

Checklist for Licensing of Auxiliary Social Welfare and Development Agencies (SWDAs) Already Implementing

Name of Agency : _____

Address : _____

Areas of Coverage : _____

Scope of Operation:

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

Put a **check** (✓) in the corresponding box if the document is **available** or **(X)** mark if **not**.

| Available | | <i>List of Documentary Requirements</i> | <i>Remarks</i> |
|-----------|----------|--|----------------|
| | 1 | Duly Accomplished and Notarized Application Form <i>(Note: Per Secretary's advisory, during state of public health emergency. Application need not be notarized)</i> | |
| | 2 | Manual of Operation containing the SWDAs' program and administrative policies, procedures and strategies to attain its purpose/s, among others <i>(Please see Annex 4. DSWD-RLA-004 Guide in the Preparation of Manual of Operation, as attached)</i> | |
| | 3 | Profile of Board of Trustees | |
| | 4 | Profile of Employees and Volunteers • At least one (1) full time staff who will manage its operation | |
| | 5 | Certified True Copy of General Information Sheet (GIS) issued by SEC or any regulatory agencies | |
| | 6 | Certificate of No Derogatory Record information issued by SEC <i>(except those in operation for less than six months upon filing of the application)</i> | |

| Available | | <i>List of Documentary Requirements</i> | <i>Remarks</i> |
|-----------|-----------|--|----------------|
| | 7 | <i>ABSNET Membership</i> Certification from the Regional ABSNET (RAB) President/Chairperson of the Cluster ABSNET (CAB) or the authorized ABSNET Officer attesting the active ABSNET membership of the applicant SWA | |
| | 8 | Declaration of Commitment from the applicant SWDA of no support to tobacco in compliance with provisions of Executive Order No. 26 of 2017 (Providing for the Establishment of Smoke-Free Environments in Public and Enclosed Places) and RA No. 9211 (Tobacco Regulation Act of 2003) | |
| | 9 | Duly signed Work and financial Plan for the two (2) succeeding years | |
| | 10 | Notarized Updated Certification from the Board of Trustees and/or the funding agency to financially support the organization to operate for at least two years | |
| | 11 | Annual Accomplishment Report of the previous year | |
| | 12 | Audited Financial Report of the previous year submitted to SEC and/or Bureau of Internal Revenue (BIR) shall be accepted | |
| | 13 | Financial report based on the DSWD template shall also be submitted. For those SWDAs with a total revenue of less than Php500,000.00, an unaudited financial statement prepared by the Financial Officer and concurred by the Head of Agency, may suffice | |
| | 14 | Profile of clients/community being served for the preceding and current year | |
| | 15 | For those operating in more than one (1) region: a) List of main and satellite/branch offices with contact details, if any | |
| | | b) Certified true copy of the notarized written agreement of partnership or cooperation between the agency and its partner agency e.g Memorandum of Agreement (MOA), Contract of Partnership, among others | |
| | | c) Any of the following attesting to the existence and status of operation of | |

| Available | | List of Documentary Requirements | Remarks |
|--|-----------|--|---------|
| | | the organization in the area/s of jurisdiction: <ul style="list-style-type: none"> • Validation report from the concerned DSWD Field Office • Certification from Cluster ABSNET • Certification from the LGUs <p><i>There is no need to get a validation report/certification of existence for the region where the main office of the applicant is located</i></p> | |
| | 16 | For applicant serving within the Ancestral Domains of Indigenous people (IP) – Photocopy of NGO Accreditation from the NCIP If none, certification from the head of agency that no IP beneficiaries | |
| | 17 | For applicant with past and current partnership with the DSWD that involved transfer of funds Certification from DSWD Office and/or other concerned government agencies that the applicant is free from any financial liability /obligation. If none, certification from the head of agency that no funds/grants received from any of the government agencies. | |
| | 18 | Duly Accomplished Data Privacy Consent Form <i>(In compliance with the Data Privacy Act of 2021)</i> | |
| | 19 | Copy of Official Receipt (OR) of processing fee on licensing amounting to P1,000.00 | |
| <i>Other documents submitted by the SWDAs :</i> | | | |
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Remarks: For endorsement For submission of lacking documents

Reviewed by:

Name and signature of staff

Date

Notes: For purposes of compliance with RA 11032, The Ease of Doing Business Act, those documentary requirements earlier submitted during the registration and licensing processes that are also required for accreditation and no changes was made as attested by the applicant organization, shall be deemed acceptable during the accreditation application process. Similarly, during the renewal process of accreditation, on top of the basic documents and those documents that are valid only for one year, and those needed to be updated shall be required. Details of these shall be stated in the manual of operation.