***Annex 25. Application Form - SCC***

# Application Form for Accreditation of Senior Citizens Center

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| **Status of Application**   * **New Application** 🗆 **Renewal** * **1st** 🗆 **4th** * **2nd** 🗆 **5th** * **3rd** 🗆 **others, please**   **specify \_\_\_\_\_\_\_\_\_** | **DSWD Previously Issued Accreditation**     * **Accreditation No.:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * **Date of Issuance:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**     * **Date of Expiration:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Identifying Information:**

|  |  |  |
| --- | --- | --- |
| Name of Applicant Senior Citizen Center | |  |
| Other Name (*e.g. acronym, short name, previous name, etc.)* | |  |
| **Business Address:** | No. and Street/ Subdivision |  |
| Barangay |  |
| City/Municipality |  |
| Province |  |
| Zip Code |  |
| **Head of the Center:** | Name |  |
| Position/Designation |  |
| **Contact Details:** | Landline |  |
| Fax No. |  |
| Mobile No. |  |
| Social Media Account |  |
| E-mail Address |  |
| Website |  |
| **Sangguniang Bayan Resolution** | SB No. |  |
| Date Issued |  |
| Name of the Mayor |  |
| **Under LSWDO** | Yes |  |
| No, specify what office |  |

1. **Staff Complement** (*Current Year*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**   * Center Head * Others, specify |  |  |  |  |
| **Program Staff**   * Registered Social Worker * Administrative Staff * Others, please specify: |  |  |  |  |
| **Support Staff** (please specify) |  |  |  |  |

1. **Annual Budget (Latest):**

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

1. **Source of Funds:** Please specify the organization’s specific sources of funds whether government or private organizations/individuals, local and international/foreign including 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:** | **Amount** |
|  |  |
|  |  |
| 1. **Foreign Source:** | **Value in Peso** |
|  |  |
|  |  |

**I hereby certify that the information on this application form and all supporting documents are true and correct.**

(Signature over Printed Name of Center Head or Authorized Representative)

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

(Date)

Note: If will be eligible for issuance of Certificate of Accreditation, kindly check the appropriate box on how the organization would like to receive the Certificate:

🗆 Through Courier 🗆 pick-up at DSWD Office

(Field Office or Standards Bureau, as applicable)