

Annex 3: Regional Permit Assessment Form

**ASSESSMENT FORM FOR THE APPLICATION
 FOR REGIONAL AUTHORITY TO CONDUCT FUND CAMPAIGN**

Date Request Received: _____

I. Identifying Information:

1. Name of Person/Group/Corporation/Organization/ Association: _____
2. Business Address: _____
3. Contact Number/s and E-mail Address: _____
4. Name of Agency Head and Position/Designation: _____

5. Status of Application:

- New Application
 Renewal (pls. indicate previous issued permit No. and Date _____)

6. Type of Applicant:

- Government Agency
 Central Office
 Attached Agency
 Regional Office
 GOCC
 State Universities /Colleges
 NGO/CSO/Faith-based organization
 Person
 LGU

7. Scope/Coverage:

- Regional (more than one (1) city/ Municipality/province)

8. **Documentary Requirements:** (Please put check as appropriate and indicate findings/observations)

Requirements	Available		Findings/Observations
	Yes	No	
a. Duly Accomplished Application Form signed by the Agency Head or his/her authorized representative (<u>Annex 2</u>)			
b. Certified True Copy of Certificate of Registration and Articles of Incorporation and By-Laws with the SEC or other regulatory government agency which has jurisdiction to regulate the applicant, <u>if new application</u>			
c. Updated Certification of Good Standing, or Updated Certificate of Corporate Filing/Accomplished SEC General Information Sheet (GIS) from any of the above-mentioned regulatory government agencies which has jurisdiction to regulate the applying organization or agency. This shall be required if the			

Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the Standards Bureau's mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.

Requirements	Available		Findings/Observations
	Yes	No	
date of registration with the concerned regulatory government agency is more than five (5) years prior to application.			
d. Project Proposal approved by the Head of Agency on the intended public solicitation activity including the Work and Financial Plan (WFP) on the activity to be undertaken. (Annex 5).			
e. Profile of current governing board members or its equivalent in the corporation, certified by the corporate secretary or any equivalent officer. (Annex 6)			
f. Notarized Written Agreement or any similar document signifying the intended beneficiary/ies concurrence as recipient of the fundraising activities. For children beneficiaries, only parent/s of the child/children or maternal/paternal relative/s may sign the document in behalf of the child.			
g. Endorsement Letter from DSWD licensed and accredited SWDA or from the C/MSWDO allowing an individual to solicit funds under their name or responsibility			
h. Endorsement or Certification from any but not limited to the following agencies allowing the applicant to undertake solicitation in their agency's jurisdiction such as: h.1. Director of Private Schools h.2. School Superintendent of Public Schools h.3. Head or authorized representative of National Government Agencies (NGAs) h.4. Head or authorized representative of the Local Government Unit (LGUs) h.5. Bishop/Parish Priest/Minister or Head of any Sect or Denomination h.6. Others			
i. Applicant's Social Case Study Report (SCSR) from his/her locality duly signed by the City/Municipal Social Welfare and Development Office (C/MSWDO).			
j. Treatment Protocol (Original/Certified True Copy by the attending physician with corresponding license number) or Medical Certificate/Abstract (Certified True Copy of the Hospital's Records Section			
k. Fund Utilization Report (Annex 12) of its proceeds and expenditures duly certified by its auditor/book keeper, if the soliciting entity is a non-government organization or an individual. The said fund utilization report should be included in the Audited Annual Financial Report to be submitted to the concerned DSWD Office, copy-furnishing the Standards Bureau, 120 days after the end of every fiscal year as provided in the organization's Constitution and By-Laws			
l. Additional Specific Requirements for Each Methodology to be used: Sample/s shall be provided.			

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Requirements	Available		Findings/Observations
	Yes	No	
<i>l.1. Tickets, Ballots, Cards and Other Similar Forms</i>			
<i>l.2. Donation Boxes, Coin Banks and Other Similar Forms</i>			
<i>l.3. Benefit Show such as Fashion Show, Concert and Other Similar Activities</i>			
<i>l.4. Photo or Painting Exhibits and Other Similar Activities</i>			
<i>l.5. Written Requests such as Envelopes, Letters of Appeal, Greeting Cards and Other Similar Forms</i>			
<i>l.6. Mass Media Campaign through Radio, Television, Cinema, Magazines, Newspapers, Billboards or Other Similar Forms</i>			
<i>l.7. Sports Activities for a Cause such as Fun Run, Marathon, Cycling and Other Similar Activities</i>			
<i>l.8. Rummage Sale, Garage Sale, Sales of Goods and Other Similar Forms</i>			
<i>m. Copy of issued DSWD Official Receipt for the payment of processing fee (indicate OR No. and Date Issued)</i>			

II. Summary of Findings/Assessment: (Use separate sheet as needed)

III. Recommendations:

For Issuance:

Based on the above findings, _____
 (Name of Person/Corporation/Organization/ Association)

_____ is for issuance of an authority to conduct fund campaign

for a period of _____
 (duration of fund raising activity)

in _____ for the following purpose/s
 (area/s of coverage)

- ❖ _____
- ❖ _____

Solicitation shall be done through the following methodologies:

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❖ _____
❖ _____

For Non-Issuance:

In order to facilitate the issuance of an authority to conduct fund campaign, the

(Name of Person/Corporation/Organization/ Association)

shall comply the following within _____ days/months:

❖ _____
❖ _____

Assessed by:

(Signature over Printed Name of FO-SU Staff & Designation)

Date

Reviewed by:

(Signature over Printed Name of FO-Standards Unit Head)

Date

Recommending Approval:

(Signature over Printed Name of Concerned FO Division Chief)

Date

Approved by:

(Signature over Printed Name of DSWD Regional Director/Authorized Representative) Date

Note: Please use additional sheet/s, if necessary.

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