**PHILIPPINE COUNCIL FOR NGO CERTIFICATION (PCNC)**

**APPLICATION FOR ACCREDITATION/CERTIFICATION[[1]](#footnote-1)**

*(It is best to review the whole document before accomplishing it.)*

1. **REASON FOR SEEKING PCNC CERTIFICATION** *– Mark answer/s with an X in the box/space provided*

|  |  |
| --- | --- |
|  | Bureau of Internal Revenue (BIR) approval of “donee institution status” as per Sections 34(H) and 101(A) of the National Internal Revenue Code of 1997 and RR 13-98 effective Jan. 1, 1999. |
|  | Acquire PCNC certification as a seal of organizational good governance & management and accountability & transparency |

1. **ORGANIZATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | |
| Complete Office Address: | | | |
| Email Address: | | Landline #: | |
| Fax | Mobile #: | | Tax Identification Number (TIN): |

|  |  |  |
| --- | --- | --- |
| *1st Contact Person:* | *Positon:* | *Phone #:* |
| *2nd Contact Person:* | *Position:* | *Phone #:* |

1. **PURPOSE FOR EXISTENCE OF ORGANIZATION**

|  |
| --- |
| Vision: |
| Mission: |
| Goals: |

1. **VERY BRIEF HISTORY OF THE ORGANIZATION**

|  |
| --- |
|  |

1. **NAMES OF CURRENT BOARD OF TRUSTEES’ OFFICERS AND MEMBERS** (Add rows if *necessary*)

|  |  |
| --- | --- |
| * Total Number of Members of the Board of Trustees as per Articles of Incorporation: | |
| * Total Number of Members of the Board of Trustees as per latest GIS Submitted to SEC: | |
| **Names of Officers:** | **Names of Members:** |
| Chair: |  |
| *President (if any*): |  |
| Vice Chair: |  |
| *Vice-President (if any)*: |  |
| *\*Secretary*: |  |
| *\*Treasurer*: |  |
| *Others (Specify*): |  |
| **Independent Trustee/s (if A family/corporate foundation or organized by a faith-based group)** |  |
|  |
|  |  |
|  |  |

**\*If Secretary and/or Treasurer is not a member of the Board** *Add,**after their names , not BOT member*

1. **EXECUTIVE DIRECTOR (ED) OR EQUIVALENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Title of Position: | |
| Nature of Employment of ED/Equivalent - *Mark appropriate answer with an X in the box/space provided* | | | |
|  | Full Time – employed by the organization |  | Part Time – employed by the organization |
|  | Full Tim –seconded from affiliate organization |  | Part Time–seconded from affiliate organization |
|  | Full Time – volunteer (not compensated) |  | Part Time – volunteer (not compensated) |

1. **NUMBER OF PERSONNEL FOR CURRENT YEAR –** *Specify number as applicable in the space provided*

|  |  |
| --- | --- |
| **No.** | **Employment Status** |
|  | Regular/full-time staff directly employed by the Organization |
|  | Regular/full-time staff seconded from parent or affiliate company |
|  | Part-time staff directly employed by the Organization |
|  | Part-time staff seconded from parent or affiliate company |
|  | Project-based staff *(hired on a per project basis or employment co-terminus with a project*) |
|  | Regular volunteers (*who regularly provide uncompensated services to the organization*) |
|  | Others (Specify): |

1. **REGISTRATION WITH THE SECURITIES AND EXCHANGE COMMISSION (SEC)** *Answer YES or NO if registered as a non-stock, non-profit corporation/organization in the space provided and if registered, specify registration number and date registered with SEC in the spaces provided*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Registered as non-stock, non-profit corporation/organization | Registration #: | Date Registered  With SEC: |

1. **PROGRAMS/PROJECTS IMPLEMENTED IN THE LAST TWO (2) YEARS*****(for operating organizations)*** *- add rows if necessary*

|  |  |  |  |
| --- | --- | --- | --- |
| Programs/Projects Implemented in the last two (2) years (specify inclusive years): | Actual Beneficiaries | | Total Cost per Program/Project |
| Type/s | No. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **PROGRAMS/PROJECTS EXPECTED TO BE IMPLEMENTED IN THE NEXT THREE (3) YEARS *(for newly established organizations)*** *- add rows if necessary*

|  |  |  |  |
| --- | --- | --- | --- |
| Target Major Programs/Projects in the next three (3) years (specify inclusive years): | Target Beneficiaries | | Average Budget per Year |
| Type/s | No. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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1. **MAIN SOURCES OF REVENUES AND AMOUNTS RAISED IN THE LAST TWO YEARS** *–Specify year/s. Add rows if necessary*

|  |  |  |  |
| --- | --- | --- | --- |
| Major Sources of Revenues Raised | Amount Raised In the Last Two (2) Years | | |
| Yr.: | Yr.: | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals** |  |  |  |

1. **COMPLIANCE WITH CONCERNED GOVERNMENT AGENCY REGULATORY AND REPORTORIAL REQUIREMENTS FOR NON-STOCK, NON-PROFIT ORGANIZATIONS** – *using the space provided,* *respond as follows:* ***FC*** *– fully compliant;* ***PC*** *– partially compliant;* ***NC*** *– not compliant at all*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Bureau of Internal Revenue (BIR) | | |  | Securities and Exchange Commission |
|  | Local Government Unit (LGU) |  | Government Line Agency, as applicable (e.g. DSWD, etc.) | | |

1. **INCLUSION OF BIR MANDATED PROVISIONS IN THE ARTICLES OF INCORPORATION (AOI) AND BY-LAWS (AOI/BL) AND PRACTICED BY THE ORGANIZATION AS PER BIR 13-98** *(Please review your AOI & By-Laws and current practices before answering this item) – In the space provided, answer YES if included(may not be written verbatim as below) in AOI/BL and practiced, if not, answer NO.*

|  |  |
| --- | --- |
| **Provisions in the Articles of Incorporation and By-Laws** | |
|  | No part of the net income or asset of the organization belongs to or inure to the benefit of the incorporators, members of the board, management and staff or any specific person |
|  | All members of the Board of Trustees do not receive compensation or remuneration for their service to the organization |
|  | In the event of dissolution, the assets of the organization shall be distributed to another accredited NGO/Foundation organized for similar purpose/s, or to the State for public purpose/s or would be distributed by a competent court of justice to another NGO /Foundation to be used in such manner as in the judgement of said court. |
|  | The level of administrative expenses of the organization shall, on an annual basis, not exceed 30% of total donations and total expenditures for the taxable year |
|  | There are no provisions that are contrary to the above four (4) provisions |

1. **WILLING TO:**
2. **Make available for review, all documents and records of the organization that PCNC finds necessary to measure adherence to set standards of good governance and management and accountability and transparency.** *An NGO/Foundation that is not willing to open all the documents and records required by PCNC for review is advised not to pursue application for PCNC certification (mark answer with an X to signify agreement with this requirement)*.

|  |  |
| --- | --- |
|  | **YES,** will make all required documents and records of the organization available for review |

1. **Pay PCNC corresponding socialized evaluation due for the conduct of evaluation visit and, in case of PCNC certification, pay annual dues that are both based on total amount of assets of the organization based on total amount of assets as of the latest audited financial statements for the evaluation visit and in case of PCNC certification -***Mark appropriate answer with an X in the box/space provided:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Assets As of the End of the Year (specify yr.);** | **Evaluation Due\*** | **Annual Due\*\*** |
|  | ₱ 5 million and below | ₱ 10 thousand | ₱ 2 thousand |
|  | Above ₱ 5 million to ₱ 15 million | ₱ 15 thousand | ₱ 4 thousand |
|  | Above ₱ 15 million to ₱ 50 million | ₱ 20 thousand | ₱ 7 thousand |
|  | Above ₱ 50 million | ₱ 30 thousand | ₱ 10 thousand |

*\*Evaluation due payable as follows: ₱1,000 upon initial submission of documentary requirements and the balance, upon completion and submission of all documentary requirements of PCNC (when application for certification is considered accepted and before the scheduling of the evaluation visit)*

*\*\*Due annually for NGOs/Foundations with valid (unexpired) PCNC certification*

1. **In case any of its senior staff attended training for PCNC Volunteer Peer Evaluator, allow said senior staff to** - *Mark appropriate answer with an X in the box/space provided:*

|  |  |
| --- | --- |
|  | Participate in the evaluation of at least two (2) NGOs per year |
|  | Participate in the evaluation of at least one (1) NGO per year |
|  | Cannot spare any of its senior staff to be trained as PCNC Volunteer Peer Evaluator |

1. **POINT PERSON OF THE APPLICANT ORGANIZATION WHO WILL COORDINATE WITH PCNC THROUGH THE WHOLE EVALUATION/CERTIFICATION PROCESS.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Position: | | Landline # |
| Cell Phone #: | | Email Address: | |
| Mailing Address: | | | |

**­­­­­­­­­­­**

**Accomplishment of the Application Form for PCNC Accreditation/Certification**

|  |  |  |  |
| --- | --- | --- | --- |
| Prepared by: | Name: | Signature: | Date: |
| Position: |
| Approved/ Certifued by: | Name: | Signature: | Date: |
| Position: |

**[In case of difficulty and/or need for clarification in accomplishing the form, do not hesitate to contact PCNC – (63-2) 782-15-68; 715-95-94 or 715-27-56.]**

February 29, 2016

1. To be submitted together with the accomplished Organizational Profile Form [↑](#footnote-ref-1)