

**ASSESSMENT TOOL FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS  
 TO IMPLEMENT DSWD PROJECTS AND/ OR PROGRAMS USING DSWD FUNDS**

\_\_\_\_\_  
**Date Received**

**Type of Application:**

- New Application  
 Renewal:

**Scope of Operation:**

- Nationwide/ more than one (1) region  
 Operating only in one (1) region

License/ Accreditation No.	Date Issued	Expiration Date

**Part I. IDENTIFYING INFORMATION:**

1. Name of CSO:		
2. Principal Address:		
3. CSO Head and Designation:		
4. Telephone/Mobile/Fax No/s.		
5. E-mail Address:		
6. Website :		
7. GA/s where the CSO expects funding support:		
8. Purposes:		
9. Programs and Services:		
Applied Projects and/or Programs • • •	Geographical Areas of Coverage (pls. indicate specific location) • • •	Target Clientele (Please indicate specific sector/s) • • •

**Part II. DOCUMENTARY REQUIREMENTS:**

Per desk review made last \_\_\_\_\_ (Date) \_\_\_\_\_, the applicant CSO has submitted complete and compliant documents and was subject for validation.

**Part III. RESULTS OF THE FIELD OFFICE VALIDATION REPORT** (please cite the highlights of the validation report)

**Part IV. RESULT/S OF THE NOTICE TO THE PUBLIC ON ANY DEROGATORY RECORD OF THE APPLICANT CSO**

\_\_\_\_\_  
\_\_\_\_\_.

**Part V. SUMMARY OF FINDINGS** (Attach a one (1) page abstract report that should indicate the highlights of the assessment and evaluation of the applicant’s accreditation.)

**Part VI. RECOMMENDATION OF THE STANDARDS BUREAU:** (Please check appropriate box and fill-up the requested information below:

For issuance  
 Reason/s: \_\_\_\_\_  
\_\_\_\_\_.

For denial  
 Reason/s: \_\_\_\_\_  
\_\_\_\_\_.

***Assessed/Evaluated by:***

\_\_\_\_\_  
(Name and Signature of the DSWD SB-Assessor)

\_\_\_\_\_  
(Date)

***Reviewed/Endorsed By:***

\_\_\_\_\_  
(Name and Signature of the DSWD SB- Team Leader)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name and Signature of the DSWD SB- Division Chief)

\_\_\_\_\_  
(Date)

Remarks: \_\_\_\_\_.

\_\_\_\_\_  
(Name and Signature of the Standards Bureau Director)

\_\_\_\_\_  
(Date)

Remarks: \_\_\_\_\_.

***Concurred/Recommended by:***

\_\_\_\_\_  
(Name and Signature of the Undersecretary for SCBG)

\_\_\_\_\_  
(Date)