**Checklist of Requirements for Accreditation of SWA's Programs and Services**

**(Center-based/Residential and Non-Residential)**

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| Name of Agency | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Areas of Coverage | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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| ***Available*** |  | ***List of Documentary Requirements*** | ***Remarks*** |
| --- | --- | --- | --- |
|  | **1** | Duly Accomplished and Notarized Application Form  (*Note: Per Secretary’s advisory, during state of public health emergency. Application need not be notarized)* |  |
|  | **2** | Pre-Accreditation assessment conducted by concerned FO *(for new applicants only)*  *\*Never been accredited*  *\*Assessed but not issued*  *\*Accredited before AO 16, s. 2012* |  |
|  | **3** | Self-assessment: duly accomplished pre-accreditation assessment tool signed by the SWA's Head of Agency or Authorized Representative *(for renewal)*  *\*Have been accredited under AO 16 s.2012/MC 17 s. 2018* |  |
|  | **4** | Certificate of No Derogatory Record information issued by SEC *(except those in operation for less than six months upon filing of the application)* **(Not applicable for public SWDAs)** |  |
|  | **5** | ***ABSNET Membership*** Certification from the Regional ABSNET (RAB) President/Chairperson of the Cluster ABSNET (CAB) or the authorized ABSNET Officer attesting the active ABSNET membership of the applicant SWA |  |
|  | **6** | Work and Financial plan *(two succeeding years)* |  |
|  | **7** | Notarized Updated Certification from the Board of Trustees and/or the funding agency to financially support the organization to operate for at least two years.  **(Not applicable for public SWDAs)** |  |
|  | **8** | Annual Accomplishment Report of the previous year |  |
|  | **9** | Audited Financial Report of the previous year |  |
|  | **10** | Profile of clients/community being served for the preceding and current year |  |
|  | **11** | Certification from the SWA's Head of Agency on their observance and compliance to the provisions of Executive Order No.26 of 2017 (Providing for the establishment of Smoke-Free Environment in Public and Enclosed Places) and RA No.9211 (Tobacco Regulation Act of 2003) |  |
|  | **12** | Manual of Operation  *(Please see Annex 4. DSWD-RLA-004 Guide in the Preparation of Manual of Operation, as attached)*  *(only if there is an update/amendment on docs recently submitted to SB)* |  |
|  | **13** | Profile of Board of Trustees or its equivalent  *(only if there is an update/amendment on docs recently submitted to SB)* |  |
|  | **14** | Profile of employees and Volunteers   * Staff requirement shall be based on Staff Client ratio per standards on accreditation of specific programs and services   *(only if there is an update/amendment on docs recently submitted to SB)* |  |
|  | **15** | List of main and satellite/branch offices  *(if operating in more than one region)*  *(Required only under Licensing)* |  |
|  | **16** | Certified True Copy of General Information Sheet (G.I.S.) issued by SEC or any regulatory agencies  *(only if there is an update/amendment on docs recently submitted to SB)* **(Not applicable for public SWDAs)** |  |
|  | **17** | **For Applicant SWA's implementing Child Placement Services**  Certification from DSWD or photocopy of the Certificate of training attended by the hired RSW related to child placement service |  |
|  | **18** | **For Center Based (Residential Based and Non-Residential Based)**  Copy of the valid safety certificates namely:   1. Occupancy permit (only for new buildings) or;  Annual Building Inspection/Structural Safety Certificate (for old buildings) 2. Fire Safety Certificate 3. Water Potability Certificate or Sanitary Permit |  |
|  | **19** | For applicant that are identified that would be serving Indigenous People (IP), appropriate additional documentary requirement will be required in order to ensure that the rights of the IP sectors are protected as per RA 8371 (The Indigenous Peoples' Rights Act of 1997) |  |
|  | **20** | For applicant with past and current partnership with the DSWD that involved transfer of funds   * Certification from DSWD Office and/or other concerned government agencies that the applicant is free from any  financial liability /obligation |  |
|  | **21** | Copy of the Official Receipt (OR)  (processing fee for Accreditation of  P1, 000.00 per programs/services) |  |
| ***Other documents submitted by the SWDAs :*** | | | |
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| ***Remarks:* For endorsement For submission of lacking documents** | | | |
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| Reviewed by: | | | |
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| *Name and signature of staff Date* | | | |
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Notes: For purposes of compliance with RA 11032, The Ease of Doing Business Act, those documentary requirements earlier submitted during the registration and licensing processes that are also required for accreditation and no changes was made as attested by the applicant organization, shall be deemed acceptable during the accreditation application process. Similarly, during the renewal process of accreditation, on top of the basic  documents and those documents that are valid only for one year, and those needed to be  updated shall be required Details of these shall be stated in the manual of operation.