Annex C: Application Form for Accreditation and Checklist of Requirements

APPLICATION FORM FOR ACCREDITATION

Name of Organization:_____

Address:_____

Contact No.: _____Email address (optional): _____

Date Organized: _____Sector/s Represented: _____

Purposes/Objectives:_____

_____

_____

Services that the organization provides or can participate in:
_____
_____
_____
_____

Registering Agency: **Date Registered: _____**

- ☐ Securities and Exchange Commission (SEC)
- ☐ Cooperative Development Authority (CDA)
- ☐ Department of Labor and Employment (DOLE)
- ☐ Department of Human Settlements and Urban Development (DHSUD), formerly the Housing and Land Use Regulatory Board (HLURB)
- ☐ National Commission on Indigenous Peoples (NCIP) **certification*

Accrediting Agency (if any): **Date Accredited**: _____

- ☐ Commission on Population and Development (POPCOM)
- ☐ Department of Agriculture (DA)
- ☐ Department of Public Works and Highways (DPWH)
- ☐ Department of Social Welfare and Development (DSWD)
- ☐ Department of Agriculture (DA)
- ☐ Department of the Interior and Local Government (DILG)
- ☐ Department of Labor and Employment (DOLE)

☐ National Commission for Culture and the Arts (NCCA)

☐ Presidential Commission for the Urban Poor (PCUP)

☐ Philippine Drug Enforcement Agency (PDEA)

☐ Department of Labor and Employment (DOLE)

☐ Others (specify): _____

Organizational Level:

☐ Barangay-level

☐ Chapter

☐ Affiliate of a larger organization (identify organization): _____

☐ Others (specify): _____

Projects Implemented in the [Province/City/Municipality/Barangay] **of** [Name of LGU]

Year	Project	Cost	Financing Source/Scheme	Beneficiaries	Status	
					Completed	Ongoing

WE HEREBY CERTIFY to the correctness of the above information.

_____ President

_____ Secretary

Depending on your organization's technical area of expertise and scope of activity, which Local Special Body are you most capable to be a member of?

- ☐ Local Development Council
- ☐ Local Health Board
- ☐ Local School Board
- ☐ Local Peace and Order Council

WE HEREBY CERTIFY to the correctness of the above information.

_____ _____

President Secretary

TO THE APPLICANT

Kindly go through a self-assessment of the following requirements for your application.
Please do not submit the Application Form without performing the said self-assessment.

☐	1	Letter of Application
☐	2	Duly accomplished Application Form for Accreditation
☐	3	Duly approved Board Resolution signifying intention for accreditation for the purpose of representation in a local special body
☐	4	Certificate of Registration or existing valid Certificate of Accreditation from any NGA (or in the case of IPOs, certification issued by NCIP)
☐	5	List of current Officers
		ADDITIONAL REQUIREMENTS FOR CSOs IN OPERATION FOR AT LEAST ONE (1) YEAR
☐	6	Minutes of the Annual Meetings of the immediately preceding year as certified by the organization's board secretary or Certification from the board secretary certifying the annual meeting's conduct, including the date, location, attendees, and agenda
☐	7	Annual Accomplishment Report for the immediately preceding year
☐	8	Financial Statement, at the minimum, signed by the executive officers of the organization, of the immediately preceding year, and indicating therein other information such as revenue, expenses and the source(s) of funds