***Annex 12: Suggested LSWDO/ABSNET Certification of SWDA's Existence***

(Letterhead of LSWDO/ABSNET, if any)

# **CERTIFICATION**

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of SWDA)

located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Main Office Address)

is in existence and implementing the following social welfare and development programs and services in areas within our jurisdiction:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Programs and Services | Area of  Coverage/ Location | Target  Beneficiaries | Contact Person &  Designation/Position | Office/Satellite Office | Contact  Number/s |
|  |  |  |  |  |  |

This certification is issued to said organization to support its application with DSWD for:

🞎 Licensing

🞎 Accreditation

🞎 Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued this\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_.

Issued by:

(Signature over Printed Name of LSWDO Officer or ABSNET Officer)

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

(Designation/Position)