

**APPLICATION FORM FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATION (CSO) AS  
A BENEFICIARY OF DSWD**New Application   
Renewal 

Complete Name of CSO: \_\_\_\_\_

Complete Address of the CSO		
Head of CSO	Name	
	Designation	
Contact Information	Landline/Mobile No/s.	
	E-mail Address	
Date of Organization		
Affiliation		
Purpose of CSO for organizing as a group <i>(Use additional sheet, if necessary)</i>		

Has the CSO received funds from government and/or private agencies within the past three years?

- Yes, please submit DSWD-SB-BCSOA-001B (List of Projects and/or Programs)
- No

Organizational Profile/Chart *(Use additional sheet of paper, if necessary)*

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Location Sketch principal office of the CSO *(pls. attach photographs of façade and the interiors of the office in another sheet of paper)*

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Name of Program in Certificate of Social Preparation	
OR	

<b>Name of Program the CSO want to be a beneficiary of</b>	
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***I do hereby certify the following:***

1. That, the CSO has authorized the application for accreditation, and has authorized the person actually filing the application to represent the CSO in the application;
2. That, all the supporting required and/or additional documents are authentic, true and correct;
3. That, none of the members of the CSO has been convicted in any case, or is currently a defendant/accused/respondent in any pending case, related to the use of public funds;
4. That, the CSO is aware of, understands and agrees to abide by the Guidelines for accreditation of CSOs; and
5. That, neither the CSO nor any of its member/s has been blacklisted by any Government Agency.

***Further, in behalf of the CSO applicant, I hereby:***

1. Authorize the DSWD to inspect the premises of the office as well as the site of any past or present program of the CSO; and
2. Authorize any concerned person to disclose to the DSWD any fact material to the validation of any information provided by the CSO Applicant in this application form or in any of the documents submitted in support thereof.

**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							
<p><b>SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification:</b></p> <table border="1" style="margin: 10px auto; width: 80%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 5px;">Government ID Type and No.</td> <td></td> </tr> <tr> <td style="padding: 5px;">Place and date of issue</td> <td></td> </tr> <tr> <td style="padding: 5px;">Valid until</td> <td></td> </tr> </table>				Government ID Type and No.		Place and date of issue		Valid until	
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