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

# Application Form for Accreditation of Senior Citizens Center

|  |  |
| --- | --- |
| **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)