

(Letterhead of DSWD/ Government Agency)

CERTIFICATION OF NO DEFAULT OR DELAY IN LIQUIDATING FUNDS

(For CSO who was a co-implementer of projects and/or programs with DSWD/ other GA)

Thi	s is to	certify that:		
>	(Registered Name of CSO), with business address atis			
		tive partner of DSWD since (period of par	·	_
>	the following are the project/s and/or program/s implemented or is/are being implemented by the said CSO for the DSWD:			
	No.	Title of the Program/s and/or Project/s	Budget Allocated (Indicate amount)	Dates implemented (Started and Completed)
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	2			
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The said CSO is not in default or delay in liquidating any funds received from the (Signature over printed name of the OBSU/ FO Head handling the program If other GA, Head of Agency or his/her authorized representative)				I from the DSWD; —
	(Signature over printed name of the Finance Management Service Director/ Management Division/ If other GA, Head of Agency or his/her authorized representative) (Date)			

