**ASSESSMENT TOOL FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS**

**TO IMPLEMENT DSWD PROJECTS AND/ OR PROGRAMS USING DSWD FUNDS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Received**

|  |  |
| --- | --- |
| **Type of Application: Scope of Operation:** |  |
| * New Application Nationwide/ more than one (1) region   Renewal: Operating only in one (1) region |  |
|  |  |
| |  |  |  | | --- | --- | --- | | **License/ Accreditation No.** | **Date Issued** | **Expiration Date** | |  |  |  | |  |
|  |  |

**Part I. IDENTIFYING INFORMATION**:

|  |  |  |
| --- | --- | --- |
| 1. Name of CSO: |  | |
| 1. Principal Address: |  | |
| 1. CSO Head and Designation: |  | |
| 1. Telephone/Mobile/Fax No/s. |  | |
| 1. E-mail Address: |  | |
| 1. Website : |  | |
| 1. GA/s where the CSO expects funding support: |  | |
| 1. Purposes: |  | |
| 1. 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**

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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* For denial
* Reason/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***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 SCBG) (Date)