Form 4, S800(m), CMTA

**ANNEX D**

**ASSESSMENT FORM**

***Foreign Donations under Section 800(m) of the CMTA***

 *Date of request receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*License No. and Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Bill of Lading / Airway Bill No: \_\_\_\_\_\_\_\_\_\_Date Released to Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Checklist of Required Documents:*

| ✔/ ✖ | **Items** | **Description** |
| --- | --- | --- |
|   | Authenticated Deed of Donation from the Philippine Consular Office of the country of origin, with the accompanying certificate as to fitness of food and medicine for consumption and compliance with the country of origin’s sanitary and phytosanitary standards. |   |
|   | A copy of notarized Deed of Acceptance. |   |
|   | Copy of valid and subsisting DSWD Registration , License and/or Accreditation Certificate. |   |
|   | Original of valid and subsisting DSWD Registration, License and/or Accreditation Certificate. |   |
|   | Packing list. |   |
|   | Plan of Distribution approved by the DSWD Field Office(s) that has jurisdiction over the target area for distribution. |   |
|   | In case of medicines, a certification of the Department of Health- Food and Drugs Administration (FDA) that the commodities are allowed for free distribution and use by the intended beneficiaries without the need of a prior prescription and that these are safe for human consumption. |   |
|   | Notarized distribution report on latest shipment certified correct by the concerned DSWD Field Office (s). |   |
|   | In case of relief items other than food and medicines, proof of prior agreements or approved arrangements with appropriate government agencies. |   |

**Status of Previous Shipment:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ monitored

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ goods already distributed.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ goods not distributed, still intact.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ goods are unaccounted.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ not yet monitored

**Recommendations:**

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

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 **Assessed by:**

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

 (Name and Signature of DSWD Technical Staff)

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

 (Designation)

**Noted by:**

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

(Name and Signature of Division Chief/ Director)

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

(Date)

**Legend:**

**Header**

Arial Font

**Office Name-** font size 13, bold

**Cluster Name/Field Office No.-** font size 11, bold

**Document Detail**- font size 8

**Footer**

Arial font size 6

**DRN**

Arial font 8, bold

**Legend:**

**Header**

Arial Font

**Office Name-** font size 13, bold

**Cluster Name/Field Office No.-** font size 11, bold

**Document Detail**- font size 8

**Footer**

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**DRN**

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