

**Annex 12: Fund Utilization Report
for Fund Raising Activities**
FUND UTILIZATION REPORT

Date: _____

1. Name of Person/Corporation/Organization/Association: _____
2. Business Address: _____
3. Contact Number/s: _____ 4. Special Account No. and Depository Bank: _____
5. Solicited Funds (pls. use separate sheet if necessary)

Title of the Activity and Description	Purposes	Methodologies Used for Solicitation Activity	Date of Solicitation Activities Conducted	Area where the Solicitation Activities Conducted	Funds Generated		Beneficiaries of the Solicited Funds			
					Projected Amount to be Raised	Actual Solicited Amount	Number and Type	Target Areas	Amount Received	Status

6. Expenditures: (pls. use separate sheet if necessary)

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 DSWD'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.

Total Amount Solicited Funds: Php

Particulars	Amount	%
A. Program Concerns (The 70% of the total funds to be generated which allocated for the expenses incurred in the direct or indirect provision of services to the beneficiary including implementation of relevant programs and services)		
<i>Sub-Total</i>		
B. Administrative Concerns (The 30% of the total funds to be generated which allocated for the cost incurred to support the management and operation of the conduct of the solicitation activity. This include application fee for a solicitation permit, cost of mailings, printing of letters of appeal, and others)		
<i>Sub-Total</i>		
Grand Total		

Balances of Solicited Funds Php

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Prepared and Certified Correct by:

(Signature over Printed Name of the Treasurer
& Position Title/Designation)

Date

Approved by:

(Signature over Printed Name & Position Title/Designation of the Agency Head)

Date

SUBSCRIBE AND SWORN to before me the undersigned Notary Public for and in _____, this _____ day of _____ at _____ by _____ with Community Tax Certificate no. _____ issued at _____ on _____.

NOTARY PUBLIC

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