION: CONFORMED BY: (NAME AND SIGNATURE OF THE CHAIRMAN/PRESIDENT OF THE BOARD)

I hereby:

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

SWORN STATEMENT:

I hereby certify the following:

- (a) That, the SWA has authorized the application for accreditation, and has authorized the person actually filing the application to represent the SWA in the application;
- (b) That , all the supporting required and or additional documents are authentic, true and correct;
- (c) That, none of the members of the SWA has been convicted in any case, or is currently a defendant/accused/respondent in any pending case, related to the use of public funds;
- (d) That, the SWA is aware of, understands and agrees to abide by the guidelines for accreditation of CSOs;

Place a check to the box to which statement are/is applicable in the following:

- That, the SWA has not implemented projects/programs from any Government Agency (GA) (Note: no need to submit the form “list of projects using public funds”);
- That, the SWA has implemented projects/programs and is not in default or delay in liquidating funds received from any Government Agency (GA) (Note: Please refer to the list of documentary requirements)
- That, neither the SWA nor any of its members/s has been blacklisted by any Government Agency;

That , the following documents have been submitted by our organization to DSWD Standards Bureau and/or to the DSWD Field Office in line with our issued DSWD License () and/or Accreditation (); and there is no material changes on these documents and therefore , our organization submit the applicability of these documents:
 _____; _____;

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

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	