

APPLICATION FORM FOR LICENSING FOR INTENDING TO OPERATE

Type of Application:

(Please check the appropriate box)

- Licensing of Auxiliary SWDA
- People's Organization
 - Resource Agency
 - SWD Network

- Licensing of Social Work Agency (SWA)
- Center-based Agency
 - Community-based Agency
 - Child Placing Agency

Scope/Coverage:

- More than one Region/
Nationwide
- Regional

I. Identifying Information:

<input checked="" type="checkbox"/> Name of Applicant SWDA (as stated on the SEC Registration)	
<input checked="" type="checkbox"/> Other Name (e.g., acronym, short name, previous name, etc.)	
<input checked="" type="checkbox"/> Business Address (based on the latest General Information Sheet/GIS submitted to SEC):	No. and Street/ Subdivision:
	Barangay
	City/Municipality
	Province
	Zip Code
<input checked="" type="checkbox"/> Head of Applicant SWDA	Name
	Position/Designation
<input checked="" type="checkbox"/> Contact details	Landline No.
	Mobile No.
	Social Media Account
	E-mail address
	Website
<input checked="" type="checkbox"/> Principal Registration (Juridical Personality)	Agency (SEC)
	Registration No.
	Date Registered
<input checked="" type="checkbox"/> Mayor's Permit (If available)	Place Issued
	Issued No.
	Date Issued:
	Validity Period:
<input checked="" type="checkbox"/> DSWD Official Receipt (O.R.) No. (Please attach photocopy of receipt)	

II. Specific Objectives of the SWDA (pls. state and attached separate page, if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____

✓ III. Program Profile (Please indicate all the programs and services for implementation/operation and/or being implemented/operated by the applying organization):

Type of Programs and Services per Service Delivery Mode	Area of Coverage/Location (pls. specify)			Target Beneficiaries (please indicate number of beneficiaries being served per specific category e.g. under children Sector - 5 neglected, 3 abused etc)								
	Region	City/Province	Municipality	Children	Youth	Women	Older Person	PWD	Family	Community	Disasters Victims	Others (Specify)
1. Direct Program/s (pls. specify all the programs and services that is directly provided to the clientele per area of operation)												
a. Community-based												
b. Center-based (pls. indicate specific name of each facility with corresponding bed capacity and programs and services to be or being provided to the clientele)												
Indirect Program/s (Please specify all those are supportive activities in the delivery of social welfare and development programs and services to the disadvantaged sector/s).												
a. Funding												
b. Training/ Capability Building												
c. Technical Assistance												
d. Research												
e. Advocacy/ IEC Development												
d. Others												

✓ IV. List of Main and Satellite Office

Name of Office/Facilities	Office Address	Contact Person	Designation	Contact Number	Email Address
1. Main/Principal Office:					
2. Satellite/Branch Office:					
a.					
b.					

3. Center/Facility: a. b.					
4. Partner (If applying as Auxiliary SWDA) a. b.					

- Please attach sketch map of the declared office/s and facilities
- Pls. use additional sheet, if necessary

✓ V. Staff Complement (current year)

Name of Facility/ Satellite Office/ Areas of Operation	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 ➤ Executive Director/Agency Head ➤ Others, pls. specify:				
	Program Staff ➤ Registered Social Worker ➤ Community Development Worker ➤ House parents/ caregivers ➤ Others, please specify:				
	Support Staff (please specify)				

✓ VI. Profile of Governing Board/Board of Trustees (Not applicable for Public SWDA)

Name	Position Title	Educational Attainment	Business Address	Home Address	Experience and/or training on SWD (Pls. indicate place and date of training/experience)	Nationality	If Foreigner (Pls. specify permit/visa issued number, date issued and expiration date)		
							Working Permit	Missionary Visa	Working Visa

- Pls. use additional sheet, if necessary

✓ VII. Profile of Employees. (Kindly fill-up the form below for the profile of employees)

✓ VIII. Profile of Registered Social Workers (current year; Not applicable for Auxiliary SWDA)

Name	License Number	Validity
1.		
2.		

✓ IX. Budget:

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/or international/foreign including other 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*

Peso Value

b. *Foreign Source*

Peso Value

X. Declaration of Commitment

Consistent with the principle that there is an irreconcilable conflict of interest between public health, public safety, and provision to public services on one hand and the interests of the tobacco industry, and its representatives on the other, the undersigned hereby commits and supports all government efforts to protect the bureaucracy against any interference from the tobacco industry by signing the Certification below.

Given this, the undersigned declares that he/she, at present*, **is not directly or indirectly representing, or not directly or indirectly receiving donation or payment** from any tobacco product manufacturer or wholesaler, or any parent, affiliate or subsidiary of a tobacco product manufacturer or wholesaler, or any person, interest group, advocacy organization, law firm, advertising agency, or other business or organization that represents the interests of the tobacco industry.

**in case of any past interests related to the tobacco industry, please declare/list the details of such interest in the blank spaces provided (name of tobacco company, date and details of involvement)*

Name of Tobacco Company	Date/Period of Involvement	Details of Involvement

XI. Data Privacy Act (DPA) of 2012

By completing this form, I/we give permission to the Department of Social Welfare and Development (DSWD) to enter and store the data provided above in its authorized storage system and will only be accessed by the authorized DSWD personnel.

I/we understand that our personal information collected and stored shall be used for the following:

1. Processing and reporting of documents related to the conduct of regulatory activities (i.e., registration, licensing, accreditation of SWDAs and/or service providers), under certain conditions as required by law.
2. Announcements or promotions of programs, projects, and other activities organized by the Department and its partners.
3. Activities pertaining to establishing relations with DSWD stakeholders.
4. Other related activities authorized by the DSWD

I/We understand that I am given certain rights under the Data Privacy Act, including the right to object to processing of my data, the right to access my data, the right to correct any inaccurate data, and the right to erasure or blocking of data. For more information on these rights, and for requests to review the Data, to withdraw consent to the use of the Data for any of the purpose stated above, and/or to correct or update the Data, I am to contact the Standards Bureau Data Privacy Compliance Officer at sb@dswd.gov.ph.

I/We have read and understood the above and hereby consent to, agree on, accept, and acknowledge the terms stated for myself/ourselves and/or the agency by signing the Certification below.

XII. Documentary Requirements: *(Please put check as appropriate)* If available, indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

Requirements	✓ To be filled-out by Applicant SWDA		Validation by the DSWD Assessor	Means of Verification/s presented to the DSWD Assessor
	Compliant?		Findings/ Observations	
	Yes	No		
A. Basic Documents				
1	Duly Accomplished and Notarized Application Form			
2	Manual of Operations containing the SWDAs program and administrative policies, procedures and strategies to attain its purpose/s among others			
B. Documents Establishing Track Record and Good Standing				
3	Notarized certification from the Board of Trustees and/or the funding agency to financially support the organization's capacity to operate for at least two (2) years			
4	Work and Financial Plan for the two (2) succeeding years			

XIII. Licensing Criteria and Assessment

In assessing the application of the organization for licensing, it should have the potential to comply with the following requirements prior issuance of license to operate:

1. That the applicant must be engaged mainly or generally in social welfare and development activities;
2. That the applicant has employed a sufficient number of duly qualified staff and/or registered social workers to supervise and take charge of its social welfare and development activities and/or social work interventions in accordance with the set standards;
3. That the applicant must show in a duly certified financial statement that at least seventy percent (70%) of its funds are disbursed for direct social welfare and development programs and services while 30% of the funds are disbursed for administrative services;
4. That the SWDA must have a financial capacity to operate for at least two (2) years; and
5. That the applicant keeps a record of all social development and/or welfare activities it implements.

Notes/Fill-up Instructions:

- Assessment is not just the availability of the documents.
- The findings and observations column must be well and fully filled-up and to establish compliance to criteria.
- Accomplishment of the tool through Handwritten is accepted as long as it is legibly written and readable

Indicators	✓ To be filled-out by Applicant SWDA		Validation by the DSWD Assessor	Means of Verification/s presented to the DSWD Assessor
	Compliant?		Findings/ Observations	
	Yes	No		
A. ADMINISTRATIVE CAPACITY				

Indicators		✓ To be filled-out by Applicant SWDA		Validation by the DSWD Assessor	Means of Verification/s presented to the DSWD Assessor
		Compliant?		Findings/ Observations	
		Yes	No		
I. Organizational Structure					
1	There is an existing organizational structure which clearly defines the organizational positions, responsibilities and levels of authority, and relationships between and among these structural elements.				
2	Delineation of responsibilities and duties of the governing body and the staff are based on written policies.				
II. Policy-making Structure and Process					
3	There is a governing board that is in-charge in reviewing and/or formulating administrative and program policies and in discussing other organizational concerns.				
4	Board meets as specified in their Constitution and by-Laws.				
5	Minutes of Board meetings or its equivalent are documented and available.				
6	There is a documented policy-making process.				
V. Recruitment, selection, hiring and retention system					
7	There are written policies for recruitment specifying among others the qualification standards for each position and the criteria for the selection process consistent with rules and regulations of the Department of Labor and Employment.				
8	There is a written job description / Terms of Reference for all the staff in the organization.				
B. TECHNICAL CAPACITY					
I. Clear Statement of VMG and Policies					
9	The organization has VMG consistent with its objectives, target clients, programs and services.				
10	Policies to translate into operations are written and contained in a manual of operation.				
II. Strategic and operational planning system					
11	A two-year strategic plan is formulated based on a set of desired outcomes for the clients.				
12	Strategic plan is translated into a work and financial plan.				
III. Ethical Conduct					

Indicators		To be filled-out by Applicant SWDA		Validation by the DSWD Assessor	Means of Verification/s presented to the DSWD Assessor
		Compliant?			
		Yes	No	Findings/ Observations	
13	There are written and clear policies governing conflict of interest and ethical standards in dealing with the clients.				
14	There is a Client Protection Policy (conduct rules and client protection regulation) with corresponding system to monitor compliance of staff to the said policy.				
C. FINANCIAL CAPACITY					
I. Financial Management System					
15	There are written policies, systems and procedures on financial transactions based on approved budget.				
II. Financial Allocation and Disbursement					
16	There are written policies for securing, acknowledging, allocating and distributing nonmonetary donations for transparency purposes.				
III. Stability of Funding					
17	There are regular sources of funds to provide and sustain for the SWDA's operation for at least two (2) years.				

Other Salient Findings/Observations (to be filled-up by the DSWD assessor)

XIV. Certification

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

(Signature Over Printed Name of the Agency Head or Authorized Representative)

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

(Date)

Note: If will be eligible for issuance of Certificate of License to Operate, 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)

✓ **Authorization:**

On behalf of the applicant SWDA, I hereby:

(a) Authorize Mr./Ms./Mrs./the following (maximum of 3) representatives _____,
(Full name of authorized representative/s)
 our _____,
(designation in the organization)
 all the requirements and processes set in our application for Licensing;

(b) Allow the DSWD to inspect the premises of the office(s) and residential facility(ies) and/or satellite/branch offices of our organization, as well as the site of any past or present project or program of the organization;

(c) Authorize any concerned person of the organization to disclose to the DSWD any fact material to the validation of any information provided by our organization in this application or in any of the documents submitted in support thereof, and;

(d) Attest that all information in this application together with all the supporting documentary requirements are true and correct.

Note: Please present a valid ID of the authorized representative who will process the application and Photocopy of the valid ID with signature of the affiant who authorized the representative to process the application upon submission of application documents to DSWD.

AFFIANT	Signature	
	Name	
	Position/Designation	
Date executed		
Place executed		

SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document:

Government ID Type and No.	
Place and date of issue	
Valid until	

(To be filled-up by the DSWD assessor)

Recommendations: (Please check appropriate box and fill-up the requested information below:

A. For Issuance:

Based on the above findings, _____ is ready
(Name of SWDA)

for issuance of license to operate as a/an:

- | | |
|--|---|
| <input type="checkbox"/> Auxiliary SWDA | <input type="checkbox"/> Social Work Agency (SWA) |
| <input type="checkbox"/> People's Organization | <input type="checkbox"/> Center-based Agency |
| <input type="checkbox"/> Resource Agency | <input type="checkbox"/> Community-based Agency |
| <input type="checkbox"/> SWD Network | <input type="checkbox"/> Child Placing Agency |

B. If Non-Compliant:

To facilitate the license to operate, the SWDA shall comply with the attached action plan within _____ months after its submission to the concerned DSWD Office

Assessed by:

(Name and Signature of DSWD Technical Staff or Authorized Intermediary)

(SB/Field Office)

(Designation)

(Date)

Concurred by:

(Signature and Printed Name of the SWDA Head or Authorized Representative)

(Date)

(Designation)

Endorsed by:

(Signature and Printed Name of the assigned Standards Bureau Division Chief/Assigned DSWD FO Division Chief)

(Date)

Approved by:

(Signature and Printed Name of the Standards Bureau Director/ FO Director)

(Date)

✓ PROFILE OF EMPLOYEES

Name of Employee	Position / Title (Indicate if Volunteer)	Salary (per month)	Place of Assignment (Indicate name of Office/Unit and location)	Educational Attainment	Relevant Training and Experience (Pls. indicate place & date of training/ experience)	Nationality	If Foreigner (Pls. specify permit/visa issued number, date issued and expiration date)			Date of last Examination/ Evaluation	
							Working Permit	Missionary Visa	Working Visa	Medical	Psychological

• Pls. use additional sheet, if necessary

ACTION PLAN
(If non-compliant for License to Operate)

NAME OF SWDA: _____

<i>Areas for Compliance</i>	<i>Activities</i>	<i>Time Frame</i>	<i>Responsible Person</i>	<i>Resources Needed</i>