**ANNEX H.**

**UNDERTAKING FOR RENEWAL**

 I/We (name/s) , with address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that for and in consideration of my/our application for renewal of public solicitation permit, hereby undertake to:

 \_\_ (a) I have utilized at least 70% of the total accumulated funds of \_\_\_\_\_\_\_\_\_\_\_\_\_ from the solicitation activity conducted and shall accomplish action plan for the remaining unutilized funds (not more than 30%) subject for monitoring and/or;

\_\_ (b) comply with the post facilitation requirements after fully utilizing the accumulated funds.

* **ACTION PLAN**

**TOTAL UNUTILIZED FUNDS (not more than 30%) : Php : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  | ***Target Beneficiaries*** |  |
| --- | --- | --- |
| ***Title of the Activity*** | ***Purposes*** | ***Methodologies to be used*** | ***Target Date/ Period of Activity*** | ***Target Area/s*** | ***Type*** | ***No.*** | ***Allocated Amount to be Utilized*** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | ***TOTAL:*** |  |

* **POST FACILITATION REQUIREMENTS**

|  |
| --- |
| **REQUIREMENTS** |
|  | * **PERSON/INDIVIDUAL**
 |
|  | 1. Fund Utilization Report (FUR) (Annex J) sworn by the person/individual issued with a solicitation permit or head of the endorsing LGU/SWDA.
* supported by the medical certificate/abstract duly certified by the attending physician and receipts issued in buying medicines and/or the conducted medical procedure.
 |
|  | 1. List of donors, their corresponding addresses and contact numbers, and the amount of donation/s
 |
|  | 1. If a permit is unused, sworn justification for not pursuing the fund campaign.
 |
|  | 1. Notarized Declaration Form (Annex C)
 |
|  | * **SWDA, CORPORATION, ORGANIZATION, OR ASSOCIATION**
 |
|  | 1. FUR (Annex H), in accordance with the National Government Auditing System if the soliciting entity is a government agency, or sworn to by the agency head and treasurer if the soliciting entity is a non-government organization
 |
|  | 1. List of donors, their corresponding addresses, contact numbers, and the amount of donation/s.
 |
|  | 1. List of individual beneficiaries, their corresponding addresses, contact numbers, and the amount and type of assistance received
 |
|  | 1. List of groups, centers, organizations, associations, or agencies that benefited from the proceeds of solicitation activity as represented by their Head, President/Leader, Chairman of the Board, etc., their addresses and contact numbers
 |
|  | 1. If the permit is unused:

5.1. Justification for not pursuing the fund campaign within the validity period; 5.2. Sworn Statement/Certification from the Representative of the Group or Head of the Agency |

**THAT** the total unutilized funds shall be properly utilized and distributed to the intended beneficiaries within the set timeline in accordance with the accomplished action plan.

**THAT** I shall submit said post-facilitation requirements to the Standards Bureau through the DSWD HELPS after fully utilizing the accumulated funds within the set timeline.

**THAT** non-submission of the listed requirements within the said period would be grounds for automatic revocation of my renewed permit and I shall not be allowed to apply for a permit unless the said requirements have been complied with.

**THAT** I vouch that I have no derogatory record that may cloud doubt or judgment to the solicitation activities that I will undertake.

***Certified Correct***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature over Printed Name of the Applicant Individual) Date