

Annex 10: Board Resolution

BOARD RESOLUTION

WHEREAS.

(Name of Corporation/Organization/Association)

Resolve to raise funds for the

(State objectives/purposes)

RESOLVED, as it is hereby resolved, that each and every one of the Officers pledge to assume full responsibility for all contributions and funds received. That we will limit the administrative expenses incident in the holding of the fund drive to no more than thirty percent (30%) of the gross income and/or the balance of seventy percent (70%) to be appropriated for the said project. In case funds are raised solely through voluntary contributions, administrative expenses shall be limited to ten percent (10%) of the total collection.

RESOLVED, that no person involved in the fund raising shall get any share from the proceeds to be derived therefrom and that only lawful means shall be employed during the fund drive.

RESOLVED finally, to authorize

as the sole

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 DSWD's mandate to 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

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(Name of Authorized Representative/s) Representative of the organization to represent in the filling-up of necessary application with the DSWD

(Standards Bureau/Field Office and Address)

IN VIEW OF THE ABOVE, the following persons are the only authorized agents who will be involved in the conduct the solicitation/fund drive.

Name of Authorized Solicitors/Agents/ Partner Agencies	Business Address	Email Address	Contact Numbers	Nationality (if foreign, pls. indicate BID clearance/working visa number and date)
UNANIMOUS	SLY APPROVED:	L	1	1

GOVERNING BOARD OFFICERS/MEMBERS		Position	Nationality (if foreign, pls. indicate BID clearance/working visa number and date)	Residential Address	Email Address	Contact Numbers
Full Name	Signature					

Approved by:

		Certified Correct
Chairman/President	of the Board	
		Corporate Secretary
SUBSCRIBE AND S	WORN to before me the	undersigned Notary Public for and in, this
Day of	at	by
with Community Tax C	ertificate no.	issued at
on	•	

NOTARY PUBLIC

