

CERTIFICATE OF GOOD STANDING
(For CSO who was a beneficiary of projects/programs with DSWD)

This is to certify that:

- _____ (Name of CSO) _____, with office address at _____ is an active partner of DSWD since (period of partnership);
- The following are the project/s and/or program/s implemented or is/are being implemented by the CSO for the DSWD:

No.	Title of the Program/s or Project/s	Amount of Fund Transferred	Date Started	Date Ending
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

The CSO has liquidated, in accordance with COA regulations, all fund transfers due for liquidation.

*(Signature over printed name of the Head or Authorized Representative of the Head of Authorized Representative of the DSWD
Field Office Implementer of the Project)*

Date