**DSWD MC 5 s 2021**

**CHECKLIST OF REQUIREMENTS**

**FUND RAISING CAMPAIGN AUTHORITY**

(Individual Endorsed by the SWA)

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| **Name of Applicant** | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address** | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact No./E-mail address** | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Region/ Field Office** | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Put a ***check (√)***in the corresponding box if the document is ***available*** or ***(X)*** mark if ***not***

| **Available** | **Documentary Requirements** | | | **Remarks** |
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|  | 1 | | Duly Accomplished Application Form (*Annex 2*) |  |
|  | 2 | | Project Proposal on the intended public solicitation approved by Head of the Agency including the work and financial plan (WFP) of the intended activity indicating details of the methodology to be used (*Annex 5*). |  |
|  | 3 | | Notarized Written Agreement or any similar document signifying the intended beneficiary/ies concurrence as recipient of the fundraising activities. *For children beneficiaries, only the parent/s of the child/children or maternal/paternal relative/s may sign the document in behalf of the child.* |  |
|  | 4 | | Endorsement or Certification from Licensed and Accredited SWDA allowing an individual to solicit funds under their name or responsibility |  |
|  | 5 | | Medical Certificate/Abstract and/ or Treatment Protocol certified by the attending physician or by the Hospital Records Section |  |
|  | 6 | | Duly signed Social Case Study Report and endorsement from the Local Social Welfare and Development Office (LSWDO) |  |
|  | 7 | | Approved and notarized board resolution or other written authorization for the solicitation activity which shall ensure strict compliance to the standard ratio of funds utilization (Annex 20) or Pledge of Commitment for individuals (Annex 11) |  |
|  | 8 | | Certification from the Local Government Unit (LGU) (i.e. Barangay/Municipal/City) where the person, corporation, organization or association is located or takes office is a law-abiding entity and not in any manner engaged, involved or support activities against the government nor that risks peace and order of the people and communities of the area |  |
|  | 9 | | Fund Utilization Report (Annex 12) of proceeds and expenditures. |  |
|  | 10 | | Official Receipt as proof of payment of processing fee issued by the concerned DSWD CO-FO Finance Management Service/Unit (FMS/U) |  |
|  | 11 | | **For Emergency Fundraising:**  Undertaking to comply with the remaining requirements within the validity period of the issued Temporary Permit (*Annex 8 Undertaking for Individuals*) |  |
|  | 12 | | Two (2) valid Government Issued Identification Cards |  |
|  | 13 | | Certification from the concerned Barangay Office that the person has the capability to conduct/manage fund raising activity (*Annex 13*) |  |
|  | 14 | | Endorsement from the group, the person is representing with |  |
| **Other documents submitted by the applicant:** | | | | |
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| ***Remarks:* For endorsement For submission of lacking documents** | | | |
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| Reviewed by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| *Name and signature of staff Date* | | | |