***Annex 16: Licensing Assessment Tool***

 ***For Already Operational***

|  |  |  |
| --- | --- | --- |
| ***Type of Application :*** | ***History of Application:*** | ***Scope/Coverage:*** |
| (Please check the appropriate box) |  |  |
| * Licensing of Auxiliary SWDA
 |  | * More than one Region/ Nationwide
 |
| * People’s Organization
 | * Renewal
 |
| * Resource Agency
* SWD Network
 | * 1st
 | * 4th
 | * Regional
 |
| * 2nd
 | * 5th
 |
| * Licensing of Social Welfare Agency (SWA)
 | * 3rd
 | * Others, pls. specify \_\_\_\_\_\_
 | ***Organizational Status*** |
| * Center-based Agency
 | DSWD Previously Issued License: |  |
| * Community-based Agency
* Child Placing Agency
 | * License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Licensing Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Validity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Operational
* 0 to 3 years
* 4 to 6 years
* 7 to 9 years
* 10 years & above
 |
|  |  |

I. 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:*

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

**II. 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.

| ***Requirements*** | ***Available*** | ***Findings/Observations*** |
| --- | --- | --- |
| ***Yes*** | ***No*** |
| ***MANDATORY REQUIREMENTS*** |
| 1. **Basic Documents**
 |
| 1. Accomplished Application Form (DSWD-RLA-F001) and copy of the official receipt for the processing fee
 |  |  |  |
| 1. Manual of Operation containing the SWDAs program and administrative policies, procedures and strategies to attain its purpose/s among others (DSWD-RLA-F004)
 |  |  |  |
| 1. Profile of Board of Trustees
 |  |  |  |
| 1. Profile of Employees and Volunteers
	* + - 1. For Social Work Agency, to consider the following staff requirement:

a.1. At least one (1) RSW to supervise and take charge of its social work functions for residential care agencies and community based agencies that caters to beneficiaries that requires social case management.a.2. For Center Based (Residential Based), to observe the caseload requirement of client ratio of the social worker and house parenta.3. For Center Based (Non-Residential Based), to observe at least one full time social worker for drop in center, processing center and vocational rehabilitation center while for senior citizens center and the like, a part-time social worker is considered. a.4. For Community Based, implementing community development or community organizing, any of the following shall be hired in full/part time basis per region:a.4.1. Graduate of Bachelor Degree in Social Work or Community Development; ora.4.2. Other professionals who have at least three (3) year work experiences in the field of social welfare and developmentb. For Auxiliary SWDA, at least one (1) full time staff who will manage its operations |  |  |  |
| 1. ***Documents Establishing Corporate Existence and Regulatory Compliance***
 |
| 1. Certified true copy of General Information Sheet issued by SEC
 |  |  |  |
| 1. Certificate of no derogatory information issued by SEC (except those in operation for less than six (6) months upon filing the application)
 |  |  |  |
| 1. *ABSNET Membership*

Certification from the Regional ABSNET (RAB) President or Chairperson of the Cluster ABSNET (CAB) or the authorized ABSNET Officer attesting the active ABSNET membership of the applicant SWDA.  |  |  |  |
| 1. Declaration of Commitment from the applicant SWDA of no support to tobacco in compliance with provisions of Executive Order No. 26 of 2017 (Providing for the Establishment of Smoke-Free Environments in Public and Enclosed Places) and RA No. 9211 (Tobacco Regulation Act of 2003)
 |  |  |  |
| 1. ***Documents Establishing Track Record and Good Standing***
 |
| 1. Duly signed Work and Financial Plan for two (2) succeeding years
 |  |  |  |
| 1. Notarized certification from the Board of Trustees and/or the funding agency to financially support the organization’s to operate for at least two (2) years
 |  |  |  |
| 1. Annual Accomplishment Report of the Previous year
 |  |  |  |
| 1. Audited Financial Report of the previous year. Audited Financial Report submitted to SEC and/or Bureau of Internal Revenue (BIR) shall be accepted. However, financial report based on the DSWD template shall also be submitted. For those SWDAs with a total revenue of less than Php 500,000 an unaudited financial statement prepared by the Financial Officer and concurred by the Head of Agency may suffice.
 |  |  |  |
| 1. Profile of clients/community being served for the preceding of the current year.
 |  |  |  |
| ***ADDITIONAL REQUIRMENTS***  |
| ***Basic Documents*** |
| * + - 1. *For those operating in more than one region*
	1. List of main and satellite/branch offices and contact details, if any
 |  |  |  |
| * 1. 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. |  |  |  |
| ***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. |  |  |  |
| 1. *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)
				2. Fire Safety Inspection Certificate
				3. Water Potability Certificate or Sanitary Permit
 |  |  |  |
| 1. *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*** |
| 1. *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 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.
 |  |  |  |
| 1. Delineation of responsibilities and duties of the governing body and the staff are based on written policies.
 |  |  |  |
| II. Management Structure |  |  |  |
| 1. Presence of management personnel (Executive/Program Director/Manager or Head of the Agency) reflected in the organizational chart:
 |  |  |  |
| * 1. Responsible for administering, planning, managing and controlling the daily activities and for ensuring that the service quality requirements are met.
 |  |  |  |
| * 1. Renders full time services with corresponding appointment.
 |  |  |  |
| 1. There is a/are Supervisor/s (Administrative and Technical) who is under the direct supervision of the Director/ Manager/ Head. He/she shall supervise the program and/or support staff who provide direct services to the clients and renders full time services with corresponding appointment.
 |  |  |  |
| II. Policy-making Structure and Process |  |  |  |
| 1. There is a governing board that reviews and/or formulates administrative and program policies and discusses other organizational concerns.
 |  |  |  |
| 1. Board meets as specified in their Constitution and by-Laws.
 |  |  |  |
| 1. Minutes of Board meetings or its equivalent are documented and available.
 |  |  |  |
| 1. There is a documented policy-making process.
 |  |  |  |
| V. Recruitment, selection, hiring and retention system |  |  |  |
| 1. 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 Department of Labor and Employment.
 |  |  |  |
| 1. 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 |  |  |  |
| 1. The organization has VMG consistent with its objectives, target clients, programs and services.
 |  |  |  |
| 1. The VMG is written, posted in a visible area such as bulletin boards, receiving areas, lobby etc., within the SWDA.
 |  |  |  |
| 1. VMG are known and can be articulated by any of the governing board or its equivalent and staff.
 |  |  |  |
| 1. Policies to translate into operations are written and contained in a manual of operation.
 |  |  |  |
| II. Strategic and operational planning system |  |  |  |
| 1. A two-year strategic plan is formulated based on a set of desired outcomes for the clients.
 |  |  |  |
| 1. Strategic plan is translated into a work and financial plan.
 |  |  |  |
| III. Ethical Conduct |  |  |  |
| 1. There are written and clear policies governing conflict of interest and ethical standards in dealing with the clients.
 |  |  |  |
| 1. There is a Client Protection Policy (conduct rules and client protection regulation) with corresponding system to monitor compliance of staff to the said policy.
 |  |  |  |
| IV. Staff Complement and Compensation |  |  |  |
| 1. Staff complement is compliant with the mandatory requirement on the “Profile of Employees and Volunteers”.
 |  |  |  |
| 1. Compensation/salary policies including incentives are developed, written and implemented in accordance with existing wage prescribed by the Regional Wage Board.
 |  |  |  |
| 1. Staff support services:
	1. Social Insurance System e.g. SSS
	2. Health Insurance Program e.g. PhilHealth
 |  |  |  |
| V. Information Management System |  |  |  |
| 1. Recording of administrative and program files captures critical organizational events, and significant information aid of organizational decision-making, policy and program development, research and development as well as for management and accountability purposes.
 |  |  |  |
| V. Program Management |  |  |  |
| 1. The Program Plan:
	1. Is clearly defined and written;
	2. Is consistent with the VMG of the SWDA;
	3. Is supported with baseline data and situational analysis;
	4. Has defined Outcome/s (ultimate results);
	5. Has corresponding Outcome Indicators (to gauge the achievement of the Outcome/s;
	6. Has Objectives which are SMART (specific, measurable, attainable, realistic and time-bound).
 |  |  |  |
| 1. Program Implementation:
	1. Guided by the agency’s policies and procedures;
	2. Supported by the Management through provision of timely and necessary resources and authority to implementers to undertake the planned activities; and
	3. At least 60% of the planned activities are implemented.
 |  |  |  |
| 1. Monitoring of Program Implementation:
	1. A monitoring system is written, has been institutionalized and is fully functional (in-place and conducted in a regular basis); and
	2. Agency accomplishment report including narrative and statistical report prepared and submitted annually to DSWD.
 |  |  |  |
| 1. Evaluation:
	1. Regular program evaluation is done through tracking of progress relative to the fulfillment of Outcome Indicators, thus achievement of the Agency Outcome/s;
	2. Results of the assessment are utilized in the modification/ development/ enhancement of programs/ policies;
	3. Results of evaluation are feedback to the residents and partner agencies, if necessary and applicable.
 |  |  |  |
| ***C. FINANCIAL CAPACITY*** |  |  |  |
| I. Financial Management System |  |  |  |
| 1. There are written policies, systems and procedures on financial transactions based on approved budget.
 |  |  |  |
| II. Financial Allocation and Disbursement |  |  |  |
| 1. Fund allocation and utilization follows the ratio of 70% for programs and 30% for administrative expenses.
 |  |  |  |
| 1. There are written policies for securing, acknowledging, allocating and distributing non-monetary donations for transparency purposes.
 |  |  |  |
| 1. Receipt and utilization of cash and in-kind donations are transparent, accounted and documented.
 |  |  |  |
| 1. Financial transactions are regularly audited by an internal and/or external auditor. (Those with income below P500,000 the financial report will only be audited by an internal auditor or Treasurer).
 |  |  |  |
| III. Stability of Funding |  |  |  |
| 1. There are regular sources of funds to provide and sustain for the SWDA’s operation for at least two (2) years.
 |  |  |  |
| 1. Sources of funds are documented.
 |  |  |  |
| 1. Resource generation activities such as solicitation, fund raising projects international fund sourcing are conducted in accordance with the existing laws and regulations, properly reflected in the financial report.
 |  |  |  |

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

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

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**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
* SWD Network
 | * Community-based Agency
* Child Placing Agency
 |

1. 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:

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

**Assessed by**:

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

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

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

 (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.