***Annex 15: Licensing Assessment Tool***

***for Intending to Operate***

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| ***Type of Application :*** | ***Scope/Coverage:*** |
| (Please check the appropriate box)   * Licensing of Auxiliary SWDA * People’s Organization * Resource Agency * SWD Network * Licensing of Social Welfare Agency (SWA) * Center-based Agency * Community-based Agency * Child Placing Agency | * More than one Region/ Nationwide * Regional |

1. **Identifying Information:** 
   1. *Name of SWDA****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. *Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. *Agency Head and Designation:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. *Telephone/Mobile/Fax Number/s:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. *Social Media Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
   6. *E-mail Address: \_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   7. *Website: \_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   8. *Programs and Services:*

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| --- | --- | --- |
| **Programs and Services**  (Pls. Specify per Service Delivery Mode) | **Target Clientele/ Beneficiaries** | **Area/s of Coverage** |
|  |  |  |

1. **Documentary Requirements:** (*Please put check as appropriate*) If available, indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

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|  | ***Requirements*** | ***Available*** | | ***Findings/Observations*** |
| ***Yes*** | ***No*** |
| ***A.*** | ***BASIC DOCUMENTS*** |  |  |  |
| 1. | Accomplished Application Form (DSWD-RLAF001) and copy of the official receipt for the processing fee |  |  |  |
| 2. | a) A certification of plan to hire the required Registered Social Worker (RSW) or staff complement; or b) Profile of Employees and volunteers, whichever is applicable |  |  |  |
| 3. | Manual of Operation containing the SWDAs program and administrative policies, procedures and strategies to attain its purpose/s among others (DSWD-RLA-F004) |  |  |  |
| 4. | Profile of Board of Trustees |  |  |  |
| **B.** | **Documents Establishing Corporate Existenc** | **e and Regulatory Compliance** | | |
| 5. | Certified true copy of General Information  Sheet issued by SEC |  |  |  |
| **C.** | **Documents Establishing Track Record and** | **Good Standing** | | |
| 6. | Notarized certification from the Board of Trustees and/or the funding agency to financially support the organization’s capacity to operate for at least two (2) years |  |  |  |
| 7. | Work and Financial Plan for the two (2) succeeding years |  |  |  |
| ***ADDITIONAL REQUIRMENTS*** | |  | | |
| **A. Basic Documents** | |  | | |
| 1. *For those operating in more than one region*  a. List of main and satellite/branch offices and contact details, if any | |  |  |  |
| *b.* Certified true copy of the notarized written agreement of partnership or cooperation between the agency and its partner agency e.g Memorandum of Agreement (MOA), Contract of Partnership, among others | |  |  |  |
| 2. For A*pplicant SWA’s implementing Child Placement Services*  Certification from DSWD or photocopy of the certificate of training attended by the hired RSW related to child placement service. | |  |  |  |
| ***Requirements*** | | ***Available*** | | ***Findings/Observations*** |
| ***Yes*** | ***No*** |
| **B. Documents Establishing Corporate Existence and Regulatory Compliance** | | | | |
| *1. For those operating in more than one region*  Validation report from concerned DSWD Field Office or Certification from Regional ABSNET/Cluster or LGUs attesting to the existence and status of operation of the organization in the area/s of jurisdiction.  There is no need to get a validation report/certification of existence for the region where the main office of the applicant is located. | |  |  |  |
| 2. For Center Based (Residential Based and Non-  Residential Based)  Copy of the valid safety certificates namely:   1. Occupancy permit (only for new buildings) or Annual Building Inspection/Structural   Safety Certificate (for old buildings)   1. Fire Safety Inspection Certificate 2. Water Potability Certificate or Sanitary Permit | |  |  |  |
| 3. For applicant serving within the Ancestral Domains of Indigenous People (IP) - Photocopy of NGO Accreditation from the NCIP. | |  |  |  |
| **C. Documents Establishing Track Record and Good Standing** | | | | |
| 4. For applicant with past and current partnership with the DSWD that involved transfer of funds Certification from DSWD Office and/or other concerned government agencies that the applicant is free from any financial liability/obligation | |  |  |  |

**Part II. Licensing Criteria**

In assessing the application of the organization for licensing, it should have the potential to

comply with the following requirements prior issuance of license to operate:

* That the applicant must be engaged mainly or generally in social welfare and development activities;
* That the applicant has employed a sufficient number of duly qualified staff and/or registered social workers to supervise and take charge of its social welfare and development activities and/or social work interventions in accordance with the set standards;
* That the applicant must show in a duly certified financial statement that at least seventy percent (70%) of its funds are disbursed for direct social welfare and development programs and

services while 30% of the funds are disbursed for administrative services;

* That the SWDA must have a financial capacity to operate for at least two (2) years; and
* That the applicant keeps a record of all social development and/or welfare activities it implements.

***Notes/Fill-up Instructions:***

* Assessment is not just the availability of the documents.
* The findings and observations column must be well and fully filled-up and to establish compliance to criteria.
* Accomplishment of the tool through Handwritten is accepted as long as it is legibly written and readable.

| ***Indicators*** | ***Compliant*** | | | ***Findings/Observations*** | |
| --- | --- | --- | --- | --- | --- |
| ***Yes*** | ***No*** |  | |
| ***A. ADMINISTRATIVE CAPACITY*** |  |  |  | |
| I. Organizational Structure |  |  |  | |
| 1. There is an existing organizational structure which clearly defines the organizational positions, responsibilities and levels of authority, and relationships between and among these structural elements. |  |  |  | |
| 2. Delineation of responsibilities and duties of the governing body and the staff are based on written policies. |  |  |  | |
| II. Policy-making Structure and Process |  |  |  | |
| 3. There is a governing board that is in-charge in reviewing and/or formulating administrative and program policies and in discussing other organizational concerns. |  |  |  | |
| 4. Board meets as specified in their Constitution and by-Laws. |  |  |  | |
| 5. Minutes of Board meetings or its equivalent are documented and available. |  |  |  | |
| 6. There is a documented policy-making process. |  |  |  | |
| V. Recruitment, selection, hiring and retention system |  |  |  | |
| 7. There are written policies for recruitment specifying among others the qualification standards for each position and the criteria for the selection process consistent with rules and regulations of the Department of Labor and Employment. |  |  |  | |
| 8. There is a written job description / Terms of Reference for all the staff in the organization. |  |  |  | |
| ***B. TECHNICAL CAPACITY*** |  |  |  | |
| I. Clear Statement of VMG and Policies |  |  |  | |
| 9. The organization has VMG consistent with its objectives, target clients, programs and services. |  |  |  | |
| 10. Policies to translate into operations are written and contained in a manual of operation. |  |  |  | |
| II. Strategic and operational planning system |  |  |  | |
| 11. A two-year strategic plan is formulated based on a set of desired outcomes for the clients. |  |  |  | |
| 12. Strategic plan is translated into a work and financial plan. |  |  |  | |
| III. Ethical Conduct |  |  |  | |
| 13. There are written and clear policies governing conflict of interest and ethical standards in dealing with the clients. |  |  |  | |
| 14. There is a Client Protection Policy (conduct rules and client protection regulation) with corresponding system to monitor compliance of staff to the said policy. |  |  |  | |
| ***C. FINANCIAL CAPACITY*** |  |  |  | |
| I. Financial Management System |  |  |  | |
| 15. There are written policies, systems and procedures on financial transactions based on approved budget. |  |  |  | |
| II. Financial Allocation and Disbursement |  |  |  | |
| 16. There are written policies for securing, acknowledging, allocating and distributing nonmonetary donations for transparency purposes. |  |  |  | |
| III. Stability of Funding |  |  |  | |
| 17. There are regular sources of funds to provide and sustain for the SWDA’s operation for at least two (2) years. |  |  |  | |

**Part III. Other Salient Findings/Observations**

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| ***Areas for Compliance*** | ***Activities*** | ***Time Frame*** | ***Responsible Person*** | ***Resources Needed*** |
|  |  |  |  |  |

**Part IV. Recommendations**: (Please check appropriate box and fill-up the requested information below:

1. For Issuance:

Based on the above findings, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of SWDA)

is ready for issuance of license to operate as a

* Auxiliary SWDA ⬜ Social Welfare Agency (SWA)
* People’s Organization ⬜ Center-based Agency
* Resource Agency ⬜ Community-based Agency
* SWD Network ⬜ Child Placing Agency

B. If Non-Compliant;

In order to facilitate the license to operate, the SWDA shall comply with the action plan within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ months after its submission to the concerned DSWD Office:



**Assessed by**:

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

(Name and Signature of DSWD Technical Staff or Authorized (SB/Field Office/ABSNET)

Intermediary)

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

(Designation) (Date)

***Concurred by***:

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

(Signature and Printed Name of the SWDA Head or Authorized (Date)

Representative)

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

(Designation)

***Endorsed by***:

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

(Signature and Printed Name of the assigned DSWD FO (Date)

Division Chief/Standards Bureau SCMD Head)

***Approved by***:

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

(Signature and Printed Name of the Standards Bureau Director/ (Date)

FO Director)

***Note***: Please use additional sheet/s, if necessary.