



Department of Social Welfare and Development

DSWD-SB-GF-003 | REV 01 | 03 OCT 2022

IMPLEMENTING CIVIL SOCIETY ORGANIZATION (CSO) LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS

Note: Covered period for the past three (3) years if new application and for the past year if for renewal. Please use additional sheet/s, if necessary. (Indicate "none" on the columns provided if not applicable.)

Name of the CSO: _____

USING GOVERNMENT/ PUBLIC FUNDS

(From Year _____ to Year _____)

<i>Title of the Project/s and/or Program/s with brief description</i>	<i>Beneficiary areas or area/s where the project/s and/or program/s were implemented or being implemented</i>	<i>Number and specific sectors of beneficiaries served</i>	<i>Name and designation of person/s in-charge of the program/project</i>	<i>Name of partner/funding agency/ies (NGAs, LGUs)</i>	<i>Total amount received from the funding agencies</i>	<i>Unliquidated amount of the funds received if any</i>	<i>CSO funding Counterpart</i>	<i>Date started</i>	<i>Date completed</i>
A. Completed									
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.									
B. On-Going									
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PROJECTS/PROGRAMS USING THE CSO INTERNAL FUNDS AND/ OR OTHER SOURCES (LOCAL/FOREIGN) (From Year _____ to Year _____)								
<i>Title of the Project/s and/or Program/s with brief description</i>	<i>Beneficiary areas or area/s where the project/s and/or program/s were implemented or being implemented</i>	<i>Number and specific sectors of beneficiaries served</i>	<i>Name and designation of person/s in-charge of the program/s and/or project/s</i>	<i>Name of partner/funding agency/ies (indicate "own funds" if no partnerships with private agencies)</i>	<i>Total amount received from funding agencies</i>	<i>CSO funding Counterpart</i>	<i>Date started</i>	<i>Date completed</i>
C. Completed								
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•								
D. On-Going								
•								
•								

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

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

 (Date)