***Annex 14: Registration Assessment Tool***

***Scope/Coverage:***

* More than one Region/ Nationwide
* Regional

***Organizational Status***

* Intending to Operate
* Operational
* 0 to 3 years
* 4 to 6 years
* 7 to 9 years
* 10 years & above
1. **Identifying Information:**
	* 1. *Name of SWDA****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. *Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. *Agency Head and Designation:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		4. *Telephone/Mobile/Fax Number/s:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		5. *Social Media Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
		6. *E-mail Address: \_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		7. *Website: \_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Documentary Requirements:** (*Please put check as appropriate*) If available indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

| ***Requirements***  | ***Available***  | ***Findings/Observations***  |
| --- | --- | --- |
| ***Yes***  | ***No***  |
| ***A. BASIC DOCUMENTS*** |  |  |  |
| 1. Accomplished Application Form (Annex 1) and copy of the official receipt for the processing fee
 |   |  |   |
| 1. Updated Copy of Certificate of Registration and latest Articles of Incorporation and bylaws indicating that the organization’s primary purpose is within the purview of social welfare and development issued by SEC that gives a juridical personality to a non-stock non –profit organization to operate in the Philippines
 |   |  |   |
| 1. Copy of any of the following:
 |  |  |
| * 1. Manual of Operation containing the SWDAs program and administrative policies, procedures and strategies to attain its purpose/s among others
 |   |  |   |
| * 1. Brochure
 |  |  |  |
| * 1. Duly signed Work and Financial Plan for at least two (2) years by the Head of Agency
 |  |  |  |

**Part II. Other Salient Findings/Observations**

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

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**Part III. Recommendations**: (Please check appropriate box and fill-up the requested information below:

1. For Issuance:

Based on the above findings, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of SWDA) is ready for issuance of registration certificate.

**Assessed by**:

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

 (Name and Signature of DSWD Technical Staff or Authorized Intermediary) (SB/Field Office/ABSNET)

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

 (Designation) (Date)

***Endorsed by***:

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

 (Signature and Printed Name of the assigned DSWD FO (Date)

 Division Chief/Standards Bureau SCMD Head)

***Approved by***:

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

(Signature and Printed Name of the Standards Bureau Director/ (Date)

 FO Director)

***Note***: Please use additional sheet/s, if necessary.