***Annex 10: Board Resolution***

**BOARD RESOLUTION**

 WHEREAS,

(Name of Corporation/Organization/Association)

*Resolve to raise funds for the*

(State objectives/purposes)

**RESOLVED,** as it is hereby resolved, that each and every one of the Officers pledge to assume full responsibility for all contributions and funds received. That we will limit the administrative expenses incident in the holding of the fund drive to no more than thirty percent (30%) of the gross income and/or the balance of seventy percent (70%) to be appropriated for the said project. In case funds are raised solely through voluntary contributions, administrative expenses shall be limited to ten percent (10%) of the total collection.

**RESOLVED**, that no person involved in the fund raising shall get any share from the proceeds to be derived therefrom and that only lawful means shall be employed during the fund drive.

**RESOLVED** finally, to authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the sole

(Name of Authorized Representative/s)

Representative of the organization to represent in the filling-up of necessary application with the DSWD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Standards Bureau/Field Office and Address)

**IN VIEW OF THE ABOVE**, the following persons are the only authorized agents who will be involved in the conduct the solicitation/fund drive.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name of Authorized*** ***Solicitors/Agents/******Partner Agencies*** | ***Business Address***  | ***Email Address***  | ***Contact Numbers*** | ***Nationality****(*if foreign, pls. indicate BID clearance/working visa number and date) |
|  |  |  |  |  |
|  |  |  |  |  |

**UNANIMOUSLY APPROVED:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***GOVERNING BOARD OFFICERS/MEMBERS*** | ***Position*** | ***Nationality****(*if foreign, pls. indicate BID clearance/working visa number and date) | ***Residential Address***  | ***Email Address***  | ***Contact Numbers***  |
| ***Full Name*** | ***Signature*** |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Approved by:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Certified Correct***

 Chairman/President of the Board

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

Corporate Secretary

 SUBSCRIBE AND SWORN to before me the undersigned Notary Public for and in \_\_\_\_\_\_\_\_\_\_, this

\_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Community Tax Certificate no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| --- |
|  |

 **NOTARY PUBLIC**