**(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)