

CHECKLIST

ACCREDITATION OF NGOs/POs/PSs

- As per :
- a) Article 64, Rule XIII, Rules and Regulations Implementing RA 7160 (Local Government Code of 1991)
 - b) DILG Memorandum Circular No. 2010-73
 - c) QC Ordinance Nos.: SP 23, S-1992/ 1494, S 2005 / SP No. 1942, S 2009

- 1. Duly accomplished application form:
- 2. Board Resolution signifying intention for accreditation for the purpose of membership in the local special bodies and the names of the duly authorized principal and alternate representatives and their respective addresses signed by the majority of the members of the board of directors and duly certified by the secretary of the organization:
- 3. Duly Certified Photo copies of Certificate of Registration issued by _____.
- 4. Duly Certified copies of Constitution/Articles of Association and By-Laws, minutes of the adoption or ratification thereof, as well as the list of members who participated therein as evidence by their signatures.
- 5. List of current officers and members of the organization/associations indicating their names, residence/address, citizenship, contact number and other related information, duly certified by the secretary of the organization.
- 6. Annual Accomplishment Report and list of projects and activities for the immediately preceding year.
- 7. Financial Statement also of the immediately preceding year.
- 8. Minutes of the annual/organizational meeting and the attendance therein of the majority of the officers and members with their affixed signatures, duly certified by the board secretary of the organization:
- 9. Certification from the Barangay Captain attesting to the existence of the organization in the barangay.

(Name of Organization/Association)

(Office Address/Headquarters)

(Barangay/District)

(Tel. No./Contact No./E-mail Address)

Date

HON. MA. JOSEFINA G. BELMONTE
Vice Mayor and Presiding Officer
Quezon City Council

ATTN : HON. ERIC REY Z. MEDINA
Councilor, District VI
Chairman, Committee on Public Affairs, Information and People's Participation

THRU : Mr. Esteban Eugenio S. Sangat
Officer-in-Charge, Community Relations Office, Office of the City Mayor
5th Floor, Civic Center Bldg. A, City Hall
Elliptical Road, Diliman
Quezon City

LETTER OF INTENT

Dear HON. JOY BELMONTE:

We are respectfully submitting herewith the following pertinent documents as required in three (3) copies each pertaining to the ACCREDITATION OF THE QUEZON CITY COUNCIL OF PEOPLE'S ORGANIZATIONS (POs), NON-GOVERNMENTAL ORGANIZATIONS (NGOs), or PRIVATE SECTORS (PS) for membership of our organization in the City Development Council (CDC) or other Local Special Bodies (LSBs), for your appropriate action, to wit:

- 1. Duly accomplished application form;
- 2. Board Resolution signifying intention for accreditation for the purpose of membership in the Local Special Bodies and the name of the duly authorized principal and alternate representatives and their respective addresses signed by the majority of the members of the board of directors and duly certified by the secretary of the organization;
- 3. Duly Certified Photo copies of Certificate of registration. (Please check appropriate box)
 - Securities and Exchange Commission (SEC) Department of Social Welfare and Development (DSWD)
 - Department of Trade and Industries (DTI) Department of Labor and Employment (DOLE)
 - Cooperative Development Authority (CDA) Housing, Land and Urban Regulatory Board (HLURB)
 - Other (Please Specify) _____
- 4. Duly Certified copies of Constitution/Articles of Association and By-Laws, minutes of adoption or ratification thereof, as well as the list of members who participated therein as evidence by their signatures;
- 5. List of current officers and members of the organization/association indicating their names, residence/address, citizenship, contact number and other related information, duly certified by the secretary of the organization;
- 6. Annual Accomplishment Report and list of projects and activities for the immediately preceding year;
- 7. Financial Statement also of the immediately preceding year;
- 8. Minutes of the annual/organizational meeting and the attendance therein of the majority of the officers and members with their affixed signatures, duly certified by the board secretary of the organization;
- 9. Certification from the Barangay Captain attesting to the existence of the organization in the barangay.

We are looking forward to mutually beneficial undertaking.

More Power!

Very truly yours,

(Signature over Printed Name)

(Position)

Enclosure: Supporting Documents as required in three (3) copies each.

Republic of the Philippines
QUEZON CITY COUNCIL

APPLICATION FOR ACCREDITATION

(Pursuant to RA and its IRR LGC of 1991/ SP No. 23, S-92/ SP No. 1494, S2005)

New
 Previously Accredited

Name of Organization/Association: _____
Office Address: _____ Barangay: _____ District: _____, Q.C.
Date Organized/ Registered: _____ Contact No/s: _____ Fax No. _____

Registering Agency: (Please check appropriate box)

- | | |
|---|---|
| <input type="checkbox"/> Securities and Exchange Commission | <input type="checkbox"/> Department of Labor and Employment |
| <input type="checkbox"/> Cooperative Development Authority | <input type="checkbox"/> Department of Social Welfare & Dev't |
| <input type="checkbox"/> Housing and Land Use Regulatory | <input type="checkbox"/> Others (Pls. Specify) _____ |

Organizational Level: (Please check applicable box)

- | | |
|---|--|
| <input type="checkbox"/> Barangay-Based | <input type="checkbox"/> Chapter |
| <input type="checkbox"/> Affiliate of large NGO: _____
(Specify name of NGO) | <input type="checkbox"/> Others (Pls. Specify) _____ |

Linkages/Membership:

- City Regional National International

Purpose/Objectives of the Organization (Please use additional sheet if necessary)

Services/Facilities the Organization can provide or participate in.

Sector/Group Represented/Served (Please check only one [1]):

- | | | |
|---|---|---|
| <input type="checkbox"/> Academe/Education | <input type="checkbox"/> Environment/Urban Protection/Solid Waste | |
| <input type="checkbox"/> Urban Poor | <input type="checkbox"/> Religious | <input type="checkbox"/> Transport/PUV Drivers/Operators/TODA |
| <input type="checkbox"/> Cooperatives | <input type="checkbox"/> Professional | <input type="checkbox"/> Homeowners/Neighbourhood |
| <input type="checkbox"/> Livelihood/Vendors | <input type="checkbox"/> Women | <input type="checkbox"/> Charitable/Socio-Civic |
| <input type="checkbox"/> Persons w/ Disability | <input type="checkbox"/> Youth/Children/Sports | <input type="checkbox"/> Social/Cultural Development |
| <input type="checkbox"/> Labor/Workers | <input type="checkbox"/> Business Sector | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Social Justice/Peace & Order | <input type="checkbox"/> Health & Sanitation | <input type="checkbox"/> Others (Pls. specify) _____ |

No. Of Members: Male: _____ Female: _____ Total: _____

Project Financing (Sources of Schemes)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Membership Dues | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Local Domain | <input type="checkbox"/> Foreign Donation |
| <input type="checkbox"/> Local Grant | <input type="checkbox"/> Foreign Grant | <input type="checkbox"/> Others (Pls. Specify) _____ | |

Priority Membership in Local Special Bodies (Please check only two [2]):

- | | |
|--|--|
| <input type="checkbox"/> City Development Council (CDC) | <input type="checkbox"/> Gender & Development Council (GAD) |
| <input type="checkbox"/> City School Board (CSB) | <input type="checkbox"/> City Anti-Drug Abuse Advisory Council (CADAAC) |
| <input type="checkbox"/> City Health Board (CHB) | <input type="checkbox"/> City Local Housing Board (CLHB) |
| <input type="checkbox"/> Peace & Order Council (POC) | <input type="checkbox"/> Tricycle Franchising Board (TFB) |
| <input type="checkbox"/> Q.C. Disaster Risk Reduction Management Council (QCDRRMC) | <input type="checkbox"/> Local Council for the Protection of Children (LCPC) |
| | <input type="checkbox"/> Others (Pls. Specify) _____ |

We hereby certify to the correctness of the above information.

Submitted by:

Certified by:

Chairperson/President
(Signature over Printed Name)

Date

Secretary
(Signature over Printed Name)

(Name of Organization/Association)

RESOLUTION NO. _____, S-201__

A RESOLUTION AUTHORIZING THE FILING OF APPLICATION OF OUR ORGANIZATION FOR ACCREDITATION AS PEOPLE'S ORGANIZATION (POs), NON-GOVERNMENTAL ORGANIZATION (NGOs), OR PRIVATE SECTORS (PSs) WITH THE QUEZON CITY COUNCIL FOR POSSIBLE MEMBERSHIP IN THE QUEZON CITY DEVELOPMENT COUNCIL (CDC) AND OTHER LOCAL SPECIAL BODIES (LSBs) AND DESIGNATING ITS AUTHORIZED PRINCIPAL AND ALTERNATE REPRESENTATIVES THERETO.

WHEREAS, _____,
(Name of Organization)
is an organization duly organize and existing in accordance with laws, rules and regulations with postal address at _____ Barangay _____ District _____ Q.C.;

WHEREAS, the organization is willing to be involved in the formation and implementation of the Quezon City's plans, programs, projects and activities under its **PARTNERSHIP PROGRAM**;

WHEREAS, towards the attainment of its objectives, the organization has decided to apply for accreditation with the Quezon City Council for possible membership in the City Development Council and other Special Bodies.

NOW, THEREFORE, BE IT RESOLVED BY THE

_____ (Name of Organization)
during its last regular meeting, to authorize as it hereby authorizes the filing og the application of the organization for accreditation with the Quezon City Council for possible membership in the City's Local Special Bodies, preferable in the _____.(Please specify LSB/Councils);

RESOLVED FURTHER, to designate as it hereby designate the following officers of our organization who are bonafide residents of Quezon City to be its duly authorized Principal and Alternate representatives to attend in the General Assembly Meeting/Selection of POs/NGOs/PSs Membership/Representatations in the CDC of other LSBs/Councils of Quezon City and in such related activities:

Name of Principal Representative	Position	Address	Contact No.
_____	_____	_____	_____
Name of Alternate Representative			
_____	_____	_____	_____

RESOLVED FINALLY, that this Resolution shall form as an ontegral part of the organization's application for accreditation with the Quezon City Council.

ADOPTED _____, 201__

Board Chairperson/President
(Signature over Printed Name)

Board of Directors:
(Please sign opposite printed name)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATION

This is to certify that the foregoing resolution was approved on _____, 201__ by the majority of the Board of Directors and Members of the Organization present in a meeting called for the purpose, there being a quorum.

Done in Quezon City, this _____, 201__

(Secretary)
(Signature over Printed Name)

**FINANCIAL STATEMENT
(Sample)**

From _____ to _____, 201____
(Period Covered)

Name of Organization/Association: _____ Contact No/s _____

Office Address: _____ Barangay: _____ District: _____, Q.C.

Cash in Bank _____
Cash on Hand _____
Total Cash in bank and on hand _____

Plus: Collection

Membership Fee	_____
Contribution Fee	_____
Donations	_____
Fund Raising	_____
Others (Pls. Specify)	_____
_____	_____
_____	_____
_____	_____
_____	_____

Less: Expenses

Salaries	_____
Representation	_____
Snacks	_____
Electricity/Water Bills	_____
Rentals	_____
Others (Pls. Specify)	_____
_____	_____
_____	_____
_____	_____
_____	_____

NET TOTAL

Prepared by: _____

Treasurer
(Signature over printed name)

Date: _____

Audited by:

Auditor
(Signature over printed name)

Date: _____

LIST OF OFFICERS AND MEMBERS
(As of _____, 201__)

Name of Organization/Association: _____ Contact No/s: _____
 Office Address: _____ Barangay: _____ District: _____, Quezon City

1	Name	Address	Citizenship	Contact No/s	Occupation
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

(Please use another sheet if necessary)
 This is to certify that the foregoing names are the current officers and members of our organization.

Secretary
(Signature over printed name)

Date