**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 |  |
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| **License/ Accreditation No.** | **Date Issued** | **Expiration Date** |
|  |  |  |

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**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)*
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**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)