

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF AGRICULTURE

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

Information on previ	ous DA CSO Accreditation	if applicable]
Status	New Applicant		1
	For Renewal		
Previous DA CSO Accreditation No.			
Date Issued			_
Date of Expiration			-
Accreditation Level	National		
	Regional		_
Category	Co-implementer		
	Beneficiary		
BASIC INFORMATION	l:		•
Complete name of CS (as stated/indicated on the			
Other Name (e.g., acronym, short nam			
Principal address or	No. and Street		
place where the	Barangay		
CSO operates as a	Municipality		
group	Province		
8	Zipcode		
Head of CSO	Name		
	Position/Designation		
	Landline No.		
Contact Details	Mobile No.		
	Email Address		
	Website		
Coordinator/Staff-in-	Name		
Charge of Branch or	Position/Designation		
Satellite Office/s if there is any	Contact Number		
Purposes or reasons t as a group	for organizing or forming		
Government Agencies (Gas) from which the CSO expects to receive public funds			
Estimated amount of public funds to be			
requested from the G	as		
SOCIAL PREPARATION:	(USE ADDITIONAL SHEET	IF NECESSARY)	
Social Issue/Problem	Description of	Geographical Location	Beneficiary Sector/s:
7	Program/Project	(pls. indicate specific Barangay,City/ Municipality, Province and Region)	(Fisher folks, Farmers, Persons with Disabilities, Children, Indigenous People, Older Persons, Cooperative members, mixed group, etc.)

AUTHORIZATION:

On	hehalf	of the	CSO	Applicant.	Lhoroby
Un	benair	or the	CSU	Applicant.	i nereby:

- (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-	Signature	
Authorized	Name	
Representative	Position/Designation	
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

BIO DATA PICTURE

Personal Information

Name
Position in the Board
Home Address
Date of Birth
Contact Number
Email Address
Nationality

Educational Attainment

Employment Record

Position
 Employer
 Dates

Duties

2. Position Employer Dates

Duties

CERTIFICATION

I, the undersigned, certify certify that these data are true and correct

Signature Date

OMNIBUS SWORN STATEMENT

Certification that:

- The CSO has authorized the application for accreditation and has authorized the person actually filling the application to represent the CSO in the application.
- All supporting documents are authentic, true and correct.
- The CSO is not in default or delay in liquidating public funds received from any government agency.
- Neither the CSO nor any of its member(s) has been blacklisted by any government agency.
- None of the members of the CSS has been convicted in any case, or is currently a defendant/accused/respondent in any pending case, related to the use of public funds.
- The CSO is aware of, understand, and agrees to abide by the guidelines for accreditation of CSOs.

Declaration of:

• Other businesses of the CSO and its key personnel.

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SECRETARY'S CERTIFICATE OF INCUMBENT OFFICERS

behalf of the Corpor the name and on be give instructions on telegram, teletype, on not limited to instru- third party whatsoe I further certify that successors are elected	ration. I do further cert half of the Corporation, behalf of the Corporate electronics means, or of actions to pay, deliver ver. the following are office ed or appointed and that powerment to act for the	tify that any of those ident to enter into, complete and tion in writing or by telep therwise, with respect to or transfer property or co ers of the Corporation elect at you shall be entitled to	duly organized under the and accurate minute books on atified below, is authorized, in and execute agreements, and to bhone, facsimile transmission, all transactions, including but each of the Corporation to any eted or appointed until their rely upon their continued have been furnished with a
N	AME	TITLE/ POSITION	CONTACT NUMBER
		,	
officer) of the Corpo		set my hand as Secreta of, 2022 in	ry (or other duly authorized
Signature SUBSCRIBED AND S	WORN TO before me t	his day of	2022, affiant/s exhibit/s to
me (ID number) issu	ied on	issued at	·
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AFFIDAVIT OF DISCLOSURE OF OTHER RELATED BUSINESS

I/We, CSO director/trustee, of legal age, Filipino and with address after having been duly sworn in accordance with law, certify
that:
1. I/We am/are the (position) of the, a cooperative/corporation/association duly organized and existing under and by virtue of laws of the Republic of the Philippines, with principal office address at;
2. The Organization has no other related business and in the even that there will be other related business, we shall immediately report it to the Department of Agriculture including any extent of ownership therein;
3. That I am making this statement in compliance with Section 4.4.4. Commission on Audit (COA) Circular No. 2007-001 dated October 25, 2007 and in accordance with the requirement of the Department of Agriculture;
4. I understand and accept that any false statement in this respect will render the and its authorized officials liable for possession to the full extent of the law;
5. That this certificate is being made and executed for whatever legal purpose it may serve.
IN WITNESS WHEREOF, I have hereunto set my hand this day of in
SUBSCRIBED AND SWORN TO before me this day of 2022, affiant/s exhibit/s to me (ID number) issued on issued at
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SECRETARY'S CERTIFICATE

I, Secretary, of legal age, Filipino and with address after having been duly sworn in accordance with law, certify that:
1. I am the Secretary of the, a corporation/organization/association/cooperative duly organized and existing under and by virtue of laws of the Republic of the Philippines, with office address at;
2. That none of its incorporators, organizers, directors of official in an agent of, or related by consanguinity of affinity up to the fourth civil degree to the officials of the implementing agency who are authorized to process accreditation and application;
3. That this certificate is being made and executed for whatever legal purpose it may serve
IN WITNESS WHEREOF, I have hereunto set my hand this day of in (
SUBSCRIBED AND SWORN TO before me this day of 2022, affiant/s exhibit/s to me (ID number) issued on issued at
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