

*“Sample Letter of Application”*

\_\_\_\_\_  
Date

Hon. MARIA SHEILAH H, LACUNA-PANGAN  
Vice-Mayor and Presiding Officer  
Sangguniang Panlungsod of Manila

Dear Vice Mayor and Presiding Officer Pangan:

In response to your Notice of Call for Accreditation, kindly be informed that \_\_\_\_\_ (Name of CSO) \_\_\_\_\_, with office address at \_\_\_\_\_, would like to seek for accreditation by that Sanggunian.

In support of this application are the following administrative requirements:

1. Duly accomplished Application Form for Accreditation;
2. Board Resolution;
3. Certificate of Registration issued by: \_\_\_\_\_;
4. List of Current Officers and Members;
5. Original Sworn Statement stating the CSO is an independent, non-partisan organization and that it will retain its autonomy while pursuing the advancement of the people' interest through its membership in a local special body, after satisfying all the requirements and set criteria, as stated in DILG Memorandum Circular No. \_\_\_\_\_ dated \_\_\_\_\_, and after securing a Certificate of Accreditation from the concerned Sanggunian;
6. CY \_\_\_\_\_ Annual Accomplishment Report;
7. CY \_\_\_\_\_ Financial Statement;
8. Profile indicating the purposes and objectives of our organization;
9. Copy of the Minutes of the CY \_\_\_\_\_ Meeting of the organization; and
10. For CSOs applying to be members of the Local School or Health Board : Photocopy of profiles of at least three (3) individuals in the organization that will verify their involvement in the health or education sector.

Very truly yours,

\_\_\_\_\_  
(Head of the Organization)

*“Sample Application Form for Accreditation”*

Name of Organization : \_\_\_\_\_  
Registered Address : \_\_\_\_\_  
Contact Nos. : \_\_\_\_\_  
Date Organized : \_\_\_\_\_  
Date Registered : \_\_\_\_\_

Registering or Accrediting Agency: (Check appropriate box)

- Securities and Exchange Commission
- Cooperatives Development Authority
- Department of Labor and Employment
- Department of Social Welfare and Development
- Department of Health
- Department of Agriculture
- Department of Agrarian Reform
- Department of Education
- Department of the Interior and Local Government
- National Commission on Indigenous Peoples
- National Housing Authority
- Insurance Commission
- Philippine Regulatory Commission
- Housing and Land Use Regulatory Board
- Others: (Please specify) \_\_\_\_\_

Organizational Level: (Check appropriate box)

- Barangay-based
- Chapter
- Affiliate of a larger organization (Please identify larger organization) \_\_\_\_\_
- Others: (Please specify) \_\_\_\_\_

Purposes/Objectives: (Use of additional sheets, if necessary)

---

---

---

---

---

CY \_\_\_\_\_

Projects	Costs	Beneficiaries	Status

Project Financing (Sources or Schemes)

---

---

---

---

Services the Organization provides or can participate in

---

---

---

---

Depending on your organization's technical area of expertise and scope of activity, which local special body are you most capable to be a member of?

- Local Development Council
- Local School Board
- Local Health Board
- Local Peace and Order Council

List of Member: (Use separate sheet)

- Within the LGU
- Outside of the LGU, if any

WE HEREBY CERTIFY to the correctness of the above information.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
President