**ANNEX G.**

**UNDERTAKING FOR TEMPORARY PERMIT**

 I/We (name/s) , with postal address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, that for and in consideration of my/our application to solicit or receive contributions for charitable and public welfare purposes during a state of (national or regional) calamity/State of Public Health Emergency, hereby undertake to comply with the following Department of Social Welfare and Development (DSWD) requirements, to wit:

|  |
| --- |
| **REQUIREMENTS** |
|  | * **SWDA with valid CRLTO**
 |
|  | 1. Fund Utilization Report (Annex J) of proceeds and expenditures *(for renewal)*
 |
|  | 1. Notarized Declaration Form (Annex C)
 |
|  | * **Person/Individual**
 |
|  | 1. Endorsement Letter from DSWD licensed and accredited SWDA or from the C/MSWDO allowing an individual to solicit funds under their name or responsibility
 |
|  | 1. Notarized Declaration Form (Annex C)
 |
|  | 1. Endorsement letter of the group that he/she is representing with
 |
|  | 1. If applicable, endorsement or Certification from any but not limited to the following agencies allowing the applicant to undertake solicitation in their agency’s jurisdiction such as:
	1. Director of Private Schools
	2. School Superintendent of Public Schools
	3. Head or authorized representative of National Government Agencies (NGAs)
	4. Head or authorized representative of Local Government Units (LGUs)
	5. Bishop/Parish Priest/Minister or Head of any Sect or Denomination
	6. Others
 |
|  | 1. Medical Certificate/ Abstract and/or Treatment Protocol certified by the attending physician with corresponding license number) or Hospital’s Records Section
 |
|  | 1. Duly signed Social Case Study Report (SCSR) and endorsement from the Local Social Welfare and Development Office (LSWDO)
 |
|  | 1. Signed Memorandum of Agreement (MOA) between the DSWD and the C/MSWDO of the concerned LGU stating their commitment to monitor the applicant’s solicitation activities and to submit post-reportorial requirements to the Standards Bureau
 |
|  | 1. Pledge of Commitment for Individuals (Annex I)
 |
|  | * **Organized Groups**
 |
|  | 1. For new applicants: Certified True Copy (CTC) of Certificate of Registration with SEC which has jurisdiction to regulate the group, and Articles of Incorporation.
 |
|  | 1. Declaration Form for Other Organizations/ Associations/Corporations (Annex D)
 |
|  | 1. Copy of the General Information Sheet (GIS) duly received by SEC or any similar document from a regulatory government agency that has jurisdiction to regulate the applying organization or agency
 |
|  | 1. Written agreement or any similar document signifying the intended beneficiary/ies concurrence as recipient of the fundraising activities.
 |
|  | 1. Endorsement or Certification from any but not limited to the following agencies allowing the applicant to undertake solicitation in their agency’s jurisdiction such as:
2. Director of Private Schools
3. School Superintendent of Public Schools
4. Head or authorized representative of National Government Agencies (NGAs)
5. Head or authorized representative of Local Government Units (LGUs)
6. Bishop/Parish Priest/Minister or Head of any Sect or Denomination
7. Others
 |
|  | * **Non-profit corporations/ Non-government organizations/ associations (including Civil Society Organizations)**
 |
|  | 1. For new applicants: Certified True Copy (CTC) of Certificate of Registration with SEC which has jurisdiction to regulate the group, and Articles of Incorporation
 |
|  | Copy of the General Information Sheet (GIS) duly received by SEC or any similar document from a regulatory government agency that has jurisdiction to regulate the applying organization or agency |
|  | 1. Declaration Form for Other Organizations/ Associations/Corporations (Annex D)
 |
|  | 1. Written agreement or any similar document signifying the intended beneficiary/ies concurrence as recipient of the fundraising activities.
 |
|  | 1. Endorsement or Certification from any but not limited to the following agencies allowing the applicant to undertake solicitation in their agency’s jurisdiction such as:
2. Director of Private Schools
3. School Superintendent of Public Schools
4. Head or authorized representative of National Government Agencies (NGAs)
5. Head or authorized representative of Local Government Units (LGUs)
6. Bishop/Parish Priest/Minister or Head of any Sect or Denomination
7. Others
 |
|  | * **Government Agency**
 |
|  | 1. Endorsement or Certification from any but not limited to the following agencies allowing the applicant to undertake solicitation in their agency’s jurisdiction such as:
2. Director of Private Schools
3. School Superintendent of Public Schools
4. Head or authorized representative of National Government Agencies (NGAs)
5. Head or authorized representative of Local Government Units (LGUs)
6. Bishop/Parish Priest/Minister or Head of any Sect or Denomination
7. Others
 |
|  | 1. Declaration Form for Other Organizations/ Associations/Corporations (Annex D)
 |

**THAT** I shall submit said requirements to the Standards Bureau technical staff as requested during the monitoring visit within the validity period of the issued solicitation permit.

**THAT** non-submission of the listed requirements within the said period would be grounds for non-approval of my succeeding application for authority to conduct fund raising activities.

**THAT** the total solicited funds shall be utilized and distributed to the intended beneficiaries in accordance with the approved projected total amount to be raised and shall follow the disbursement ratio of not less than 70% for program cost and not more than 30% for administrative cost.

**THAT** I shall adhere to the Post Facilitation Processes per DSWD’s existing rules and guidelines.

**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