

## BOARD RESOLUTION

**WHEREAS,** \_\_\_\_\_,  
(Name of CSO)

located at \_\_\_\_\_,  
(CSO Address)

**RESOLVED** to apply to the Department of Health (DOH) for the Accreditation of Civil Society Organization (CSO) as beneficiary of government or public funds;

**RESOLVED,** to authorize \_\_\_\_\_  
(Name of Authorized Representative/s)

as the sole representative of the CSO to represent in the filling-up of necessary application with the DOH.

**UNANIMOUSLY APPROVED** on \_\_\_\_\_.  
(Date of Approval)

Officers		Position	Valid ID	Residential Address	Contact Numbers
Full Name	Signature				

***Conformed by:***

\_\_\_\_\_  
(Name and Signature of the Head of the CSO)

***Certified Correct:***

\_\_\_\_\_  
(Name and Signature of the Head of the CSO)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_,  
affiant has satisfactorily proven his/her identity to me through his/her valid Identification No.  
\_\_\_\_\_, with his/her picture and signature appearing therein. That he/she  
personally swears that he/she is the same person who personally signed the foregoing  
Application for CSO Accreditation before me and acknowledged that he/she executed the same.

Doc No. \_\_\_\_\_;

**NOTARY PUBLIC**

Page No. \_\_\_\_\_;

Book No. \_\_\_\_\_;

Series of 20 \_\_\_\_\_.