

**ASSESSMENT TOOL FOR THE ACCREDITATION OF BENEFICIARY CIVIL  
SOCIETY ORGANIZATION (CSO)**

Status of Application  <input type="checkbox"/> New <input type="checkbox"/> Renewal  Previously Issued DSWD CSO Certificate Accreditation	_____ <i>Date Received by DSWD CSO Accreditation Secretariat</i>
Certificate No: _____	
Date of Issuance: _____	
Date of Expiration: _____	

**I. IDENTIFYING INFORMATION:**

1. *Name of CSO:*
2. *Principal Address:*
3. *Name of CSO Head and Designation:*
4. *Telephone/Mobile/Fax Number/s:*
5. *E-mail Address/Website:*
6. *Purposes:*
7. *Programs and Services:*

<b>Name of Program/Project</b>	<b>Geographical Areas of Coverage (pls. indicate specific location)</b>	<b>Target Clientele (Please indicate specific sector)</b>

**Part II. Documentary Requirements:** Please put a check sign on the corresponding column to indicate whether the requirements are complied with or not. Whenever applicable, indicate under findings/observations whether such document contains complete information or there are other concerns that need to be improved.

<b>Requirements</b>	<b>Compliance</b>		<b>Findings/Observations</b>
	<b>Yes</b>	<b>No</b>	
1. Duly accomplished Application Form (DSWD-BCSOA 001A) supported with: <ul style="list-style-type: none"> <li>• Organizational Chart</li> <li>• Location sketches and Photographs of the Office/ Meeting Place</li> </ul>			
2. List of Projects and Programs (DSWD-BCSOA-001B)			
3. Roster of Members (DSWD-BCSOA 001C)			

Requirements	Compliance		Findings/Observations
	Yes	No	
4. Original Certificate of Good Standing (DSWD-BCSOA 002)			
5. Certification that the Beneficiary CSO has undergone Social Preparation. (DSWD-BCSOA 003); or			
6. Certification on the willingness of Beneficiary-CSO to undergo social preparation. (DSWD-BCSOA-004)			

**Part III. FO VALIDATION REPORT**

*(As may be applicable pursuant to Letter E, Article VIII of DSWD M.C. No. 13 Series of 2017)*

Date of validation visit: \_\_\_\_\_

The following are the prescribed content of validation assessment reports on CSO's operations in the region:

1. Identifying Information
  - Name of CSO
  - Address
  - Name of CSO Head and Designation
  - Telephone/Mobile/Fax Number/s
  - Photograph of the visited CSO office
  
2. If the CSO is found not existing nor operating in the address or geographical area indicated in the application form.

**Program/Project Profile Implemented by the CSO**

Name of Program/Project	Brief Description on How the CSO implements the Program/Project	Remarks (other observations)

Name of Program/Project	Brief Description on How the CSO implements the Program/Project	Remarks (other observations)

3. Beneficiaries' Profile:

- Number of beneficiaries of the program/ project
- Membership to the organization

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

- a.
- b.
- c.

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

- **Supporting documents relative to the declared implemented or currently being implemented programs and projects**

6. **Source/s of Information:** (Please specify the sources of information. If there are other information gathered aside from the person/s, kindly indicate.)

<i>Name/s of Source/s of Information</i>	<i>Designation</i>	<i>Name of Agency (if not the CSO being validated)</i>	<i>Address</i>	<i>Contact Number</i>
(MSWD/CSWD Personnel)				
(Beneficiaries)				
Other sources of information				

**Part IV. Result of the Notice to the Public on any derogatory record of the CSO applicant**

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**Part V. Summary of Findings** (Indicate the highlights of the assessment and evaluation of rrrds, review of submitted documents, ocular inspection/validation made and collateral interview with the board members, key personnel and other informant/s as well as the feedback from the public)

**Part VI. Recommendations of the FO Accreditation Committee Secretariat:** (Please check appropriate box and fill-up the requested information below:

- Endorsed to the FO Accreditation Committee
- Deferred, Needing Additional Information

**Assessed/Evaluated by:**

(Name and Signature of DSWD Accreditation Committee Secretariat) (Designation) (Date)

**Concurred By:**

(Name and Signature of the Accreditation Committee Secretariat Leader) (Designation) (Date)

**Follow Through Actions**

- Date Returned to CSO Applicant \_\_\_\_\_
- Date Endorsed to Accreditation Committee \_\_\_\_\_
- Date Schedule of Accreditation Committee Meeting \_\_\_\_\_
- Results of the Evaluation of Accreditation Committee \_\_\_\_\_

**Remarks:**

**Validated by:**

\_\_\_\_\_  
(Name and Signature of DSWD-FO Standards Unit Staff (Division/Unit and Designation)

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

**Concurred By:**

\_\_\_\_\_  
(Name and Signature of Immediate Supervisor(Division/Unit and Designation)

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