

DEPARTMENT OF AGRICULTURE

REPUBLIC OF THE PHILIPPINES

APPLICATION FORM FOR THE ACCREDITATION OF CIVIL SOCIETY ORGANIZATION/S (CSO)

AS BENEFICIARY OF GOVERNMENT OR PUBLIC FUNDS

|  |  |
| --- | --- |
| **Information on previous DA CSO Accreditation if applicable** | |
| **Previous DA CSO**  **Accreditation No.** |  |
| **Date Issued** |  |
| **Date of Expiration** |  |

BASIC INFORMATION:

|  |  |  |
| --- | --- | --- |
| Complete name of CSO  *(as stated/indicated on the registration papers)* | |  |
| Other Name  *(e.g., acronym, short name, previous name, etc.)* | |  |
| Principal address or place where the CSO operates as a group | No. and Street |  |
| Barangay |  |
| Municipality |  |
| Province |  |
| Zipcode |  |
| Head of CSO | Name |  |
| Position/Designation |  |
| Contact Details | Landline No. |  |
| Mobile No. |  |
| Email Address |  |
| Website |  |
| Coordinator/ Staff-in- Charge of Branch or Satellite Office/s if there is any | Name |  |
| Position/Designation |  |
| Contact Number |  |
| Purposes or reasons for organizing or forming as a group  *(as stated in the Articles of Cooperation/ Incorporation)* | |  |
| Government Agencies (GAs) from which the CSO expects to receive public funds | |  |
| Estimated amount of public funds to be  requested from the GAs | |  |

SOCIAL PREPARATION: (USE ADDITIONAL SHEET IF NECESSARY)

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| --- | --- | --- | --- |
| **Social Issue/Problem** | **Description of Program/Project** | **Geographical Location** (pls. indicate specific Barangay,City/ Municipality, Province and Region) | **Beneficiary Sector/s:**  (Fisher folks, Farmers, Persons with Disabilities, Children, Indigenous People, Older Persons, Cooperative members,  mixed group, etc.) |
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**AUTHORIZATION:**

|  |  |  |  |  |  |
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| On behalf of the CSO Applicant, I hereby: | | | | | |
| (a) Authorize the DA to inspect the premises of the office(s) of the CSO Applicant, as well as the  site of any past or present project or program of the CSO Applicant, and | | | | | |
| (b) Authorize any concerned person to disclose the DA any fact material to the validation of any information provided by the CSO Applicant in this application or in any of the documents submitted in support thereof. | | | | | |
| AFFIANT-  Authorized  Representative | | Signature | |  | |
| Name | |  | |
| Position/Designation | | Chairperson/President | |
| Date executed | | | |  | |
| Place executed | | | |  | |
| SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document: | | | | | |
|  | Government ID type and No. | | |  | |
| Place and date of issue | | |  | |
| Valid until | | |  | |
|  | | | | | |
| Doc. No. |  | | Signature | |  |
| Page No. |  | | Name of Notary  Public | |  |
| Book No. |  | | Address | |  |
| Series of |  | | Commission valid  until | |  |