CERTIFICATION

This is to certify that the City/Municipality of **LUBANG, OCCIDENTAL MINDORO** has the following *(Please supply the required information.)*:

- **CY 2024 LDRRM Fund: Appropriation**

Estimated revenue from regular sources	:	PhP 124,849,491.00
Amount allocated for LDRRMF CY 2025	:	PhP 6,242,474.55
In percent	:	5%

- **Fund appropriated for Gender and Development, CY 2024**

Amount allocated	:	PhP 6,242,474.55
Amount disbursed (as of Dec. 31, 2024)	:	PhP 5,614,863.86
In percent	:	89.95%

- **Fund appropriated for Senior Citizens and PWDs PAPs, CY 2024**

Amount allocated	:	PhP 1,248,494.91
Amount disbursed (as of Dec. 31, 2024)	:	PhP 1,243,977.72
In percent	:	99.64%

- **CY 2024 LCPC: Fund Appropriation**

IRA/NTA amount in CY 2024	:	PhP 117,809,241.00
Amount allocated for LCPC in CY 2024	:	PhP 1,178,092.41
In percent	:	1%

- **CY 2024 LCPC: Fund Disbursement**

Amount disbursed (as of Dec. 31, 2024)	:	PhP 1,032,399.01
In percent	:	87.63%

- **Disbursement of fund appropriated for the conservation and preservation of cultural property, CY 2024** (Cut-off: December 31, 2024)

Amount allocated for programs, projects and activities related to conserving and preserving cultural property in CY 2024	:	PhP 1,500,000.00
Amount disbursed	:	PhP 1,283,333.03
In percent	:	85.56%

- **Disbursement of fund for LYDO functions and operations, CY 2024** (Cut-off: December 31, 2024)

Amount allocated for LYDO functions and operations in CY 2024	:	PhP 20,000.00
Amount disbursed	:	PhP 20,000.00
In percent	:	100%

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued on the 24th day of February, 2025.

Certified by:

CARINA V. DAULAT
Signature over Printed Name
City/Municipal Accountant

Attested by:

MICHAEL L. ORAYANI
Signature over Printed Name
City/Municipal Mayor

Official Release of this Certification
(Please affix official LGU stamp below)

SGLG Form CM 2B Business Permit and Licensing Office

City/Municipality of	:	**BUGUIAS**	Income Class	:	**1ST CLASS**
Province	:	**BENGUET**	Region	:	**CAR**

INSTRUCTIONS
For the DILG City Director or C/MLGOO:

1. Ask the BPLO for the month and day of CY 2023 1st quarter with the highest volume of transactions for business permits for both new and renewal.
2. Review database, record book or copy of application forms.
3. Get sample transactions, at least 50% each for new business and renewal. The maximum number of samples for each is 20.
4. Record the samples and their processing time.

PROCESSING TIME IN ISSUING A BUSINESS OR MAYOR'S PERMIT

New Business

Date (month and day) with highest volume of transaction for business permits: **JANUARY 13, 2025**

Total number of transactions: **26**

Sample Transactions:

	Application No.	Not more than 3 working days from application to release? Yes	No
1.	705	☐	☐
2.	709	☐	☐
3.	712	☐	☐
4.	713	☐	☐
5.	720	☐	☐
6.	725	☐	☐
7.	726	☐	☐
8.	727	☐	☐
9.	728	☐	☐
10.	742	☐	☐

Business Renewal

Date (month and day) with highest volume of transaction for business permits: **JANUARY 7, 2025**

Total number of transactions: **126**

Sample Transactions:

	Application No.	Not more than 3 working days from application to release? Yes	No
1.	215	☐	☐
2.	216	☐	☐
3.	217	☐	☐
4.	218	☐	☐
5.	219	☐	☐
6.	220	☐	☐
7.	221	☐	☐
8.	222	☐	☐
9.	223	☐	☐
10.	224	☐	☐

11.	754	☐	☐	11.	225	☐	☐
12.	760	☐	☐	12.	226	☐	☐
13.	761	☐	☐	13.	227	☐	☐
14.		☐	☐	14.	228	☐	☐
15.		☐	☐	15.	229	☐	☐
16.		☐	☐	16.	230	☐	☐
17.		☐	☐	17.	231	☐	☐
18.		☐	☐	18.	232	☐	☐
19.		☐	☐	19.	233	☐	☐
20.		☐	☐	20.	234	☐	☐

Notes: Application filed on Day 1 should be released not later than Day 3. Weekends not counted. Attach additional pages, if necessary

Integration of Barangay Clearance in the Business Permit Process:

100 % of barangays have integrated the issuance of barangay clearance in the LGU's Business Permit process. Attached is the list of barangays which complied with the requirement.

Summary of tracked economic data:

Economic Data	2024	2025
Total number of new businesses	326	416
Total number of business renewals	1,481	1,497
Capital investments derived from registered new businesses	40,789,500.00	94,029,500.00
Employees derived from registered new businesses and business renewals	2,995	2,294

This Form is issued for the purpose of the Seal of Good Local Governance assessment.

Issued on the **13th** day of **August, 2026**.

Collected by:

RONNEL F. RAMIREZ
Signature over Printed Name
City Director or C/MLGOO

Certified by:

PHENICLAIRE B. N AGAYOS
Signature over Printed Name
Business Permit and Licensing Officer

Attested by:

JULIUS M. AMOS
Signature over Printed Name
City/Municipal Mayor

Official Release of this Certification
(Please affix the official LGU stamp below)

SGLG Form CM 2B Business Permit and Licensing Office (attachment)

Barangays with Barangay Clearance integrated to the LGU Business Permit Process

#	Name of Barangay	Issuance Number	Date of Approval
1	ABATAN	Resolution No. 60-2023	December 4, 2023
2	AMGALEYGUEY	Resolution No. 2024-003	December 13, 2023
3	AMLIMAY	Resolution No. 2024-076	January 5, 2024
4	BACULONGAN NORTE	Resolution No. 2023-046	December 8, 2023
5	BACULONGAN SUR	Resolution No. 004-2023	December 6, 2023
6	BANGAO	Resolution No. 2023-096	December 8, 2023
7	BUYACAOAN	Resolution No. 060-2019	October 10, 2023
8	CALAMAGAN	Resolution No. 2023-037	December 8, 2023
9	CATLUBONG	Resolution No. 2023-066	December 8, 2023
10	LENGAOAN	Resolution No. 2023-049A	December 8, 2023
11	LOO	Resolution No. 079-2023	December 19, 2023
12	NATUBLENG	Resolution No. 61-2022	December 14, 2023
13	POBLACION	Resolution No. 2023-054	December 12, 2023
14	SEBANG	Resolution No. 23-B-2023	June 8, 2023
15			
		Total Number of Barangays	14
		Number of Barangays w/ barangay clearance integrated to the LGU's business permit process	14
		% of Barangays w/ barangay clearance integrated to the LGU's business permit process	100

(Attach additional pages, if necessary.)

SGLG Form CM 2C Budget Office

CERTIFICATION

This is to certify that the City/Municipality of _____ has budget appropriation for its *(please tick available item(s))*:

Local Disaster Risk Reduction and Management Plan

☐ Approved Local Disaster Risk Reduction and Management (LDRRM) Plan covering CY 2024 as integrated into the CY 2024 Annual Investment Program and Annual Budget.

☐ Approved Local Disaster Risk Reduction and Management (LDRRM) Plan covering CY 2023 as integrated into the CY 2023 Annual Investment Program and Annual Budget.

Personal Services

Additionally, the City/Municipality also has the following information based on the approved CY 2024 annual budget:

(1) Total Income from regular sources realized in the next preceding fiscal year	PhP _____
(2) Total appropriations for Personal Services (PS)	PhP _____
Percentage *(Item 2/Item 1)*100*	_____%

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued on the _____ day of _____, 2024.

Certified by:

_____

Signature over Printed Name
City/Municipal Budget Officer

Attested by:

_____

Signature over Printed Name
City/Municipal Mayor

Official Release of this Certification

(Please affix the official LGU stamp below)

SGLG Form CM 2D DepEd Representative

CERTIFICATION

This is to certify that the City/Municipality of TAGUM has the following status of implementation *(Please supply the required data)*:

LSB Plan Completion in CY 2025

96.52% of programs, project, and activities (PAPs) under the LSB Plan are completed.

Accordingly, the said Plan completed, or its fund utilized for the following items *(tick the appropriate item(s))*:

- ✔ Operation and maintenance of public schools
- ✔ Construction and repair of school buildings
- ✔ Facilities and equipment
- ✔ Educational research
- ✔ Purchase of books and periodicals
- ✔ Sports development
- ✔ Implementation of the National Feeding Program for undernourished children in public day care, kindergarten, and elementary schools
- ☐ Others. Please specify: N/A

Local School Board Activities

The Local School Board met at least once in these months in CY 2025:

- ✔ January
- ✔ February
- ✔ March
- ✔ April
- ✔ May
- ✔ June
- ✔ July
- ✔ August
- ✔ September
- ✔ October
- ✔ November
- ✔ December

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued on the 21st day of October, 2025.

Certified By:

ALONA C. UY, CESO V
Schools Division Superintendent

_____

Signature over Printed Name
DepEd Schools Division Superintendent/
designated Representative to LSB

Official Release of this Certification *(Please affix stamp of Records Section/Officer below)*

SGLG Form CM 2E DILG Field Office

CERTIFICATION

This is to certify that the City/Municipality of _____ has *(Please tick available item(s))*:

GAD Plan and Budget for CY 2024

☐ Has been reviewed and was found fully compliant in form and content per PCW-DILG-DBM-NEDA JMC No.: 2016-01
☐ Has been submitted to DILG for review
☐ No submission

GAD Plan and Budget for CY 2023

☐ Has been reviewed and was found fully compliant in form and content per PCW-DILG-DBM-NEDA JMC No.: 2016-01
☐ Has been submitted to DILG for review
☐ No submission

In addition, I confirm the correctness of the information/conditions contained in the attached Documentation template *(Certified Form 2E – Photo Documentation).*

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued on the ____ day of _____, 2024.

Certified by:

_____

Signature over Printed Name
City Director or City/Municipal LGOO

Official Release of this Certification

(Please affix the stamp of the DILG RO/PO below)

SGLG Form CM 2F Disaster Risk Reduction and Management Office

CERTIFICATION

This is to certify that the City/Municipality of _____ has the following *(Please supply required data):*

_____ % of planned PAPs to be charged against the CY 2023 70% component for Disaster Preparedness and Mitigation (Current Fund) were completed. Attached is the list of PAPs for CY 2023;

_____ % of barangays with Evacuation Information Guides; and

_____ % of barangays with approved Community-Based Disaster Risk Reduction and Management (CBDRRM) Plans. Attached is the list of barangays with approved CBDRRM Plans;

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued on the ____ day of _____, 2024.

Certified By:

_____

Signature over Printed Name
City/Municipal Risk Reduction
and Management Officer

Attested by:

_____

Signature over Printed Name
City/Municipal Mayor

Official Release of this Certification

(Please affix the official LGU stamp below)

SGLG Form CM 2F Disaster Risk Reduction and Management Office (attachment)

Barangays with approved CBDRRM Plans

#	Name of Barangay	Period/years covered by CBDRRM Plan
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	Total Number of Barangays	
	Number of Brgys. w/ CBDRRM Plan covering CY 2024	
	% of Barangays with CBDRRMP	

(Attach additional pages, if necessary.)

SGLG Form CM 2F Disaster Risk Reduction and Management Office (attachment)

Notes: Kindly include in the accomplishment rate the planned PAPs that were eventually implemented through other funding sources (e.g., grants/assistance from National Government Agencies) and those completed until December 31, 2023, even if the funds for them are yet to be disbursed. Attach additional pages if necessary.

PAPs planned to be charged under the CY 2023 70% component for Disaster Preparedness and Mitigation (Current Fund)

#	Name of PAPs	Kindly tick if implemented/completed on or before Dec. 31, 2023
1		☐
2		☐
3		☐
4		☐
5		☐
6		☐
7		☐
8		☐
9		☐
10		☐
	Total Number of PAPs for CY 2023	_____
	Number of Planned PAPs completed on or before Dec. 31, 2023	_____
	% Accomplishment	_____

(Attach additional pages, if necessary.)

SGLG Form CM 2G Engineering Office

CERTIFICATION

This is to certify that the City/Municipality of _____ has the following *(Please supply required data and photo documentation. You may add remarks for each photo.):*

A. Local Government Building

Complete Address: _____

	Photo of the Ramp with the Grab Bars Wide Angle Shot, showing whole ramp *if no ramps, photo showing ground level entrance/ dropped curb/ lift
	Width (in meters): _____ Other Remarks (if any): _____
	Photo of the Ramp with the Gradient Finder Test (result should be shown)
	Gradient: _____ Other Remarks (if any): _____

	Photo of the Ramp Flooring *Refer to the Guidance on Non-skid/Slip Resistance Flooring* **Flooring Material:** _____ *Slip-Resistance (if dry and unpolished)* ☐ Very Good ☐ Good ☐ Fair ☐ Poor to Fair ☐ Very Poor to Fair *Slip-Resistance (if wet)* ☐ Very Good ☐ Good ☐ Fair ☐ Poor to Fair ☐ Very Poor to Fair Other Remarks (if any): _____
	Photo of the PWD CR (Wide Shot) *Must show the toilet with grab bar and wheelchair inside* **Floor Area of the PWD CR:** (in m^2): _____ **Has at least 2.25 m^2 turning space with a minimum dimension of 1.50m for wheelchairs?** ☐ Yes ☐ No Other Remarks (if any): _____

	Photo of the PWD CR's entrance **Width of the entrance** (in meters): _____ Other Remarks (if any): _____
	Photo of the Flooring of the PWD CR *Refer to the Guidance on Non-skid/Slip Resistance Flooring* **Flooring Material:** _____ *Slip-Resistance (if dry and unpolished)* ☐ Very Good ☐ Good ☐ Fair ☐ Poor to Fair ☐ Very Poor to Fair *Slip-Resistance (if wet)* ☐ Very Good ☐ Good ☐ Fair ☐ Poor to Fair ☐ Very Poor to Fair Other Remarks (if any): _____

	Photo of the Signages *(Directional and information signs showing the location of ramps, elevator, PWD CRs)*
	_____
	Photo of the Parking Space for PWDs
	_____
	Other PWD-friendly space/facility/equipment (If any)
	_____

B. LG-managed tertiary educational facility/technical vocational education and training center
Name of Facility: _____
Address: _____

	Photo of the Ramp with the Grab Bars Wide Angle Shot, showing whole ramp *if no ramps, photo showing ground level entrance/ dropped curb/ lift
	Width (in meters): _____ Other Remarks (if any): _____
	Photo of the Ramp with the Gradient Finder Test (result should be shown)
	Gradient: _____ Other Remarks (if any): _____
	Photo of the Ramp Flooring
	Refer to the Guidance on Non-skid/Slip Resistance Flooring **Flooring Material:** _____ *Slip-Resistance (if dry and unpolished)* ☐ Very Good ☐ Good ☐ Fair ☐ Poor to Fair ☐ Very Poor to Fair *Slip-Resistance (if wet)* ☐ Very Good ☐ Good ☐ Fair ☐ Poor to Fair ☐ Very Poor to Fair

	Other Remarks (if any): _____

	Photo of the PWD CR (Wide Shot) *Must show the toilet with grab bar and wheelchair inside*
	Floor Area of the PWD CR: (in m^2): _____ **Has at least 2.25 m^2 turning space with a minimum dimension of 1.50m for wheelchairs?** ☐ Yes ☐ No Other Remarks (if any): _____
	Photo of the PWD CR's entrance
	Width of the entrance (in meters): _____ Other Remarks (if any): _____

	Photo of the Flooring of the PWD CR *Refer to the Guidance on Non-skid/Slip Resistance Flooring* **Flooring Material:** _____ *Slip-Resistance (if dry and unpolished)* ☐ Very Good ☐ Good ☐ Fair ☐ Poor to Fair ☐ Very Poor to Fair *Slip-Resistance (if wet)* ☐ Very Good ☐ Good ☐ Fair ☐ Poor to Fair ☐ Very Poor to Fair Other Remarks (if any): _____

	Photo of the Signages *(Directional and information signs showing the location of ramps, elevator, PWD CRs)* _____

	Photo of the Parking Space for PWDs _____
	Other PWD-friendly space/facility/equipment (If any) _____

C. LGU Health Facility

Name of Facility: _____
Address: _____
Kindly provide at least two photos per feature. As much as possible, provide pictures of different structures. If only one structure is available, pictures should be taken from different perspectives OR should show different minimum requirements.

STAIRS (if applicable)	
	Minimum Requirements: ☐ Tread surfaces are made of slip-resistant material.

	☐ Slanted nosings are used to projecting nosings. Open stringers are avoided. ☐ The leading edge of each step on both the runner and riser is marked with a paint or non-skid material that has a color and gray value which is in high contrast to the gray value of the rest of the stairs. ☐ A tactile strip 0.30 m. wide shall be installed before hazardous areas such as sudden changes in floor levels and at the top and bottom of stairs. Other Remarks (if any): _____
WALKWAYS	

Minimum Requirements:

- ☐ Gradient is no more than 1:20 or 5%.
- ☐ Maximum cross gradient of 1:100
- ☐ Minimum width of 1.20 meters
- ☐ Gratings are not located along walkways. However, when occurring along walkways, grating openings have a maximum dimension of 13 mm x 13 mm and shall not project more than 6.5 mm above the level of the walkway.
- ☐ Continuing surface without abrupt pitches in angle or interruptions by cracks or breaks creating edges above 6.50 mm.
- ☐ In lengthy or busy walkways, spaces are provided at some point along the route so that a wheelchair may pass another or turn around. These spaces have a minimum dimension of 1.50m and should be spaced at a maximum distance of 12:00 m between stops.
- ☐ Walkways should as much as possible follow straightforward routes with right-angle turns.
- ☐ Branches of trees or shrubs do not overhang walkways or paths.
- ☐ Walkway headroom is not less than 2.0 m and preferably higher.
- ☐ Passageways for the disabled are not obstructed by street furniture, bollards, signposts, or columns along the defined route.

Other Remarks (if any):
_____

CORRIDORS

Minimum Requirements:

- ☐ Have a minimum clear width of 1.20 m. Waiting areas and other facilities or spaces do not obstruct the minimum clearance requirement.
- ☐ Recesses or turnabout spaces are provided for wheelchairs to turn around or to enable another wheelchair to pass. These spaces have a minimum area of 1.50m x 1.50m and are spaced at a maximum of 12.00 m.
- ☐ Turnabout spaces are provided at or within 3.50 m. of every dead end.
- ☐ Maintained level and provided with a slip-resistant surface.

	Other Remarks (if any): _____

DOORS AND BUILDING ENTRANCES

	Minimum Requirements: ☐ All doors have a minimum clear width of 0.80 m. ☐ Clear openings are measured between the surface of the fully open door at the hinge and the door jamb at the stop. ☐ Doors are operable by a pressure or force not more than 4.0kg. The closing device pressure on interior door does not exceed 1kg. ☐ A minimum clear level space of 1.50m x 1.50m is provided before and extending beyond a door. EXCEPTION: Where a door shall open onto but not into a corridor, the required clear, level space on the corridor side of the door may be a minimum of 1.20 m. corridor width. ☐ Outswinging doors are provided at storage rooms, closets, and accessible restroom stalls. ☐ Entrances are accessible from arrival and departure points to the interior lobby. ☐ Entrances with vestibules are provided a level area with at least a 1.80 m depth and a 1.50 m width. **Other Required Features (if applicable):** *Put "N/A"as a remark if the feature is not applicable.* ☐ Protection should be provided from doors that swing into corridors. *Remarks:* _____ ☐ One (1) entrance level is provided where elevators are accessible. *Remarks:* _____ ☐ In case entrances are not on the same level of the site arrival grade, ramps are provided as access to the entrance level. *Remarks:* _____

	Other Remarks (if any): _____

WASHROOMS AND TOILETS

Minimum Requirements:

- ☐ Permit easy passage of a wheelchair and allow the occupant to enter a stall, close the door and transfer to the water closet from either a frontal or lateral position.
- ☐ Accessible water closet stalls have a minimum area of 1.70 x 1.80mts. One movable grab bar and one fixed to the adjacent wall are installed at the accessible water closet stall for lateral mounting. Fixed grab bars on both sides of the wall are installed for stalls for frontal mounting.
- ☐ A turning space of 2.25 sq.m. with a minimum dimension of 1.50 m. for wheelchair is provided for water closet stalls for lateral mounting.
- ☐ All accessible public toilets shall have accessories such as mirrors, paper dispensers, towel racks and fittings such as faucets mounted at heights reachable by a person in a wheelchair.
- ☐ At least one (1) accessible water closets on each floor level or on that part of a floor level accessible to the disabled where the total number of water closets per set on that level is 20 OR at least two (2) where the number of water closets exceeds 20.
- ☐ The signage for men's washroom door is an equilateral triangle with a vertex pointing upward, and those for women shall be a circle. The edges of the triangle is 0.30 m long as should be the diameter of the circle. These signages should at least be 7.5 mm thick and the color and gray value of the doors. The words "men" and "women" or the appropriate stick figures appear on the washroom doors for the convenience of the fully sighted.
- ☐ Maximum height of water closets is 0.45 m. Flush controls have a maximum height of 1.20 mts.
- ☐ Maximum height of lavatories is 0.80 m. with a knee recess of 0.60 - 0.70 m. vertical clearance and 0.50 m. depth.
- ☐ Urinals have an elongated lip or through type. The maximum height of the lip is 0.48 m.

Other Remarks (if any):
_____

RAMPS	
	Minimum Requirements: *Put "N/A"as a remark if the optional feature is not applicable.* ☐ Changes in level have ramp, except when served by a dropped curb, an elevator or other mechanical device. ☐ Ramps shall have a minimum clear width of 1.20 m. ☐ The maximum gradient is 1:12. ☐ The length of a ramp does not exceed 6:00 m. if the gradient is 1:12. If applicable, longer ramps whose gradient is 1:12 are provided with landings not less than 1.50 m. ☐ A level area not less than 1.80 m. is provided at the top and bottom of any ramp. ☐ Handrails are provided on both sides of the ramp at 0.70m. and 0.90 m. from the ramp level. ☐ Ramps are equipped with curbs on both sides with a minimum height of 0.10 m. **Other Required Feature (if applicable):** *Put "N/A"as a remark if the optional feature is not applicable.* ☐ Any ramp with a rise greater than 0.20 m. and leads down towards an area where vehicular traffic is possible has a railing across the full width of its lower end, not less than 1.80 meters from the foot of the ramp. *Remarks:* _____ Other Remarks (if any): _____
PARKING AREAS	
	Minimum Requirements: ☐ Met the recommended ratio for parking spaces provided in the technical notes ☐ Parking spaces allow enough space for a person to transfer to a wheelchair from a vehicle. ☐ Located as close as possible to building entrances or to accessible entrances. ☐ Whenever and wherever possible, accessible parking spaces should be perpendicular or to an angle to the road or circulation aisles. ☐ Slots have a minimum width of 3.70 m.

	☐ A walkway from accessible spaces of 1.20 m. clear width is provided between the front ends of parked cars. ☐ Pavement markings, signs or other means are provided to delineate parking spaces for the handicapped. ☐ Parking spaces for the disabled are not located at ramped or sloping areas. **Other Required Feature (if applicable):** *Put "N/A"as a remark if the optional feature is not applicable.* ☐ Dropped curbs or curb cut-outs are provided to the parking level where access walkways are raised. *Remarks:* _____ Other Remarks (if any): _____
HANDRAILS	
	Minimum Requirements: ☐ Handrails are installed at both sides of ramps and stairs and at the outer edges of dropped curbs. Handrails at dropped curbs are installed beyond the width of any crossing so as not to obstruct pedestrian flow. ☐ Handrails are installed at 0.90m and 0.70m above steps or ramps. Handrails for protection at great heights are installed at 1.0m to 1.06m. ☐ A 0.30 m long extension of the handrail are provided at the start and end of ramps and stairs. ☐ Handrails that require full grip have a dimension of 30mm to 50 mm. ☐ Handrails attached to walls have a clearance no less than 50mm from the wall. Handrails on ledges should have a clearance not less than 40mm.

	Other Remarks (if any): _____
SWITCHES, CONTROLS, BUZZERS	
	Minimum Requirements: ☐ Manual switches shall be positioned within 1.20 m to 1.30 m above the floor, at least at the PWD washrooms and toilets ☐ Manual switches should be located no further than 0.20 from the latch side of the door, at least at the PWD washrooms and toilets Other Remarks (if any): _____
FLOOR FINISHES	
	Minimum Requirements: ☐ CR and ramp flooring have grooves.

	☐ Corrugated floor for the blind. Other Remarks (if any): _____
DRINKING/WATER FOUNTAINS	
	Minimum Requirements: ☐ Has one (1) fountain for every 2,000sq.m. of floor area or one (1) on each floor. ☐ Waterspout is at the front and shall be push button controlled if wall mounted. ☐ Maximum height – 0.85 from floor to rim. OR ☐ Has other equipment being used to provide easy access to safe drinking water, please specify: _____

	Other Remarks (if any): _____

PUBLIC TELEPHONE

	Minimum Requirements: ☐ Has a clear, unobstructed space of 1.50 x 1.50m in front of wall-mounted and free-standing units and at alcoves/recesses. ☐ Door width is at least 0.80m. ☐ Coin slots, dialing controls, receivers and instructional signs are located at 1.10 (max) above the floor. OR ☐ Has other publicly accessible telecommunication device, please specify: _____ Other Remarks (if any): _____

SEATING ACCOMMODATIONS

	Minimum Requirements (at least one of the item below should be applicable): ☐ 4 to 50 seats – 2 wheelchair seating space ☐ 51 to 300 seats – 4 wheelchair seating space ☐ 301 to 500 seats – 6 wheelchair seating space Other Remarks (if any): _____
SIGNAGES	
	Minimum Requirements: ☐ Directional and information signs are located at points conveniently seen even by a person on a wheelchair and those with visual impairments. ☐ Signs are kept simple and easy to understand. Signages are made of contrasting colors and contrasting gray matter to make detection and reading easy. ☐ The international symbol for access is used to designate routes and facilities that are accessible. ☐ Signs on walls and doors are located at a maximum height of 1.60m. and a minimum height of 1.40m.

	☐ Signages labelling public rooms and places have raised symbols, letters or numbers with minimum height of 1 mm. Braille symbols should be included in signs indicating public places and safety routes. ☐ Text on signboards have a dimension that people with less than normal visual acuity can read at a certain distance. **Other Required Feature (if applicable):** *Put "N/A"as a remark if the optional feature is not applicable.* ☐ Should a sign protrude into a walkway or route, a minimum headroom of 2.0 meters should be provided. *Remarks:* _____ Other Remarks (if any): _____
ELEVATOR (if applicable)	
	Minimum Requirements: ☐ Accessible elevators are located not more than 30.00 m. from the entrance and can easily be located with the aid of signs. ☐ Accessible elevators shall have a minimum dimension of 1.10 m. x 1.40 m. ☐ Button controls are provided with braille signs to indicate floor level at each floor, at the door frames of elevator doors. Braille-type signs are placed so that blind persons can be able to discern what floor the elevator car has stopped and from what level they are embarking from. ☐ Button sizes at elevator control panels have a minimum diameter of 20 mm and should have a maximum depression depth of 1 mm. Other Remarks (if any): _____

Certified by:

Signature over Printed Name City/Municipal Engineer	Signature over Printed Name City/Municipal PDAO Head/Focal Person

Attested by:

Signature over Printed Name
City/Municipal Mayor

Official Release of this Certification
(Please affix the official LGU stamp below)

CERTIFICATION

This is to certify that the City/Municipality of _____ has the following *(Please tick available condition(s) and/or supply required information):*

A. Report on PAPs Completion *(Cut-off: December 31, 2023)*

PAPs	Percent Completion (in %)
CY 2023 GAD Plan's PAPs	_____
CY 2023 PAPs for Senior Citizens and PWDs	_____
CY 2023 PAPs funded out of the 1% of NTA allocation for the Local Council for the Protection of Children	_____

B. On Presence of Illegal Dwelling Units *(Indicator for Cities only, but Municipalities are encouraged to also fill this out)*

☐ Illegal dwelling units exist within LGU jurisdiction

* In case illegal dwelling units exist, reference document for housing, resettlement and relocation programs of the LGU is:

- ☐ Approved City Shelter Plan
- ☐ Approved Resettlement and Relocation Action Plan
- ☐ Resettlement PAPs incorporated in CY 2023 Annual Investment Program
- ☐ None

Please indicate the percentage of accomplished CY 2023 targets: _____ %

Other Remarks (if any):

_____
_____
_____

This Certification is issued for the purpose of the Seal of Good Local Governance (SGLG) assessment and the Local Governance Performance Management System (LGPMS) LGU profiling.

Issued on the ____ day of _____, 2024.

Certified by:

_____
Signature over Printed Name
City/Municipal Planning and Development Officer

Attested by:

_____
Signature over Printed Name
City/Municipal Mayor

Official Release of this Certification
(Please affix the official LGU stamp below)

SGLG Form CM 2I Local PNP Office/ Station

CERTIFICATION

This is to certify that the City/Municipality of _____ has the following accomplishments and data *(Please tick applicable items only):*

☐ The LGU has provided logistical support to the PNP Local Police Office/Station in CY 2023.

Accordingly, the following are the forms of support given *(please tick applicable choices only)*:

☐ Ammunition ☐ Police station

☐ Communication ☐ Supplies

☐ Vehicle ☐ Others *(please specify):* _____

☐The LGU has supported the organization of the Barangay Peacekeeping Action Teams, barangay tanods, and/or any similar unit.

Relatively, the LGU has *(please supply required data)*:

_____% of barangays with organized BPATs, barangay tanods and/or similar unit; and

_____% of the barangays with trained BPATs, barangay tanods and/or similar unit.

Please see attached list of barangays for further information.

Other Remarks (if any):

_____

_____

_____

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued on the ____ day of _____, 2024.

Certified By: _____
Signature over Printed Name Chief, Local PNP Office/Station
Official Release of this Certification Please affix the stamp of the Records Section/Officer below

SGLG Form CM 2I Local PNP Office/ Station (attachment)
Attach additional pages, if necessary.

#	Name of Barangay	With Organized BPATs, barangay tanods and/or similar unit	With trained BPATs, barangay tanods and/or similar unit*
1		☐	☐
2		☐	☐
3		☐	☐
4		☐	☐
5		☐	☐
6		☐	☐
7		☐	☐
8		☐	☐
9		☐	☐
10		☐	☐
11		☐	☐
12		☐	☐
13		☐	☐
14		☐	☐
15		☐	☐
	Total No. of Barangays in the LGU		
	Total No. of Brgys. with organized BPATs, barangay tanods and/or similar unit		
	Total No. of Brgys. with trained BPATs, barangay tanods and/or similar unit		

**Trainings conducted/ received from 2018 onwards*

SGLG Form CM 2J Social Welfare and Development Office

CERTIFICATION

This is to certify that the City/Municipality of _____ has the following accomplishments and data *(please supply the following information):*

☐ Component Barangays have their respective violence against women (VAW) desks. Please provide the percentage of barangays with VAW desks: _____ %

☐ Component Barangays have their VAWC reports. Please provide the necessary information below:

Percentage of barangays with VAWC quarterly reports submitted to the LSWDO in CY 2023

Quarter	% of Barangays
1st Quarter	_____
2nd Quarter	_____
3rd Quarter	_____
4th Quarter	_____

Other Remarks (if any):

_____

_____

Early Childhood Care and Development

_____ % of barangays with established daycare/child development centers. Attached is the list of barangays which complied with the requirement; and

_____ % of ECCD-trained daycare teachers. *(for profiling)*

#	Name of Barangays	Kindly tick if barangay has an established daycare/child development center	Kindly tick if barangay has daycare teacher/s that are ECCD-trained *(for profiling)*
1	_____	☐	☐
2	_____	☐	☐
3	_____	☐	☐
4	_____	☐	☐
5	_____	☐	☐
6	_____	☐	☐
7	_____	☐	☐
8	_____	☐	☐
9	_____	☐	☐
10	_____	☐	☐
11	_____	☐	☐
12	_____	☐	☐
13	_____	☐	☐
14	_____	☐	☐
15	_____	☐	☐
	Number of Barangays	_____	
	Number of Barangays with established daycare/child development center	_____	

	Number of Barangays with ECCD-trained daycare teacher/s		_____

(Attach additional pages, if necessary.)

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued on the _____ day of _____, 2024.

Certified by:

_____
Signature over Printed Name
City/Municipal Social Welfare and Development Officer

Attested by:

_____
Signature over Printed Name
City/Municipal Mayor

Official Release of this Certification
(Please affix the official LGU stamp below)

CERTIFICATION

This is to certify that the City/Municipality of _____ has the following *(Please supply required data):*

Open/Controlled Dumpsite *(if applicable)*

☐ No operating open/controlled dumpsite

☐ Operates a controlled/open dumpsite, LGU/private entity-owned, used as waste disposal facility

☐ Has a Safe Closure and Rehabilitation Plan for controlled/open dumpsite that is *(please tick applicable condition)*:

☐ Approved; Date of approval: _____

With percent-completion of: _____ as of _____

☐ Currently being drafted with DENR's technical assistance

Access to Materials Recovery Facility

_____ % of barangays have access to a Materials Recovery Facility (MRF) with a recording system. A list of barangays covered is attached.

☐ Has planned programs on increasing operational MRFs

☐ Has planned programs on expanding its operation of a single MRF servicing multiple Barangays

☐ Other initiatives to expand access to MRF. Please specify: _____

Access to Sanitary Landfill (SLF)

☐ Has an LGU-owned and operated Sanitary Landfill (SLF) (completed and operational)

☐ Has an LGU-owned Sanitary Landfill (SLF) being constructed

☐ Forged partnership with a government/private entity for the use of an SLF as final waste disposal facility

Name of Partner Entity/Facility: _____

☐ Operates a Temporary Residual Containment Area

☐ With the proposed construction of an SLF, budgeted under the LGU's Approved 10-Year SWM Plan

☐ Has access to a Waste-to-Energy facility duly registered with the Department of Energy (DOE). *(Attach MOV from DOE, if available)*

☐ Other initiatives to access an authorized SLF or to completely address residual wastes. Please specify *(Attach additional certification/MOVs from DENR indicating that the LGU's facility/technology/initiatives lead to zero residual wastes OR the LGU's technology/facility/initiatives completely address its residual wastes, if available)*:

_____

Segregated Collection Efforts

_____ % of barangays are covered by segregated collection. A list of barangays covered is attached.

Proof of Segregated Collection:

☐ Has ordinance on segregated collection

☐ Has separate schedule for the collection of the different types of wastes

☐ Has separate trucks or haulers for specific types of wastes

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued on the _____ day of _____, 2024.

Certified By:

_____

Signature over Printed Name
City/Municipal Environment and Natural Resources Officer

Attested by:

_____

Signature over Printed Name
City/Municipal Mayor

Official Release of this Certification
(Please affix the official LGU stamp below)

SGLG Form CM 2M Local Environment and Natural Resources Office (attachment)
Attach additional pages, if necessary.

#	Name of Barangay	With Access to an MRF with recording system	Covered with segregated collection
1		☐	☐
2		☐	☐
3		☐	☐
4		☐	☐
5		☐	☐
6		☐	☐
7		☐	☐
8		☐	☐
9		☐	☐
10		☐	☐
11		☐	☐
12		☐	☐
13		☐	☐
14		☐	☐
15		☐	☐
	Total No. of Barangays in the LGU		
	Total No. of Brgys. with access to an MRF	_____	
	Total No. of Brgys. covered with segregated collection		_____