***Checklist - Beneficiary CSO Organized by SLP***

**Checklist of Requirements on Accreditation of Beneficiary Civil Society Organizations Organized by Sustainable Livelihood Program (SLP)**

|  |  |
| --- | --- |
| Name of CSO | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Complete Address  | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Available** |  | ***List of Documentary Requirements*** | ***Remarks*** |
|  | **1** | Certified true copy of the Certificate of Eligibility (CoE) issued by the SLP-RPMO |  |
|  | **2** | Endorsement of SLPAs with CoE signed by the Regional Program Coordinator (to include the project/s approved, address of the SLPA, and the budget approved for the project) |  |
|  |  |  |  |

**Recommendations/Action Taken:**

 For endorsement to SB-Central Office

 For follow up of lacking documents

 For technical assistance

 Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed / Assessed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation / Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_