

Application Form for Accreditation of Senior Citizens Center

<p>Status of Application</p> <p><input type="checkbox"/> New Application <input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> 1st <input type="checkbox"/> 4th</p> <p><input type="checkbox"/> 2nd <input type="checkbox"/> 5th</p> <p><input type="checkbox"/> 3rd <input type="checkbox"/> others, please specify _____</p>	<p>DSWD Previously Issued Accreditation</p> <p>❖ Accreditation No.: _____</p> <p>❖ Date of Issuance: _____</p> <p>❖ Date of Expiration: _____</p>
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I. Identifying Information:

Name of Applicant Senior Citizen Center		
Other Name (e.g. acronym, short name, previous name, etc.)		
Business Address:	No. and Street/ Subdivision	
	Barangay	
	City/Municipality	
	Province	
	Zip Code	
Head of the Center:	Name	
	Position/Designation	
Contact Details:	Landline	
	Fax No.	
	Mobile No.	
	Social Media Account	
	E-mail Address	
	Website	
Sangguniang Bayan Resolution	SB No.	
	Date Issued	
	Name of the Mayor	
Under LSWDO	Yes	
	No, specify what office	

II. Staff Complement (Current Year)

Staff Complement	No. and Composition of Staff Complement per Facility/Satellite Office/Areas of Operation			
	Full Time/ Regular Staff	Part-time Staff	Volunteer Staff	Total
Management ➤ Center Head ➤ Others, specify				
Program Staff ➤ Registered Social Worker ➤ Administrative Staff ➤ Others, please specify:				
Support Staff (please specify)				

1. Annual Budget (Latest):

2. Source of Funds: Please specify the organization’s specific sources of funds whether government or private organizations/individuals, local and international/foreign including resource generation activities with the corresponding amount of funds covered annually in peso value, If foreign, there is a need to specify the country location.

a. Local Source:	Amount
_____	_____
_____	_____

b. Foreign Source:	Value in Peso
_____	_____
_____	_____

I hereby certify that the information on this application form and all supporting documents are true and correct.

 (Signature over Printed Name of Center Head or Authorized Representative)

 (Position/Designation of the Center Head or Authorized Representative)

 (Date)

Note: If will be eligible for issuance of Certificate of Accreditation, kindly check the appropriate box on how the organization would like to receive the Certificate:

- Through Courier pick-up at DSWD Office

(Field Office or Standards Bureau, as applicable)