***Annex 2. Application Form for Licensing***

***Application Form for Licensing***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Type of Application :*** | ***History of Application:*** | | ***Scope/Coverage:*** |
| (Please check the appropriate box) |  | |  |
| * Licensing of Auxiliary SWDA | * New Application | | * More than one Region/ Nationwide |
| * People’s Organization | * Renewal | |
| * Resource Agency * SWD Network | * 1st | * 4th | * Regional |
| * 2nd | * 5th |
| * Licensing of Social Welfare Agency (SWA) | * 3rd | * Others, pls. specify \_\_\_\_\_\_ | ***Organizational Status*** |
| * Center-based Agency | DSWD Previously Issued License: | | * Intending to Operate |
| * Community-based Agency * Child Placing Agency | * Certificate No: \_ * Date of Issuance   \_\_\_\_\_\_\_   * Date of Expiration   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | * Operational * 0 to 3 years * 4 to 6 years * 7 to 9 years * 10 years & above |
|  |  |

**I. Identifying Information:**

|  |  |  |
| --- | --- | --- |
| Name of Applicant SWDA *(as stated on the SEC Registration)* | |  |
| Other Name *(e.g., acronym, short name, previous name, etc.)* | |  |
| *Business Address*: | No. and Street/ Subdivision: |  |
| Barangay |  |
| City/Municipality |  |
| Province |  |
| Zip Code |  |
| Head of Applicant SWDA | Name |  |
| Position/Designation |  |
| Contact details | Landline No. |  |
| Fax No. |  |
| Mobile No. |  |
| Social Media Account |  |
| E-mail address |  |
| Website |  |
| Principal Registration  (Juridical Personality) | Agency *(SEC)* |  |
| Registration No. |  |
| Date Registered |  |
| Mayor’s Permit | Place Issued |  |
| Issued No. |  |
| Date Issued: |  |
| Validity Period: |  |

1. **Specific Objectives of the SWDA** (pls. state and attached separate page, if necessary):
   1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Program Profile** (Please indicate all the programs and services for implementation/operation and/or being implemented/operated by the applying organization)**:**

| **Type of Programs and Services per Service Delivery Mode** | **Area of Coverage/Location**  (pls. specify**)** | | | **Target Beneficiaries**  (please indicate number of beneficiaries being served per specific category e.g. under children Sector - 5 neglected, 3 abused etc) | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Region** | **City/ Province** | **Municipality** | **Children** | **Youth** | **Women** | **Older Person** | **PWD** | **Family** | **Community** | **Disasters Victims** | **Others (Specify)** |
| **1. Direct Program/s** (pls. specify all the programs and services that is directly provided to the clientele per area of operation) | | | | | | | | | | | | |
| **a. Community-based** | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Center-based** (pls. indicate specific name of each facility with corresponding bed capacity and programs and services to be or being provided to the clientele) | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Indirect Program/s** (Please specify all those are supportive activities in the delivery of social welfare and development programs and services to the disadvantaged sector/s). | | | | | | | | | | | | |
| **a. Funding** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **b. Training/ Capability Building** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **c. Technical Assistance** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **d. Research** |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **e. Advocacy/ IEC Development** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **d. Others** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Staff Complement** (current year)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Name of Facility/ Satellite Office/ Areas of Operation*** | ***Staff Complement*** | ***No. and Composition of Staff Complement per Facility/Satellite Office/Areas of Operation*** | | | |
| ***Full time/ Regular Staff*** | ***Part time Staff*** | ***Volunteer Staff*** | ***Total*** |
|  | ***Management***   * + Executive Director/Agency Head   + Others, pls. specify: |  |  |  |  |
|  | ***Program Staff***   * Registered Social Worker * Community Development Worker * House parents/ caregivers * Others, please specify: |  |  |  |  |
|  | ***Support Staff*** (please specify) |  |  |  |  |

**V. Budget:**

1. **Annual Budget (Latest):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Source of Funds:** Please specify the organization’s specific sources of funds whether government or private organizations/individuals, local and/or international/foreign including other resource generation activities with the corresponding amount of funds covered annually in peso value. If foreign, there is a need to specify the country location.
   1. ***Local Source Peso Value***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. ***Foreign Source Peso Value***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby Certify that the information on this application form and**

**all supporting application documents are true and correct.**

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

(Signature Over Printed Name of the Agency Head or Authorized Representative)

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

(Position/Designation of the Agency Head or Authorized Representative)

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

(Date)

**Note:** If will be eligible for issuance of Certificate of License to operate, kindly check the appropriate box on how the SWDA would like to receive the Certificate:

|  |  |
| --- | --- |
| * Through courier | * Pick-up at DSWD Office   (Field Office or Standards Bureau, as applicable) |

**Authorization:**

|  |  |  |
| --- | --- | --- |
| **On behalf of the applicant SWDA, I hereby:**  (a) Authorize Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  (Full name of authorized representative)  our \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as our official representative to transact with DSWD (designation in the organization)  covering all the requirements and processes set in our application for Licensing  (b) Allow the DSWD to inspect the premises of the office(s) and residential facility(ies)  and/or satellite/branch offices of our organization, as well as the site of any past or  present project or program of the organization, and  (c) Authorize any concerned person of the organization to disclose to the DSWD any fact material to the validation of any information provided by our organization in this application or in any of the documents submitted in support thereof.  (d) Attest that all information in this application together with all the supporting documentary requirements are true and correct. | | |
| AFFIANT – Authorized Representative | Signature |  |
| Name |  |
| Position/Designation |  |
| Date executed | |  |
| Place executed | |  |
| **SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document:**   |  |  | | --- | --- | | Government ID Type and No. |  | | Place and date of issue |  | | Valid until |  | | | |