

**Memorandum Circular No. 13**  
**Series of 2019****SUBJECT: GUIDELINES ON THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS (CSOs) TO IMPLEMENT DSWD PROJECTS AND/OR PROGRAMS USING DSWD FUNDS****I. RATIONALE**

Civil Society Organizations (CSOs) have played a significant role in supplementing government efforts to uplift, empower, and protect the vulnerable, disadvantaged, and marginalized sectors of Philippine Society. This thrust has been institutionalized through Article II, Section 23 of the Constitution declaring that “*the State shall encourage non-government organizations, community and sectoral organizations that promote the welfare of the nation.*” Thus, the Department of Social Welfare and Development serves as the Philippine government's regulatory arm for CSOs engaged in the delivery of social welfare and development programs and services.

Section 65 of the 2014 General Appropriations Act (GAA) mandated the Department of Social Welfare and Development (DSWD) to accredit all CSOs regardless of the line agency they are working with or intending to receive funds. This provision was supplemented by the issued Joint Memorandum Circular no. 1 series of 2014 of DSWD, DBM and COA. Thus, the Department has issued Memorandum Circular (MC) No. 5 series of 2015 (Implementing Procedures for the Accreditation of CSOs as Implementing Entities of Government or Public Funds) and MC No. 4 series of 2016 (Supplementary DSWD Internal Implementing Procedures on the Accreditation of CSOs) and has accredited legitimate CSOs to be implementing entities of government or public funds.

However in its three (3) years of implementation several issues were raised including the Bureau's absorptive capacity to assess and accredit CSOs. Section 67 and 71 of the 2018 and 2019 GAA respectively, explicitly stipulated that a CSO intending to receive funds from a particular Government Agency (GA) shall be accredited by the same agency where it will receive funding. Hence, these guidelines shall cover prospective Implementing CSOs of the Department specifically **Social Work Agencies (SWAs)** that directly engages in programs and services whether Center or Community based. Also, these guidelines will provide a more simplified procedure and requirements for the accreditation of Civil Society Organizations to Implement DSWD projects and/ or programs in line with the implementation of the “Ease of Doing Business Act”.

**II. OBJECTIVES**

1. To put in place the accreditation process and requirements in processing the application for Implementing CSOs intending to receive DSWD funds to implement or co-implement DSWD projects and/or programs.
2. To establish a simplified procedure for the accreditation of DSWD prospective Implementing CSOs that would implement or co-implement DSWD funded projects and/or programs.

### III. LEGAL BASES

1. **Article II, Section 23 of the 1987 Constitution** states that “the State shall encourage non-governmental, community-based, or sectoral organizations that promote the welfare of the nation.”
2. **Section 67 and 71 of the 2018 and 2019 General Appropriations Act (GAA)** respectively, allows a Government Agency (GA) to transfer funds to Civil Society Organizations (CSOs) accredited in accordance with its guidelines.
3. **Memorandum Circular No. 17 series of 2018** or the Revised Guidelines Governing the Registration, Licensing of Social Welfare and Development Agencies and Accreditation of SWD Programs and Services provides the requirements of licensing and accreditation of Social Work Agencies.
4. **RA 11032 (Ease of Doing Business and Efficient Government Service Delivery Act of 2018)** which seeks “to establish effective practices, aimed at efficient turnaround of the delivery of government services and the prevention of graft and corruption in government.

### IV. DEFINITION OF TERMS

The following terms are defined as used in these guidelines:

1. **Accreditation**- the process of assessing the applicant to determine whether a Civil Society Organization (CSO) is eligible to implement programs and/or projects using DSWD funds after meeting all the set criteria and requirements. A CSO Certificate of Accreditation shall be issued as proof of official recognition.
2. **Applicant** - a CSO applying for accreditation from the DSWD to be an implementing CSO of DSWD funded projects and/or programs.
3. **Civil Society Organization (CSO)** – is a domestic non-stock, non-profit corporation, organization, or association, labor organization, worker’s association, expressing the interests and values of not only their members or others, based on socio-economic, ethical, cultural, and scientific considerations, duly registered with the Securities and Exchange Commission (SEC) or Cooperative Development Authority (CDA)<sup>1</sup> and is operating within the social welfare purview.
4. **Accredited Implementing CSO** – an applicant CSO that has passed the accreditation criteria and requirements that established its eligibility to receive DSWD funds to implement or co-implement Social Welfare and Development projects and/or programs;
5. **Social Work Agency** – a private Social Welfare and Development Agency (SWDA) that directly engages in SWD programs and services whether Center based and/or Community based using social work interventions, whether case work, group work, or community organizing. It employs the services of a full time or part time social worker<sup>2</sup>.

<sup>1</sup> MC 5 series 2015 Implementing Procedures for the Accreditation of CSOs as Implementing Entities of Government or Public Funds p.3

<sup>2</sup> MC 17 series 2018 Revised Guidelines Governing the Registration, Licensing of SWD Agencies and Accreditation of SWD Programs and Services p.3.

**V. GENERAL POLICIES**

**1. Coverage**

These guidelines shall only cover the accreditation of Implementing CSOs of the Department specifically Social Work Agencies intending to receive DSWD funds to implement or co-implement DSWD funded projects and/or programs.

The selection of CSOs, the actual transfer of funds, the liquidation or audit of transferred funds, and the monitoring of the actual project/ program implementation are not covered by these guidelines, however, such shall be covered by the appropriate program or project guidelines issued by the Department.

**2. Criteria for Accreditation of Implementing CSOs**

To be accredited, an applicant must meet the following:

- 2.1. Must be a Social Work Agency (SWA) and must have operated for at least (3) three years.
- 2.2. Must be a licensed SWA with a validity period of at least (1) one year prior to its application for accreditation as Implementing CSO and the social welfare programs and services it is applying for is accredited in its geographical area(s) of activity.
- 2.3. Must not have any trustee, director, officer or key personnel related within the fourth civil degree of consanguinity or affinity to any DSWD official involved in the processing of its accreditation or to any official or personnel of the DSWD funding or implementing the program and/or project to be implemented or co-implemented by the applicant SWA.
- 2.4. Must be in good standing, has no default or delay in liquidating funds received from DSWD and/or any government agency, as the case may be.
- 2.5. Must not be connected with any Tobacco Company in compliance with Administrative Order No. 11 series of 2019.

**3. Disqualification**

An Implementing CSO whose Certificate of Accreditation as Implementing CSO is revoked due to the grounds stated in Section XII, items 1.1-1.6 (Grounds for Revocation) of these guidelines, shall be considered disqualified from applying for Accreditation.

**4. Documentary Requirements**

Documentary Requirements	New or Renewal
<b>Mandatory Requirements</b>	
1. Accomplished and Notarized Application Form (DSWD-SB-CSOA-001A)	✓
2. Photocopy of the Audited Financial Statements as received by the BIR/Authorized collecting bank for the past three (3) years	✓

3. Data Sheet of the Directors, Trustees, Officers, and Key Personnel of the applicant CSO. (DSWD-SB-CSOA-003A)	✓
4. Location sketches (spot/ satellite map) and photographs (façade and interior) of the principal office and/or satellite offices	✓
5. Certificate of Good Standing or Certificate of No Derogatory Information issued by SEC	✓
<b>Optional Requirements</b>	
1. List of Projects and Programs funded by DSWD or any government agency. If applicable. (DSWD-SB-CSOA-002A)	<i>Such is required if the applicant already have previous and/or current engagement with government agencies including the DSWD.</i>
2. Certificate of No Default or Delay in Liquidating Funds signed by the DSWD Field Office Head and countersigned by the Finance Management Service or by the concerned government official of the other Government Agencies, if applicable. (DSWD-SB-CSOA-004A)	<i>Such is required if the applicant has received public funds from DSWD or from any other government agency.</i>

## VI. ACCREDITATION PROCESS

The applicant shall submit all necessary documentary requirements to the Standards Bureau (SB) at the DSWD- Central Office. (DSWD-C.O.)

If in case the application documents were filed at the Field Office (FO), the FO (Standards Section) shall provide the necessary technical assistance in terms of providing a checklist of the requirements (DSWD-SB-CSOA-007A) and advise the applicant to submit its application documents to the Standards Bureau following the Accreditation Process stated in these guidelines.

The application for accreditation of the Implementing CSOs shall be processed at the Standards Bureau, following the hereunder steps:

### 1. Initial Desk Review of documentary requirements

Upon receipt of the application, the SB through the Standards Compliance Monitoring Division (SCMD), shall check its completeness using the Document Checklist form (DSWD-SB-CSOA-007A) within 2 working days.

**1.1.** If the application documents are found to be complete, the Standards Bureau shall immediately request the DSWD Field Office (FO) covering the area of operation of the SWA to conduct a site visit to validate the existence of the principal and/ or satellite offices and validate the declared projects and programs and operations of the applicant SWA.

**1.2.** If the documentary requirements are found to be incomplete, a letter with attached checklist (DSWD-SB-CSOA-007A) indicating the lacking required documents shall be sent to return all the submitted documents to the applicant, without prejudice to its refile, to inform the applicant of the deficiencies, and to provide technical assistance if necessary.

1.3.If the submitted documents are found to have irregularities such as but not limited to falsification, fabrication, forgery, the said documents will not be returned to the applicant and shall serve as an evidence and a ground for blacklisting of the applicant.

2. **Posting of notice to the public regarding pending application; invitation to submit derogatory records** – A notice will be posted on the DSWD website in coordination with Information and Communication Technology Management Service (ICTMS), notifying the public of the application and inviting the same to submit to the DSWD sworn reports of any derogatory record (“derogatory report”) of the applicant.

2.1.The Standards Bureau can receive any Derogatory Report against an applicant even after it has been granted accreditation.

2.2.Within three (3) working days from the receipt of the derogatory report, the Standards Bureau, through a formal letter, shall notify the applicant and require the same to submit an explanation/ comment within ten (10) working days from receipt thereof.

2.3.The explanation of the concerned applicant shall be subject for evaluation to establish its implication to the ongoing application or to the issued certificate in case the subject CSO has already been granted accreditation.

2.4.The derogatory report/s including the applicants’ written explanation shall form part of its application which shall be evaluated for appropriate action.

### 3. Validation

3.1.Upon receipt of the request from the Standards Bureau, the Field Office Standards Section shall:

- a. Conduct a validation visit to verify the existence and operation of the applicant’s principal and /or satellite offices.
- b. In case there are several projects/programs implemented or for implementation, the largest Social Welfare and Development accredited project shall be considered for validation or assessment.

3.2.The FO Standards Section shall prepare and submit to the Standards Bureau a validation report on the results of its actions, attaching thereto any pertinent documents gathered. The report shall be signed by the Regional Director or his/her authorized representatives.

3.3.The FO Standards Section shall complete the validation visit and the submission of the Validation Report within five (5) working days after the receipt of the request from the Standards Bureau.

3.4. If the applicant recently received its accreditation (as SWA) within six (6) months prior to the date of its application as an Implementing CSO, there is no need for a

validation visit, unless the declared projects and programs applied for accreditation requires further verification as per assessment of the Standards Bureau staff.

#### **4. Assessment and Examination of Complete Documents including Validation Report**

The Standards Bureau through the SCMD shall review and assess the validation report and its supporting attachments. The concerned SB technical staff shall prepare an Abstract Report within four (4) working days upon receipt of the validation report from the Standards Section of the Field Office and after establishing the veracity of the submitted application from the available records of the SWA at the records section of the SB.

#### **5. Final Review and Evaluation**

**5.1.** The Standards Bureau will do the final evaluation within four (4) working days upon receipt of the validation report from the Standards Section of the FO and after establishing the veracity of the submitted application from the available records of the SWA at the records section of the SB.

**5.2.** If the Applicant claims to have several geographical areas of activity or a number of declared projects and/or programs but is found to have insufficient experience, resources, technical, and financial capability for some of the claimed geographical areas or declared projects and/or programs, the Standards Bureau may recommend the issuance of a Certificate of Accreditation of Implementing CSO, but only for the geographical area/s and/or declared projects and/or programs that the applicant has sufficient experience, resources, technical, and financial capability.

**5.3.** An Applicant may be required by the Standards Bureau to submit additional set of requirements which are deemed necessary to verify doubtful information and to establish compliance to appropriate policies and standards.

#### **6. Final Action**

**6.1.** Upon finding that the applicant meets the set criteria and all the documentary requirements, the Standards Bureau shall recommend the issuance of a Certificate of Accreditation, for endorsement by the Undersecretary for Standards and Capacity Building Group (SCBG) subject for the approval of the Department Secretary.

**6.2.** If the applicant fails to satisfy any of the set criteria, the Standards Bureau shall forward the recommendation for denial to the Undersecretary for SCBG subject to the concurrence/approval of the Department Secretary.

**6.3.** The Final Action shall be completed within five (5) working days including the issuance of certificate or signing of a denial letter as applicable copy furnished the Field Office concerned.

In summary, the accreditation will involve six (6) steps with a time frame of twenty (20) working days.

<b>Step/s</b>	<b>Stage/s</b>	<b>Time-Frame (Working days)</b>
1	Initial Desk Review of documentary requirements	2 days
2	Posting of notice to the public regarding pending application; invitation to submit derogatory records	
3	Validation	5 days
4	Assessment and examination of complete documents including validation report	4 days
5	Final Review and Evaluation	4 days
6	Final Action	5 days
	<b>Total working days</b>	<b>20 days</b>

The accreditation process will take fifteen (15) working days if there is no need for validation (Section 3. Validation Item 3.4 of this guidelines)

## **VII. VALIDITY OF THE CERTIFICATE OF ACCREDITATION OF IMPLEMENTING CSO**

The Certificate of Accreditation of Implementing CSO shall be valid for a period of three (3) years from the date of its issuance, unless sooner revoked in accordance with the provisions of these guidelines and provided that their license to operate and accreditation certificate as SWA is still valid.

In no case, shall the period of validity of a Certificate of Accreditation of Implementing CSO be extended and it shall cover only the Geographical Area/s of activity and declared projects and/or programs specifically stated therein.

## **VIII. AMENDMENT AND REPLACEMENT OF THE ISSUED CERTIFICATE OF ACCREDITATION OF IMPLEMENTING CSO**

1. The DSWD Certificate of Accreditation of Implementing CSO can be amended and/or replaced due to any of the following circumstances and requirements:

**a.** Change of Name and/or Office Address – supported by the official request letter, updated General Information Sheet (GIS) from Securities and Exchange Commission (SEC) and amended Articles of Incorporation (AOI) and By Laws and the surrendered copy of the original Certificate of Accreditation.

**b.** Expansion of Program implementation and/or Areas of Coverage – provided that the program is accredited by DSWD. The request should be supported with an Updated General Information Sheet (GIS) from Securities and Exchange Commission (SEC), Amended Articles of Incorporation (AOI) and By Laws from SEC, Validation Assessment Report from the DSWD FO/s where the expanded area/s of operation is/ are located attesting to the existence and status of operation of the Implementing CSO, Original Certificate of Accreditation of Implementing CSO and the Work and Financial Plan for three (3) succeeding years.

**c.** Loss of Certificate - supported by the official request letter and a Notarized Affidavit of Loss.

2. The application for the amendment or replacement of the Certificate of Accreditation is subject for review and validation of the Standards Bureau. The Standards Bureau staff shall facilitate the amendment within seven (7) working days upon receipt of complete documents depending on the nature of request/amendment.

## **IX. RENEWAL OF ACCREDITATION**

The Accredited Implementing CSO shall apply for renewal of its Certificate of Accreditation of Implementing CSO to the Standards Bureau – DSWD Central Office, following the same criteria, procedures and requirements stated in these guidelines within sixty (60) working days prior to the expiration of the issued Certificate of Accreditation of Implementing CSO.

## **X. CONTINUING VERIFICATION AND REPORTING**

1. **Monitoring** – The Standards Bureau or the Standards Section may conduct unannounced spot-checks after the issuance of the Certificate of Accreditation. An existing guideline along monitoring shall serve as reference for implementation.

2. **Technical Assistance** – The Standards Bureau or the Standards Section shall continuously provide appropriate technical assistance to applicants or accredited implementing CSOs, as applicable to enable the applicant CSO to comply and/or sustain their accreditation pursuant to these guidelines.

### **3. Reporting**

3.1. Every Accredited Implementing CSO that enters into an agreement with DSWD involving the transfer of its funds shall submit to the Standards Bureau, a copy of the said agreement, within fifteen (15) working days of entering into an agreement.

3.2. Any DSWD offices, bureaus, services and units that comes into knowledge of any fact that may constitute a ground for revocation of the Certificate of Accreditation of Implementing CSO, shall immediately report such information to the Standards Bureau.

## **XI. INFORMATION MATERIALS AND DOWNLOADABLE FORMS**

Program briefers, FAQs, application forms and other templates will be made available in the DSWD Central Office website and the respective websites of the Field Offices. This is to ensure that the prospective CSO applicant could better appreciate and understand the accreditation process of the Department. This is in coordination and collaboration with the Social Marketing Service.

## **XII. REVOCATION OF ACCREDITATION**

1. **Grounds for Revocation.** A Certificate of Accreditation of Implementing CSO may be revoked on any of the following grounds:

1.1. Misrepresentation in, or falsification of, any document submitted in support of the application for accreditation of the Implementing CSO;



- 1.2. Failure of the Implementing CSO, during the validity period of the Certificate of Accreditation of Implementing CSO, as reported by the concerned DSWD Office to comply with terms of reference stated on an agreement with DSWD involving the transfer of its funds, including default or delay in liquidating of the said DSWD funds;
- 1.3. Violation of the Implementing CSO, during the validity period of the Certificate of Accreditation of Implementing CSO, of any law, rule, or regulation involving the utilization of DSWD funds;
- 1.4. Failure of the Implementing CSO to renew its license and/ or accreditation as SWA within ninety (90) working days prior to its expiration.
- 1.5. Bankruptcy or insolvency of the Implementing CSO;
- 1.6. Revocation, cancellation, and failure to renew of the SWAs' license to operate and/or certificate of accreditation within ninety (90) working days prior to its expiration.

## 2. Revocation Proceedings

For the purpose of administering and handling revocation and complaints against erring CSOs, the FO that has jurisdiction of the erring CSO shall refer to Memorandum Circular 16 series 2018 titled "Guidelines on Handling of Complaints against Social Welfare and Development Agencies"<sup>3</sup>.

**Notice** In the case of the revocation of the Certificate of Accreditation of Implementing CSO, the Standards Bureau shall give notice of such revocation within five (5) working days from the issuance of the Resolution by the DSWD Secretary to the DSWD Office that has existing agreements with the subjected CSO. The same information shall also be forwarded to the concerned Field Office.

## XIII. BLACKLISTING

1. An Implementing CSO whose Certificate of Accreditation as Implementing CSO is revoked due to the grounds stated in Section XII, items 1.1-1.6 of these guidelines, shall be Blacklisted and disqualified from applying for Accreditation.
2. Lifting of Blacklisting can be considered depending on the appeal or explanation provided by the CSO.
3. The foregoing provisions shall be without prejudice to any other legal actions that the DSWD may take against the Implementing CSO, and/or any or all of its organizers, directors, trustees, officers, or key personnel.

## XIV. SEPARABILITY CLAUSE

If, for any reason or reasons, any part or provision of these Guidelines shall be held to be unconstitutional or invalid or contrary to existing laws, other parts or provisions hereof which are not affected thereby shall continue to be in full force and effect.

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<sup>3</sup> Guidelines on the Protocol on Handling of Complaints against Social Welfare and Development Agencies p.6 and 8-11.

## XV. REPEALING CLAUSE

Memorandum Circular No. 5 series of 2015 or otherwise referred as the “*Implementing Procedures for the Accreditation of Civil Society Organizations as Implementing Entities of Government or Public Funds*” and Memorandum Circular No. 4 series of 2016 or referred otherwise as “*Supplementary DSWD Internal Implementing Procedures on the Accreditation of Civil Society Organizations*” are hereby repealed and rendered of no force and effect.

## XVI. EFFECTIVITY

These Guidelines shall take effect 20 working days after publication on the official DSWD website. It shall supersede all existing guidelines on the accreditation of Implementing CSOs.

Issued this 26<sup>th</sup> day of July 2019, DSWD-Central Office, Constitution Hills, Batasan Complex, Quezon City, Metro Manila.



**ROLANDO JOSELITO D. BAUTISTA**  
Secretary

Date: \_\_\_\_\_

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## ANNEXES

1. DSWD-SB-CSOA-001A (Application Form) Implementing CSO
2. DSWD-SB-CSOA-002A (List of Projects Programs) Implementing CSO
3. DSWD-SB-CSOA-003A (CSO Data Sheet) Implementing CSO
4. DSWD-SB-CSOA-004A (Certification of No Unliquidated Funds)
5. DSWD-SB-CSOA-005A (Certificate of Accreditation) Implementing CSO
6. DSWD-SB-CSOA-006A (Assessment Tool for Implementing CSO) Implementing CSO
7. DSWD-SB-CSOA-007A (Document Checklist) Implementing CSO
8. DSWD-SB-CSOA-008A (Process Flow for the Accreditation of Implementing CSO)
9. DSWD-SB-CSOA-009A (Validation Report Template)

Certified True Copy:

*M. H. Reyes*  
7.24.19

**MIRNA H. REYES**

OIC-Division Chief

Records and Archives Mgt. Division

**REPUBLIC OF THE PHILIPPINES**  
**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT**

**APPLICATION FORM FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS (CSOs) TO IMPLEMENT DSWD PROJECTS AND / OR PROGRAMS USING DSWD FUNDS**

<b>SWA RLA Information</b>	<b>Registration, License and/or Accreditation number</b>	<b>Date Issued:</b>	<b>Date of Expiration</b>	<b>Issued by (indicate if DSWD Central Office or specify the Field Office)</b>
SWA Registration No.				
SWA License No.				
SWA Accreditation No.				
<b>Declared Projects and/or Programs:</b>				
<b>Geographical Areas of Coverage:</b>				

**BASIC INFORMATION:**

<b>Complete name of SWA</b> <i>(as stated/indicated on the registration papers)</i>	
<b>Other Name</b> <i>(e.g., acronym, short name, previous name, etc.)</i>	
<b>Principal Address</b>	No. and Street/ Sitio
	Barangay
	City or Municipality
	Province
	Zip Code
<b>Head of SWA</b>	Name
	Position/Designation
<b>Contact details</b>	Landline No.
	Mobile No.
	E-mail address
	Website
<b>Information on Branches and/or Satellite Office/s</b> <i>(if there are any) (Use separate paper if there are more than 2 branches and/or Satellite office/s following the format)</i>	<b>Number of Branches/Satellite Offices</b>
	No. and Street
	Barangay
	City or Municipality
	Province
	Zip Code
<b>Coordinator/Staff-in-Charge of Branch or Satellite Office/s</b>	Name
	Position/Designation
	Contact number
<b>Registration issued by SEC</b>	Registration No.
	Date Registered
<b>Purposes</b> <i>(as stated in Articles of Incorporation)</i>	

List of Government Agencies (GAs) from which the SWA implemented projects/programs using public funds (if with previous engagement with any GA for the past five years. Indicate "none" if not applicable)	
Estimated amount of public funds to be requested from DSWD	

**PROJECT/ PROGRAM PROFILE (TRACK RECORD):**

<b>Projects and/or Programs of the SWA based on its mandate</b> <i>(pls. check appropriate box)</i>	<b>Title of the projects and/or programs implemented and/or being implemented for the last three (3) years.</b>	<b>Geographical Areas of Coverage</b> <i>(pls. indicate specific location as to the Barangay, City/Municipality, Province and Region)</i>	<b>Beneficiaries/ Clientele</b> <i>(pls. indicate specific sector: Children, Youth, Women, Persons with Disabilities, Older Persons, Indigenous People, Internally Displaced, etc.)</i>
<input type="checkbox"/> Delivery of basic social welfare services			
<input type="checkbox"/> Disaster risk reduction and management program /Community Resiliency Program			
<input type="checkbox"/> Livelihood development			
<input type="checkbox"/> Center based services			
<input type="checkbox"/> Community based social welfare programs and services			

**SPECIFIC PROJECTS AND/OR PROGRAMS IN LINE WITH THE DELIVERY OF BASIC SOCIAL SERVICES OR SOCIAL WELFARE AND DEVELOPMENT:**

<b>Projects/Programs of the SWA in the area of social welfare and development (provide brief description)</b>	<b>Period implemented (indicate the specific year started and completed)</b>	<b>Geographical Areas of Coverage (pls. indicate specific location as to the Barangay, City/Municipality, Province and Region)</b>	<b>Beneficiarys/ Clientele (pls. indicate specific sector: Children, Youth, Women, Persons with Disabilities, Older Persons, Indigenous People, Internally Displaced, etc.)</b>
1.			
2.			
3.			
4.			
5.			

**STAFF:**

<i>Indicate no. of current personnel</i>	<b>Full-time/Regular</b>	<b>Part-time</b>	<b>Project-Based</b>	<b>Volunteer</b>
<b>Management</b>				
<b>Technical</b>				
<b>Administrative</b>				
<b>Total</b>				

**SOURCES OF OPERATIONAL FUNDS:** *(indicate the names of sponsors/benefactors/donors/partners providing support to SWA to maintain its operations for the last five (5) years)*

<b>No.</b>	<b>Local Sources</b>	<b>No.</b>	<b>Foreign Sources</b>
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	

**AUTHORIZATION: CONFORMED BY:** (NAME AND SIGNATURE OF THE CHAIRMAN/PRESIDENT OF THE BOARD)

**I hereby:**

- (a) Authorize the DSWD to inspect the premises of the office(s) of the SWA Applicant, as well as the site of any past or present project(s) or program(s) of the SWA Applicant; and
- (b) Authorize any concerned person to disclose to the DSWD any fact material to the validation of any information provided by the SWA Applicant in this application or in any of the documents submitted in support thereof.

**SWORN STATEMENT:**

**I hereby certify the following:**

- (a) That, the SWA has authorized the application for accreditation, and has authorized the person actually filing the application to represent the SWA in the application;
- (b) That , all the supporting required and or additional documents are authentic, true and correct;
- (c) That, none of the members of the SWA has been convicted in any case, or is currently a defendant/accused/respondent in any pending case, related to the use of public funds;
- (d) That, the SWA is aware of, understands and agrees to abide by the guidelines for accreditation of CSOs;

Place a check to the box to which statement are/is applicable in the following:

- That, the SWA has not implemented projects/programs from any Government Agency (GA) (Note: no need to submit the form "list of projects using public funds");
- That, the SWA has implemented projects/programs and is not in default or delay in liquidating funds received from any Government Agency (GA) (Note: Please refer to the list of documentary requirements)
- That, neither the SWA nor any of its members/s has been blacklisted by any Government Agency;

That , the following documents have been submitted by our organization to DSWD Standards Bureau and/or to the DSWD Field Office in line with our issued DSWD License ( ) and/or Accreditation ( ); and there is no material changes on these documents and therefore , our organization submit the applicability of these documents:  
 \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

**I HEREBY DECLARE UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING ATTESTATIONS ARE TRUE AND CORRECT.**

AFFIANT – Authorized Representative	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			
Doc. No.		Signature	
Page No.		Name of Notary Public	
Book No.		Address	
Series of		Commission valid until	

**LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS**

Note: Covered period for the past three (3) years if new application and for the past year if for renewal. Please use additional sheet/s, if necessary. (Indicate "none" on the columns provided if not applicable.)

Name of the CSO: \_\_\_\_\_

USING GOVERNMENT/ PUBLIC FUNDS (From Year _____ to Year _____)									
<i>Title of the Project/s and/or Program/s with brief description</i>	<i>Beneficiary areas or area/s where the project/s and/or program/s were implemented or being implemented</i>	<i>Number and specific sectors of beneficiaries served</i>	<i>Name and designation of person/s in-charge of the program/project</i>	<i>Name of partner/funding agency/ies (NGAs, LGUs)</i>	<i>Total amount received from the funding agencies</i>	<i>Unliquidated amount of the funds received if any</i>	<i>CSO funding Counterpart</i>	<i>Date started</i>	<i>Date completed</i>
A. Completed									
•									
•									
B. On-Going									
•									
•									



**PROJECTS/PROGRAMS USING THE CSO INTERNAL FUNDS AND/ OR OTHER SOURCES (LOCAL/FOREIGN)**

(From Year \_\_\_\_\_ to Year \_\_\_\_\_)

<i>Title of the Project/s and/or Program/s with brief description</i>	<i>Beneficiary areas or area/s where the project/s and/or program/s were implemented or being implemented</i>	<i>Number and specific sectors of beneficiaries served</i>	<i>Name and designation of person/s in-charge of the program/s and/or project/s</i>	<i>Name of partner/funding agency/ies (indicate "own funds" if no partnerships with private agencies)</i>	<i>Total amount received from funding agencies</i>	<i>CSO funding Counterpart</i>	<i>Date started</i>	<i>Date completed</i>
C. Completed								
.								
.								
D. On-Going								
.								
.								

I hereby certify under the penalties of perjury that the information specified on this form is true and complete.

\_\_\_\_\_  
(Signature over printed name of the Head of CSO or Authorized Representative and Designation)

\_\_\_\_\_  
(Date)



**PROFILE OF BOARD OF DIRECTORS/ TRUSTEES/ OFFICERS AND EMPLOYEES  
(CSO DATA SHEET)**

\_\_\_\_\_  
(Name of Organization)

**I. Profile of the Board of Trustees**

<i>Name of BOT</i>	<i>Position/ Designation</i>	<i>Educational Attainment</i>	<i>Business/ Employment Address</i>	<i>Home Address</i>	<i>Contact Numbers</i>	<i>Email Address</i>	<i>Experience and/or training on SWD</i> (Please specify)		<i>Government Valid ID</i> (pls. indicate type of ID, ID number and date issued)	<i>Nationality</i> (if foreigner, pls. indicate the type of Visas Holder with number and date of issuances)	<i>Picture</i> (taken within the last 3 months; Size: 2 X 2)
							Experiences	Training			

**II. Profile of Employees:**

Name of Employees	Position/ Designation <i>(If RSW, pls. attached copy of valid PRC ID)</i>	Status of Employment <i>(Regular, Casual, Contractual or Volunteer etc.)</i>	Salary/ Honorarium <i>(per month)</i>	Place of Assignment <i>(Main Office or Satellite/ Branch Office location/ Center base Name and Address)</i>	Educational Attainment	Home Address	Contact Numbers	Relevant Training and Experience <i>(Please specify)</i>		Government Valid ID <i>(pls. indicate type of ID, ID number and date issued. If RSW, pls. attached copy of valid PRC ID)</i>	Nationality <i>(if foreigner, pls. indicate the type of Visas Holder and Alien Employment Permit numbers and date of issuances respectively)</i>	Date of last Examination/ Evaluation <i>Medical</i>
								Training	Experiences			

**Attested by:**

**Certified true and correct:**

\_\_\_\_\_  
(Name and Signature of Chairman of the Board)

\_\_\_\_\_  
(Name and Signature of Head of the Organization)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Pls. use additional sheet, if necessary

(Letterhead of DSWD/ Government Agency)

**CERTIFICATION OF NO DEFAULT OR DELAY IN LIQUIDATING FUNDS**  
**(For CSO who was a co-implementer of projects and/or programs with DSWD/ other GA)**

This is to certify that:

- (Registered Name of CSO), with business address at \_\_\_\_\_ is an active partner of DSWD since (period of partnership);
- the following are the project/s and/or program/s implemented or is/are being implemented by the said CSO for the DSWD:

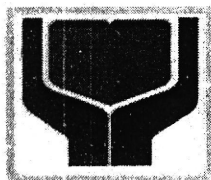
No.	Title of the Program/s and/or Project/s	Budget Allocated (Indicate amount)	Dates implemented (Started and Completed)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

The said CSO is not in default or delay in liquidating any funds received from the DSWD;

\_\_\_\_\_  
 (Signature over printed name of the OBSU/ FO Head handling the program  
 If other GA, Head of Agency or his/her authorized representative)

\_\_\_\_\_  
 (Signature over printed name of the Finance Management Service Director/ Management Division/  
 If other GA, Head of Agency or his/her authorized representative)

\_\_\_\_\_  
 (Date)



**DSWD**  
Department of Social Welfare and Development

DSWD-CSO ACRN No. \_\_\_\_\_

This

# Certificate of Accreditation

is hereby issued to

\_\_\_\_\_  
(Name of CSO)

\_\_\_\_\_  
(Address of CSO)

for having satisfactorily complied with the requirements for a legitimate Civil Society Organization (CSO) pursuant to Memorandum Circular No. \_\_\_ series of 2019 issued by the Department of Social Welfare and Development (DSWD), entitled *"Guidelines on the Accreditation of Civil Society Organizations to Implement DSWD Projects and/or Programs using DSWD funds."*

This accreditation covers the following:

(PROJECTS AND/OR PROGRAMS)

(GEOGRAPHICAL AREA/S OF COVERAGE)

This certificate of accreditation shall be valid for three (3) years from issuance, covering the period of \_\_\_\_\_ to \_\_\_\_\_, unless suspended or revoked prior to its expiration.

Issued on the \_\_\_\_\_ in \_\_\_\_\_ Philippines.

Secretary, Department of Social Welfare and Development

NOTATION: *The Accredited Implementing CSO may only receive public or government funds from the issuing government agency.*

DSWD-SB-CSOA-005A

For verification of this Accreditation Certificate, you may contact the DSWD Standards Bureau at the DSWD Central Office IBP Road, Batasan Hills, Quezon City, Metro Manila, with contact numbers (632) 931 3181 and (632) 951 7125

Republic of the Philippines  
Department of Social Welfare and Development

**ASSESSMENT TOOL FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS  
TO IMPLEMENT DSWD PROJECTS AND/ OR PROGRAMS USING DSWD FUNDS**

\_\_\_\_\_ **Date Received:**

**Type of Application:**

- New Application
- Renewal:

**Scope of Operation:**

- Nationwide/ more than one (1) region
- Operating only in one (1) region

License/ Accreditation No.	Date Issued	Expiration Date

**Part I. IDENTIFYING INFORMATION:**

1. Name of CSO:		
2. Principal Address:		
3. CSO Head and Designation:		
4. Telephone/Mobile/Fax No/s.		
5. E-mail Address:		
6. Website :		
7. GA/s where the CSO expects funding support:		
8. Purposes:		
9. Programs and Services:		
Applied Projects and/or Programs • • •	Geographical Areas of Coverage (pls. indicate specific location) • • •	Target Clientele (Please indicate specific sector/s) • • •

**Part II. DOCUMENTARY REQUIREMENTS:**

Per desk review made last \_\_\_\_\_ (Date), the applicant CSO has submitted complete and compliant documents and was subject for validation.

**Part III. RESULTS OF THE FIELD OFFICE VALIDATION REPORT** (please cite the highlights of the validation report)

**Part IV. RESULT/S OF THE NOTICE TO THE PUBLIC ON ANY DEROGATORY RECORD OF THE APPLICANT CSO**

**Part V. SUMMARY OF FINDINGS** (Attach a one (1) page abstract report that should indicate the highlights of the assessment and evaluation of the applicant's accreditation.)

**Part VI. RECOMMENDATION OF THE STANDARDS BUREAU:** (Please check appropriate box and fill-up the requested information below:

For issuance

Reason/s: \_\_\_\_\_  
\_\_\_\_\_

For denial

Reason/s: \_\_\_\_\_  
\_\_\_\_\_

***Assessed/Evaluated by:***

\_\_\_\_\_  
(Name and Signature of the DSWD SB-Assessor)

\_\_\_\_\_  
(Date)

***Reviewed/Endorsed By:***

\_\_\_\_\_  
(Name and Signature of the DSWD SB- Team Leader)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name and Signature of the DSWD SB- Division Chief)

\_\_\_\_\_  
(Date)

Remarks: \_\_\_\_\_

\_\_\_\_\_  
(Name and Signature of the Standards Bureau Director)

\_\_\_\_\_  
(Date)

Remarks: \_\_\_\_\_

***Concurred/Recommended By:***

\_\_\_\_\_  
(Name and Signature of the Undersecretary for PPG)

\_\_\_\_\_  
(Date)

**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
STANDARDS BUREAU**

**IMPLEMENTING CSO ACCREDITATION DOCUMENT CHECKLIST**

**Date Received:**

**Name of CSO:**

**Complete Address:**

Registration & License/ Accreditation No.	Date Issued	Expiration Date

Type of Application:

- New  
 Renewal

Scope of Operation:

- Nationwide/ more than one (1) region  
 Operating only in one (1) region

**Please check the appropriate box:**

- Application submitted is supported with complete supporting documents and subject for posting at DSWD website and validation of Field Office ( )
- Application submitted is supported with incomplete documents ( )

2.1. Specific documents that are lacking :

Documentary Requirements	Remarks
1. Duly accomplished and Notarized Application Form	
2. Photocopy of the Audited Financial Statements as received by the BIR/Authorized Collecting Bank for the past three (3) years	
3. Data Sheet of the Directors, Trustees, Officers, and Key Personnel of the applicant CSO.	
4. Location sketches (spot/ satellite map) and photographs (façade and interior) of the principal office and/or satellite offices.	
5. Certificate of Good Standing or Certificate of No Derogatory Information issued by SEC	
Optional Requirements	
1. List of Projects and Programs funded by DSWD or any government agency. If applicable.	
2. Certificate of No Default or Delay in Liquidating Funds signed by the DSWD Field Office Head and countersigned by the Finance Management Service or by the concerned government official of the other GAs, if applicable.	

**FINDINGS/RECOMMENDATIONS (SB/SU)**

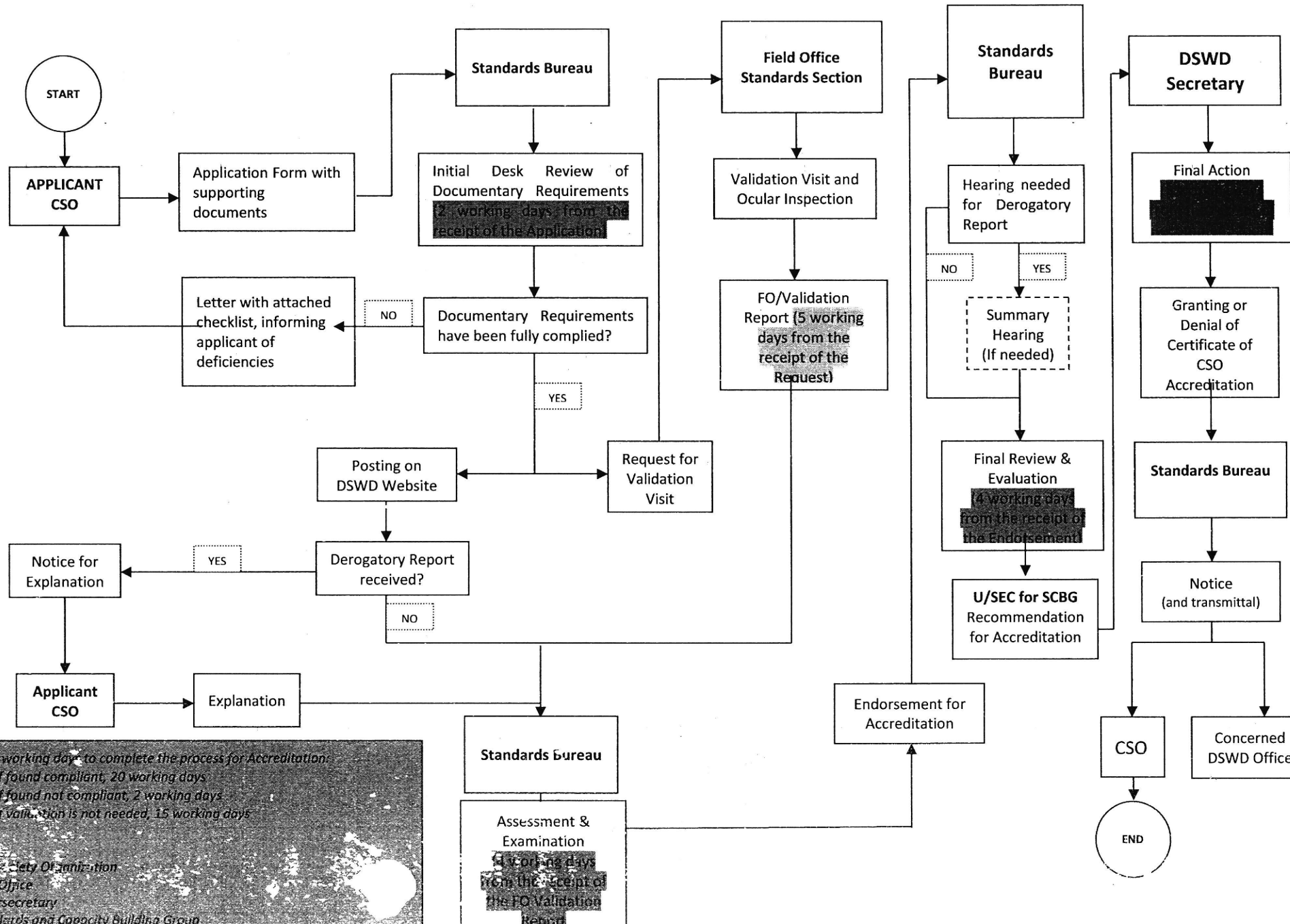
1.  The application document is found complete and compliant.  
 The application is recommended the next step, for validation.
2.  The application has lacking document/ or has deficient documents.  
 The application needs to be returned to the applicant with: (list attachments)

**Assessed/Evaluated by:**

(Name and signature of Assessor (SB/SS))



Process Flow for the Accreditation of Civil Society Organizations to Implement DSWD projects and/ or programs using DSWD funds.



**VALIDATION REPORT (TEMPLATE)**

DSWD-FO: \_\_\_\_\_

Date Requested SB to validate: \_\_\_\_\_

Date Validated by FO: \_\_\_\_\_

Date of FOs submission of report to SB: \_\_\_\_\_

The following are the prescribed content of the Validation Report on the CSO's operations in the region.

1. Identifying Information

A.1. If the CSO has an office in the region:

- Name of CSO
- Address
- CSO Region Head and Designation
- Telephone/Mobile/Fax Number/s
- E-mail address
- Website
- Picture of the visited CSO site

A.2. If the CSO is found not existing nor operating in the region despite exhausted efforts to locate, there's no need to fill up other parts of this template.

B. If the CSO does not have an office in the region but has existing partners operating in a tie-up scheme:

- Contact details of the focal person/coordinator such as name, address, telephone/mobile number/s, e-mail, etc.; or
- Contact details of partner agency such as name of agency, name of focal person, address, telephone/mobile number/s, e-mail, etc.

Name of Coordinator/Partner agency	Address	Phone number	Email address

Projects and/or Programs	Brief description on how the CSO implements the Technical areas of	Period started- Program timelines (regular, seasonal, semestral, year round, yearly, biennial etc.)	Geographical Areas of Coverage (pls. indicate specific location)		Target Client/e (pls. indicate specific sector)
			Province	City/Municipality Barangay	

	expertise				
Delivery of basic social welfare services					
Disaster risk reduction and management program					
Livelihood development assistance					
Center based services					
Community based social welfare programs and services					

2. Program Profile

- List of beneficiaries benefitting from the program/project
- Memorandum of agreement (MOA)/ Memorandum of Understanding (MOU) with partner agencies

3. Personnel

If the CSO has an office in the region, kindly fill-up the following matrix.

No. of Staff	Staff Complement			
	Full Time/Regular Staff	Project-Based Staff	Part-time Staff	Volunteer
Technical Staff				
Administrative Staff				
Total				

4. Source of Funds – Please specify the CSO’s sources of funds, whether government or private organizations/individuals, local and/or foreign/international including other resource generation activities.

5. Other information gathered necessary to the assessment (if any)

- Supporting documents relative to the declared implemented or current projects and/or programs.

6. Source of information – (Please specify the sources of information. If there are other information gathered aside from the CSO representative, kindly indicate)

Name of Source of information	Designation	Name of Agency (if not the CSO being validated)	Address	Contact Person
MSWD/CŞWD Personnel/Others (pls. specify)				
(Beneficiaries)				

7. Remarks

Validated by:

\_\_\_\_\_  
Name and Signature of DSWD-FO Standards Section Staff and Designation

\_\_\_\_\_  
Date

Concurred by:

\_\_\_\_\_  
Name and Signature of Immediate Supervisor and Designation

\_\_\_\_\_  
Date

Endorsed by:

\_\_\_\_\_  
Name and Signature of FO Director or Authorized Representative and Designation

\_\_\_\_\_  
Date

\* Validation Report may not be needed as per Sec. VI. Accreditation Process Item 3.4 of Validation.