



**REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF AGRICULTURE**

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

Information on previous DA CSO Accreditation if applicable	
Status	<input type="checkbox"/> New Applicant <input type="checkbox"/> For Renewal
Previous DA CSO Accreditation No.	
Date Issued	
Date of Expiration	
Accreditation Level	<input type="checkbox"/> National <input type="checkbox"/> Regional
Category	<input type="checkbox"/> Co-implementer <input type="checkbox"/> Beneficiary

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		
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)

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.)

AUTHORIZATION:

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	
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

1. Position
Employer
Dates
Duties

2. Position
Employer
Dates
Duties

CERTIFICATION

I, the undersigned, 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.

NOTARY PUBLIC

Doc No.
Page No.
Book No.
Series of 2021

SECRETARY'S CERTIFICATE OF INCUMBENT OFFICERS

I, _____, Secretary, of _____ duly organized under the laws of the Philippines do hereby certify that I maintain complete and accurate minute books on behalf of the Corporation. I do further certify that any of those identified below, is authorized, in the name and on behalf of the Corporation, to enter into, complete and execute agreements, and to give instructions on behalf of the Corporation in writing or by telephone, facsimile transmission, telegram, teletype, electronics means, or otherwise, with respect to all transactions, including but not limited to instructions to pay, deliver or transfer property or cash of the Corporation to any third party whatsoever.

I further certify that the following are officers of the Corporation elected or appointed until their successors are elected or appointed and that you shall be entitled to rely upon their continued incumbency and empowerment to act for the Corporation until you have been furnished with a duly certified notice to the contrary.

NAME	TITLE/ POSITION	CONTACT NUMBER

IN WITNESS OF WHICH, I have hereunto set my hand as Secretary (or other duly authorized officer) of the Corporation on this ____ day of _____, 2021 in _____.

Signature

SUBSCRIBED AND SWORN TO before me this ____ day of _____ 2021, affiant/s exhibit/s to me (ID number) issued on _____ issued at _____.

NOTARY PUBLIC

Doc No.
Page No.
Book No.
Series of 2021