CSO IMPLEMENTING: VALIDATION REPORT

VALIDATION REPORT (TEMPLATE)

DSWD-FO: _____

Date Requested SB to validate: _____

Date Validated by FO: _____

Date of FOs submission of report to SB: _____

The following are the prescribed content of the Validation Report on the CSO's operations in the region.

1. Identifying Information

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

- Name of CSO
- Address
- CSO Region Head and Designation
- Telephone/Mobile/Fax Number/s
- E-mail address
- Website
- Picture of the visited CSO site

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

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

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

Name of Coordinator/ Partner agency	Address	Phone number	Email address

Projects and/or Programs	Brief description on how the CSO implements the Technical areas of expertise	Period started- Program timelines (regular, seasonal, semestral,year round, yearly, biennial etc.)	Geographical Areas of Coverage (pls. indicate specific location)		Target Clientele (pls. indicate specific sector)
			Province	City/Municipality Barangay	
Delivery of basic social welfare services					
Disaster risk reduction and management program					
Livelihood development assistance					
Center based services					
Community based social welfare programs and services					

2. Program Profile
   - List of beneficiaries benefitting from the program/project
   - Memorandum of agreement (MOA)/ Memorandum of Understanding (MOU) with partner agencies

3. Personnel

   If the CSO 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				

4. Source of Funds – Please specify the CSO's sources of funds, whether government or private organizations/individuals, local and/or foreign/international including other resource generation activities.

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

   - Supporting documents relative to the declared implemented or current projects and/or programs.

6. Source of information – (Please specify the sources of information. If there are other information gathered aside from the CSO representative, kindly indicate)

Name of Source of information	Designation	Name of Agency (if not the CSO being validated)	Address	Contact Person
MSWD/CSWD Personnel/Others (pls. specify)				
(Beneficiaries)				

7. Remarks

_____

_____

Validated by:

_____   _____
Name and Signature of DSWD-FO Standards Section Staff and Designation   Date

Concurred by:

_____   _____
Name and Signature of Immediate Supervisor and Designation   Date

Endorsed by:

_____   _____
Name and Signature of FO Director or Authorized Representative and Designation   Date

* Validation Report may not be needed as per Sec. VI. Accreditation Process Item 3.4 of Validation.