**DSWD MC 5 s 2021**

**CHECKLIST OF REQUIREMENTS**

**REGULAR FUND RAISING CAMPAIGN AUTHORITY**

(SWDA with valid License and/or Accreditation)

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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 the Head of the Agency including work and financial plan (WFP) of the intended activity indicating other details and 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 or maternal/paternal relative/s may sign the document in behalf of the child.* |  |
|  | 4 | 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) |  |
|  | 5 | 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 |  |
|  | 6 | Fund Utilization Report (Annex 12) of proceeds and expenditures. |  |
|  | 7 | Official Receipt as proof of payment of processing fee issued by the concerned DSWD CO-FO Finance Management Service/Unit (FMS/U) |  |
| **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*  |