**DSWD MC 13 s 2019**

**IMPLEMENTING CSO ACCREDITATION DOCUMENT CHECKLIST**

|  |  |
| --- | --- |
| **Name of CSO** | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Complete Address** | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Registration & License/ Accreditation No.** | **Date Issued** | **Expiration Date** |
|  |  |  |

|  |  |
| --- | --- |
| **Type of Application** | **Scope of Operation** |
| ◻ New◻ Renewal | ◻ Nationwide/More than one (1) region◻ Operating only in one (1) region |

Put a ***check (√)***in the corresponding box if the document is ***available*** or ***(X)*** mark if ***not***

| **Available** | **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 |  |
|  | 4 | Data Sheet of the Directors, Trustees, Officers, and Key Personnel of the applicant CSO |  |
|  | 4 | Location sketches (spot/ satellite map) and photographs (facade 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.

1. 🞎 The application has lacking document/ or has deficient documents.

🞎 The application needs to be returned to the applicant with: (list attachments)

|  |
| --- |
| **Assessed and Evaluated by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Name and signature of assessor (SB/SS) Date*  |