**ASSESSMENT TOOL FOR THE ACCREDITATION OF BENEFICIARY CIVIL SOCIETY ORGANIZATION (CSO)**

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| --- | --- |
| Status of Application   * New * Renewal   Previously Issued DSWD CSO Certificate Accreditation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date Received by DSWD CSO Accreditation Secretariat* |
|  |
| Certificate No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_ |  |

**I. IDENTIFYING INFORMATION:**

1. *Name of CSO:*
2. *Principal Address:*
3. *Name of CSO Head and Designation:*
4. *Telephone/Mobile/Fax Number/s:*
5. *E-mail Address/Website:*
6. *Purposes:*
7. *Programs and Services:*

|  |  |  |
| --- | --- | --- |
| ***Name of Program/Project*** | ***Geographical Areas of Coverage (pls. indicate specific location)*** | ***Target Clientele***  ***(Please indicate specific sector)*** |
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**Part II. Documentary Requirements:** Please put a check sign on the corresponding column to indicate whether the requirements are complied with or not. Whenever applicable, indicate under findings/observations whether such document contains complete information or there are other concerns that need to be improved.

| **Requirements** | **Compliance** | | **Findings/Observations** |
| --- | --- | --- | --- |
| **Yes** | **No** |
| 1. Duly accomplished Application Form (DSWD-BCSOA 001A) supported with:  * Organizational Chart * Location sketches and Photographs of the Office/ Meeting Place |  |  |  |
| 1. List of Projects and Programs   (DSWD-BCSOA-001B) |  |  |  |
| 1. Roster of Members   (DSWD-BCSOA 001C) |  |  |  |
| 1. Original Certificate of Good Standing   (DSWD-BCSOA 002) |  |  |  |
| 1. Certification that the Beneficiary CSO has undergone Social Preparation.   (DSWD-BCSOA 003); or |  |  |  |
| 1. Certification on the willingness of Beneficiary-CSO to undergo social preparation.   (DSWD-BCSOA-004) |  |  |  |

**Part III.   FO VALIDATION REPORT**

*(As may be applicable pursuant to Letter E, Article VIII of DSWD M.C. No. 13 Series of 2017)*

Date of validation visit: \_\_\_\_\_\_\_\_\_\_\_\_

The following are the prescribed content of validation assessment reports on CSO’s operations in the region:

1. Identifying Information

* Name of CSO
* Address
* Name of CSO Head and Designation
* Telephone/Mobile/Fax Number/s
* Photograph of the visited CSO office

1. If the CSO is found not existing nor operating in the address or geographical area indicated in the application form.

**Program/Project Profile Implemented by the CSO**

| **Name of Program/Project** | **Brief Description on How the CSO implements the Program/Project** | **Remarks**  **(other observations)** |
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1. Beneficiaries’ Profile:

* Number of beneficiaries of the program/ project
* Membership to the organization

1. **Source/s of Funds:** Please specify the CSO’s specific sources of funds whether government or private

organizations/individuals, local and/or international/foreign including other resource generation activities.

a.

b.

c.

1. **Other information gathered necessary to the assessment** (if any)

* **Supporting documents relative to the declared implemented or currently being implemented programs and projects**

1. **Source/s of Information:**(Please specify the sources of information.  If there are other information gathered aside from the person/s, kindly indicate.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name/s of Source/s of Information* | *Designation* | *Name of Agency*  *(if not the CSO being validated)* | *Address* | *Contact Number* |
| (MSWD/CSWD Personnel) |  |  |  |  |
| (Beneficiaries) |  |  |  |  |
| Other sources of information |  |  |  |  |

**Part IV.  Result of the Notice to the Public on any derogatory record of the CSO applicant**

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**Part V. Summary of Findings**(Indicate the highlights of the assessment and evaluation of rrds, review of submitted documents, ocular inspection/validation made and collateral interview with the board members, key personnel and other informant/s as well as the feedback from the public)

**Part VI.  Recommendations of the FO Accreditation Committee Secretariat**: (Please check appropriate box and fill-up the requested information below:

* Endorsed to the FO Accreditation Committee
* Deferred, Needing Additional Information

***Assessed/Evaluated by:***

(Name and Signature of DSWD Accreditation Committee Secretariat) (Designation)    (Date)

***Concurred By:***

(Name and Signature of the Accreditation Committee Secretariat Leader)          (Designation)      (Date)

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**Follow Through Actions**

* Date Returned to CSO Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date Endorsed to Accreditation Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date Schedule of  Accreditation Committee Meeting  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Results of the Evaluation of  Accreditation Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Remarks:**

**Validated by:**

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

(Name and Signature of DSWD-FO Standards Unit Staff (Division/Unit) (Date)

and Designation)

**Concurred By:**

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

(Name and Signature of Immediate Supervisor (Division/Unit) (Date)

and Designation)