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

**(Senior Citizens Center)**

|  |  |
| --- | --- |
| Name of SCC : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Region/FO : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

| ***Available*** | ***List of Documentary Requirements*** | | ***Date / Year*** | | ***Remarks*** |
| --- | --- | --- | --- | --- | --- |
|  | 1 | Accomplished Application Form |  | |  |
|  | 2 | SEC Registration/Constitution and By-Laws/ Local Ordinance or Resolution |  | |  |
|  | 3 | Work and Financial Plan for current and succeeding year / LGU approved budget for the year |  | |  |
|  | 4 | Annual Accomplishment Report for the past year |  | |  |
|  | 5 | Financial Report for the past year |  | |  |
|  | 6 | Occupancy permit (for new buildings) or Annual Building Inspection/Structural Safety Certificate (for old buildings) |  | |  |
|  | 7 | Fire Safety Inspection Certificate |  | |  |
|  | 8 | Water Potability Certificate |  | |  |
|  | 9 | Manual of Operation |  | |  |
|  | 10 | Profile of Clients Served |  | |  |
|  | ***Other records submitted by the SCC applicant****(pls. file at the bottom and do not put earmark/s)* | | | | |
|  | 11 | Pre-accreditation assessment report conducted by the DSWD FO |  | |  |
|  | 12 | Duly accomplished assessment tool signed by the Head of the Agency (Pre-assessment for new applications or self-assessment for renewal of applications) |  | |  |
|  | 13 | Certificate of no derogatory information issued by the Securities and Exchange Commission (SEC) (If the agency is already a DSWD Registered and Licensed SWDA) |  | |  |
|  | 14 | Certification from ABSNET Regional President and Cluster President (If the agency is already a DSWD Registered and Licensed SWDA) |  | |  |
|  | ***SB Records*** | | | | |
|  | 15 | Accomplished Assessment Tool |  |  |  |
|  | 16 | Confirmation report |  |  |  |
|  | 17 | Accreditation Certificate |  |  |  |
|  | 🞎 expired certificate (original/photocopy) |  |  |  |
|  | 🞎 newly issued certificate (photocopy) |  |  |  |

**Remarks: 🞎 for endorsement 🞎 for submission of lacking requirements**

Reviewed by:

*Name and signature of staff Date*