**CERTIFICATE OF GOOD STANDING**

**(For CSO who was a beneficiary of projects/programs with DSWD)**

This is to certify that:

* (Name of CSO), with office 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 CSO for the DSWD:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Title of the Program/s or Project/s** | **Amount of Fund Transferred** | **Date Started** | **Date Ending** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

The CSO has liquidated, in accordance with COA regulations, all fund transfers due for liquidation.

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

*(Signature over printed name of the Head or Authorized Representative of the Head of Authorized Representative of the DSWD Field Office Implementer of the Project)*

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

*Date*