**Checklist of Requirements on Accreditation of Beneficiary Civil Society Organizations**

|  |  |
| --- | --- |
| 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** |
| --- | --- | --- | --- |
| ***DSWD-Organized Beneficiary CSO Applicants*** | | | |
|  | **1** | Certificate of Compliance issued by the Regional Head of the applicable DSWD program or project e.g. ARDO or RPC. The content of the certification must attest that the applicant CSO has met all the requirements of the DSWD program or project and in accordance with the minimum accreditation requirements that are applicable under Rule 65 of the 2017 GAA. |  |
| ***Other CSO Applicants*** | | | |
|  | **1** | Duly accomplished Application Form (DSWD-BCSOA 001A) supported with:  • Organizational Chart  • Location sketches and Photographs of the Office/ Meeting Place |  |
|  | **2** | List of Projects and Programs  (DSWD-BCSOA-001B) |  |
|  | **3** | Roster of Members  (DSWD-BCSOA 001C) |  |
|  | **4** | Original Certificate of Good Standing  (DSWD-BCSOA 002) |  |
|  | **5** | Certification that the Beneficiary CSO has undergone Social Preparation.  (DSWD-BCSOA 003); or |  |
|  | **6** | Certification on the willingness of Beneficiary-CSO to undergo social preparation.  (DSWD-BCSOA-004) |  |
| ***Other documents submitted by the Applicant:*** | | | |
|  |  |  |  |
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|  |  |  |  |

**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