

Annex 4: National Permit Assessment Form

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

Date Request Received: _____

I. Identifying Information:

1. Name of Person/Corporation/Organization/ Association : _____

2. Address: _____
3. Contact Number/s and E-mail Address: _____
4. Name of Agency Head and Position/Designation: _____

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>5. Status of Application:</p> <p><input type="checkbox"/> New Application</p> <p><input type="checkbox"/> Renewal (pls. indicate previous issued permit No. and Date _____)</p> | <p>6. Type of Applicant:</p> <p><input type="checkbox"/> Government Agency</p> <p style="margin-left: 20px;"><input type="checkbox"/> Central Office <input type="checkbox"/> GOCC</p> <p style="margin-left: 20px;"><input type="checkbox"/> Attached Agency <input type="checkbox"/> State Universities /Colleges</p> <p style="margin-left: 20px;"><input type="checkbox"/> Regional Office</p> <p style="margin-left: 20px;"><input type="checkbox"/> NGO/CSO/Faith-based organization</p> <p><input type="checkbox"/> Person</p> <p><input type="checkbox"/> LGU</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
7. Scope/Coverage:
- National (more than one (1) region)

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

<i>Requirements</i>	<i>Available</i>		<i>Findings/Observations</i>
	<i>Yes</i>	<i>No</i>	
a. Duly Accomplished Application Form signed by the Agency Head or his/her authorized representative (Annex 2)			
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, if new application			
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 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			

Requirements	Available		Findings/Observations
	Yes	No	
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 the 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 registered and licensed SWDA or the Head of the M/CSWDO of the Local Government Unit (LGU) – if it allows the individual applicant to raise funds under its name.			
h. Endorsement or Certification from any but not limited to the following agencies allowing the applicant to undertake solicitation activities in their jurisdiction such as: h.1. Director of Private Schools h.2. Schools Superintendent of Public School h.3. Head or authorized representative of National Government Agencies (NGAs) h.4. Head or authorized representative of the Local Government Unit (LGU) h.5. Bishop/Parish Priest/Minister or Head of any Sect or Denomination h.6. Others			
i. Applicant's Certificate of Indigency from the Barangay of his/her residence and 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; Samples shall be provided.			
l.1. Tickets, Ballots, Cards and Similar Forms			
l.2. Donation boxes, Coin Banks and Other Similar Forms			

<i>Requirements</i>	<i>Available</i>		<i>Findings/Observations</i>
	<i>Yes</i>	<i>No</i>	
I.3. Benefit Show such as Fashion Show, Concert and Similar Activities			
I.4. Photo or Painting Exhibits and Similar Activities			
I.5. Written of request such as envelopes, Letter of Appeal, Greeting Cards and Similar Forms			
I.6. Text Messages and Other Types of Solicitation Using Electronic Devices (not applicable for Local and Regional Fund Raising Activities)			
I.7. Mass Media Campaign through Radio, Television, Cinema, Magazines, Newspapers, Billboards or Other Similar Forms			
I.8. Sports Activities for a Cause such as Fun Run, Marathon, Cycling and Similar Activities			
I.9. Rummage Sale, Garage Sale, Sales of Goods and Other Similar Forms			
m. Copy of issued DSWD Official Receipt for the payment of processing fee (indicate OR No. and Date of Issuance)			

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:

❖ _____
 ❖ _____

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:



For DSWD Field Office:

Reviewed/Assessed by:

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

Date

Endorsed/Approved by:

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

Date

For DSWD Central Office:

Assessed by:

(Signature over Printed Name of DSWD-SB Staff & Position/Designation)

Date

Reviewed/Endorsed by:

(Signature over Printed Name of SB-SCMD Division Chief)

Date

Endorsed/Approved by:

(Signature over Printed Name of Standards Bureau Director)

Date

Concurred by:

(Signature over Printed Name of the Head of Standards and Capacity Building Sub-Cluster) Date

Note: Please use additional sheet/s, if necessary