



Seal of Good Local Governance – DATA COLLECTION AND VALIDATION FORM

Form CM 2.1 Financial Administration

City/Municipality of : _____ Income Class : _____
Province : _____ Region : _____

INSTRUCTIONS: PLEASE READ BEFORE PROCEEDING TO THE ITEMS.

For the C/MLGOO: (1) Provide the appropriate answer by encircling "Yes" or "No" in column B, and/or providing data, as applicable, on the succeeding condition(s) or attribute(s) that best describe(s) the LGU as enumerated in column A. (2) Affix signature on all pages. (3) In case of a correction in answer, affix signature on the left-hand side of the paper beside the item number. **DO NOT FILL-OUT GRAY BOXES.**

For the RAT Members: (1) Based on your thorough review of data provided by the C/MLGOO and supporting information, provide answer by encircling "Yes" or "No" in column C. (2) Write additional observations or comments on the space provided to support your answer(s) per item. (3) For data provided by partner agencies, indicate whether there is discrepancy as compared to the LGU data. (4) Affix signature on all pages. (5) In case of a correction in answer, the RAT leader must affix signature on the right-hand side of the paper beside Column C parallel to the item number. **DO NOT FILL-OUT GRAY BOXES.**

| Column A | | Column B | Column C | | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------------|--------------------------|-------------|--------------------------|-----------|--------------------------|------------|--------------------------|---------|--------------------------|------------|--------------------------|------------------------|--------------------------|--|--------------------------|------------------------------------|--|-----|----|
| Required Data | | C/MLGOO: Met Criterion? | RAT Members: Met Criterion? | | | | | | | | | | | | | | | | | | | |
| GOOD FINANCIAL HOUSEKEEPING | | | | | | | | | | | | | | | | | | | | | | |
| 1(N) | The LGU's audit opinion for CY 2014, as rendered by the Commission on Audit, is: <i>Kindly tick the audit opinion given (one answer only).</i> <table border="1" style="margin-left: 20px;"> <tr> <td colspan="2">Opinion based on 2014 AAR (kindly tick one answer only)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unqualified</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Qualified</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Disclaimer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adverse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No Opinion</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No Annual Audit Report</td> </tr> </table> <i>Additional Observation or Information from RAT Members (tick as appropriate):</i> <table border="1" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Discrepancy in LGU and NGA data; with accomplished Change Request Form</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No discrepancy in LGU and NGA data</td> </tr> </table> <i>Other Observation or Information:</i> | Opinion based on 2014 AAR (kindly tick one answer only) | | <input type="checkbox"/> | Unqualified | <input type="checkbox"/> | Qualified | <input type="checkbox"/> | Disclaimer | <input type="checkbox"/> | Adverse | <input type="checkbox"/> | No Opinion | <input type="checkbox"/> | No Annual Audit Report | <input type="checkbox"/> | Discrepancy in LGU and NGA data; with accomplished Change Request Form | <input type="checkbox"/> | No discrepancy in LGU and NGA data | | Yes | No |
| Opinion based on 2014 AAR (kindly tick one answer only) | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Unqualified | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Qualified | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Disclaimer | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Adverse | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | No Opinion | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | No Annual Audit Report | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | No discrepancy in LGU and NGA data | | | | | | | | | | | | | | | | | | | | | |
| 2 | The LGU fully complied with the posting of financial documents, bids and awards in three (3) conspicuous places (2015 Annual and 4 th quarter posting period documents). <i>Kindly specify location of posting.</i> <table border="1" style="margin-left: 20px;"> <tr> <td style="width: 100px;">Area 1</td> <td></td> </tr> <tr> <td>Area 2</td> <td></td> </tr> <tr> <td>Area 3</td> <td></td> </tr> </table> | Area 1 | | Area 2 | | Area 3 | | | Yes | No | | | | | | | | | | | | |
| Area 1 | | | | | | | | | | | | | | | | | | | | | | |
| Area 2 | | | | | | | | | | | | | | | | | | | | | | |
| Area 3 | | | | | | | | | | | | | | | | | | | | | | |

Collected by:

_____ C/MLGOO

Verified by:

RAT Leader (1) : _____
CSO Representative (2) : _____
NGA Representative (3) : _____
(if any)



| Column A | | Column B | | Column C | | |
|---|--|--|----|--------------------------------|---------|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | | |
| Kindly tick the area(s) where the required document is posted. | | | | | | |
| Required Document | | Area | | | For RAT | |
| | | 1 | 2 | 3 | | |
| 2.1 | 2015 Annual Budget | | | | Yes | No |
| 2.2 | 2015 Annual Procurement Plan or Procurement List | | | | Yes | No |
| 2.3 | 2014 Statement of Debt Service | | | | Yes | No |
| 2.4 | 2014 Annual Gender and Development Accomplishment Report | | | | Yes | No |
| 2.5 | 2014 Statement of Receipts and Expenditures | | | | Yes | No |
| 2.6 | 3 rd Quarter 2015, Statement of Cash Flow | | | | Yes | No |
| 2.7 | 3 rd Quarter 2015, Special Education Fund Utilization | | | | Yes | No |
| 2.8 | 3 rd Quarter 2015, Trust Fund Utilization | | | | Yes | No |
| 2.9 | 3 rd Quarter 2015, Bid Results on Civil Works and Goods and Services | | | | Yes | No |
| 2.10 | 3 rd Quarter 2015, 20% Component of IRA Utilization | | | | Yes | No |
| 2.11 | 3 rd Quarter 2015, Local DRRM Fund Utilization | | | | Yes | No |
| 2.12 | 3 rd Quarter 2015, Unliquidated Cash Advances | | | | Yes | No |
| 2.13 | 3 rd Quarter 2015, Manpower Complement | | | | Yes | No |
| 2.14 | 3 rd Quarter 2015, Supplemental Procurement Plan | | | | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | | |
| 3(N) | The LGU fully complied with posting in the: | | | | | |
| 3.1 | Full Disclosure Policy Portal for the 2015 annual and 4 th quarter posting period documents | Yes | No | | Yes | No |
| 3.2 | e-SRE portal for the 2014 e-Statement of Receipts and Expenditures | Yes | No | | Yes | No |
| Additional Observation or Information from RAT Members (tick as appropriate): | | | | | | |
| | | Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | | |
| | | No discrepancy in LGU and NGA data | | | | |
| Other Observation or Information: | | | | | | |
| FINANCIAL PERFORMANCE | | | | | | |
| 4(N) | Average local revenue growth from CYs 2012 to 2014 is greater than 0%. | Yes | No | | Yes | No |
| Additional Observation or Information from RAT Members (tick as appropriate): | | | | | | |
| | | Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | | |
| | | No discrepancy in LGU and NGA data | | | | |
| Other observation or information: | | | | | | |

Collected by:

C/MLGOO

Verified by:

RAT Leader (1) : _____

CSO Representative (2) : _____

NGA Representative (3) : _____

(if any)



| Column A | | Column B | | Column C | |
|---|--|---|----|--------------------------------|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | |
| 5(N) | The LGU settled its obligations with GSIS for members' premium contributions and loans in CY 2014 and was able to remit: | | | | |
| 5.1 | 98% on payment for premium contributions | Yes | No | Yes | No |
| 5.2 | 80% on payment for members' loans | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members (tick as appropriate): | | | | | |
| | | <input type="checkbox"/> Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | |
| | | <input type="checkbox"/> No discrepancy in LGU and NGA data | | | |
| Other observation or information: | | | | | |

Collected by:

 Signature over Printed Name of C/MLGOO

 Date

Verified and Certified by: Members of the Regional Assessment Team

 (1) Signature over Printed Name of RAT Leader

 (1) DILG-Place of Assignment

 Date

 (2) Signature over Printed Name of Partner-CSO representative

 (2) Name of Organization

 Date

 (3) Signature over Printed Name of Partner-NGA representative (if any)

 (3) Name of Agency

 Date



Seal of Good Local Governance – DATA COLLECTION & VALIDATION FORM

Form CM 2.2 Disaster Preparedness

City/Municipality of : _____ Income Class : _____
Province : _____ Region : _____

INSTRUCTIONS: PLEASE READ BEFORE PROCEEDING TO THE ITEMS.

For the C/MLGOO: (1) Provide the appropriate answer by encircling "Yes" or "No" in column B, and/or providing data, as applicable, on the succeeding condition(s) or attribute(s) that best describe(s) the LGU as enumerated in column A. (2) Affix signature on all pages. (3) In case of a correction in answer, affix signature on the left-hand side of the paper beside the item number. **DO NOT FILL-OUT GRAY BOXES.**

For the RAT Members: (1) Based on your thorough review of data provided by the C/MLGOO and supporting information, provide answer by encircling "Yes" or "No" in column C. (2) Write additional observations or comments on the space provided to support your answer(s) per item. (3) For data provided by partner agencies, indicate whether there is discrepancy as compared to the LGU data. (4) Affix signature on all pages. (5) In case of a correction in answer, the RAT leader must affix signature on the right-hand side of the paper beside Column C parallel to the item number. **DO NOT FILL-OUT GRAY BOXES.**

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|---|---|----------------------------|----|--------------------------------|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | |
| 1(N) | The LGU is first place in the 2015 National Gawad KALASAG Awardee for Best LDRRMCs or Hall of Fame Awardee. | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members (tick as appropriate): | | | | | |
| Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | | | |
| No discrepancy in LGU and NGA data | | | | | |
| Other Observation or Information: | | | | | |
| 2 | The LGU is aware of its hazards e.g., flood, landslide, storm surge, tsunami, etc. | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | |
| 3 | Risk and/ or vulnerability assessment is conducted, and information is linked to plans. | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | |
| 4 | The LGU has the following: | | | | |
| 4.1 | Local Disaster Risk Reduction and Management Council | Yes | No | Yes | No |
| If yes, please indicate if composition includes: | | | | | |
| 4.1.1 | Four (4) CSO representatives | Yes | No | Yes | No |
| 4.1.2 | One (1) private sector representative | Yes | No | Yes | No |

Collected by:

C/MLGOO

Verified by:

RAT Leader (1) : _____
CSO Representative (2) : _____
NGA Representative (3) : _____
(if any)



| Column A | | | Column B | | Column C | |
|--|--|---|----------------------------|----|--------------------------------|----|
| Required Data | | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | |
| 4.2 | Local Disaster Risk Reduction and Management Officer (LDRMMO) | | Yes | No | Yes | No |
| | <i>If yes, please indicate status of employment of the LDRMMO (tick one answer only):</i> | | | | | |
| | <input type="checkbox"/> | LDRMMO is a plantilla (permanent) position. | | | Yes | |
| | <input type="checkbox"/> | LDRMMO is designated. | | | Yes | |
| Additional Observation or Information from RAT Members: | | | | | | |
| 5 | The following plans and documents are available: | | | | | |
| 5.1 (N) | Approved Comprehensive Land Use Plan | | Yes | No | Yes | No |
| 5.2 | Approved Local Disaster Risk Reduction and Management (LDRRM) Plan | | Yes | No | Yes | No |
| | <i>If yes, kindly indicate if the LDRRM Plan meets the following conditions:</i> | | | | | |
| 5.2.1 | Incorporates risk hazard and vulnerability assessment data | | Yes | No | Yes | No |
| 5.2.2 | Budget is integrated in the 2016 Annual Investment Plan | | Yes | No | Yes | No |
| 5.3 | Approved Contingency Plan | | Yes | No | Yes | No |
| 5.4 | Approved Local Climate Change Action Plan | | Yes | No | Yes | No |
| 5.5 | Zoning Ordinance | | Yes | No | Yes | No |
| 5.6 | 50% of barangays have approved CBDRRM Plans (based on Form CM 2.2A) | | Yes | No | Yes | No |
| 5.7 | 50% of barangays with approved DRR-related PPAs which includes efforts involving the communities (based on Form CM 2.2A) | | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members for CLUP (tick as appropriate): | | | | | | |
| | <input type="checkbox"/> Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | | | |
| | <input type="checkbox"/> No discrepancy in LGU and NGA data | | | | | |
| Other Observation or Information: | | | | | | |
| 6 | The LGU has an early warning system. | | Yes | No | Yes | No |
| | <i>If yes, kindly indicate if the following equipment or conditions exist:</i> | | | | | |
| 6.1 | At least one marker per identified hazard area | | Yes | No | Yes | No |
| 6.2 | Audible, early and wide warning and alarm system | | Yes | No | Yes | No |
| 6.3 | At least one automated rain gauge to measure amount of rainfall received for a particular period of time | | Yes | No | Yes | No |
| 6.4 | Indigenous technology available to measure amount of rainfall received for a particular period of time | | Yes | No | Yes | No |
| 6.5 | Posted information on EWS in conspicuous places within the locality | | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | | |

Collected by:

_____ C/MLGOO

Verified by:

RAT Leader (1) : _____
 CSO Representative (2) : _____
 NGA Representative (3) : _____
 (if any)



| Column A | | Column B | | Column C | | |
|---|--|---|-----|--------------------------------|-----|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | | |
| 7 | Evacuation center management system is in-place. | Yes | No | Yes | No | |
| | <i>If yes, kindly indicate if the following conditions are met:</i> | | | | | |
| | 7.1 | Evacuation center(s) are identified. | Yes | No | Yes | No |
| | 7.2 | System for registration and information guide for evacuees is in-place. | Yes | No | Yes | No |
| | 7.3 | The information guide is written in local dialect, and either shows facilities and services or has a map. | Yes | No | Yes | No |
| | 7.4 | At least 50% of barangays have an evacuation guide (based on Form CM 2.2A). | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | | |
| 8 | Search and Rescue or Emergency Response Teams are organized, equipped and trained. | Yes | No | Yes | No | |
| | <i>If yes, kindly indicate if the SARs meet or have the following:</i> | | | | | |
| | 8.1 | Organization | | | | |
| | 8.1.1 | Teams organized within the last three (3) years | Yes | No | Yes | No |
| | 8.2 | Equipment | | | | |
| | 8.2.1 | Motorized Vehicle | Yes | No | Yes | No |
| | 8.2.2 | Water rescue kit (at the minimum: rope, life jacket, flotation ring or alternate) | Yes | No | Yes | No |
| | 8.2.3 | Extrication Kit (at the minimum: spine board, shovel or alternate digging device) | Yes | No | Yes | No |
| | 8.2.4 | Personal Protective Equipment (at the minimum: helmet, goggles, work gloves, boots) | Yes | No | Yes | No |
| | 8.2.5 | First aid kit | Yes | No | Yes | No |
| | 8.2.6 | Emergency medical kit | Yes | No | Yes | No |
| 8.3 | Training(s) within the last three (3) years | | | | | |
| 8.3.1 | Flood/swift water/ ravine search and rescue | Yes | No | Yes | No | |
| 8.3.2 | Basic life support | Yes | No | Yes | No | |
| Additional Observation or Information from RAT Members: | | | | | | |
| 9 | The following systems to preposition goods and resources are in place: | | | | | |
| | 9.1 | Mobilization and management of volunteer groups | Yes | No | Yes | No |
| | <i>If yes, kindly indicate system adopted by the LGU:</i> | | | | | |
| | 9.1.1 | Has existing partnership with volunteer groups in the provision of disaster relief and response | Yes | No | Yes | No |
| | 9.1.2 | Others (please specify): _____ | Yes | No | Yes | No |
| | 9.2 | Relief operations | Yes | No | Yes | No |
| | <i>If yes, kindly indicate system adopted by the LGU:</i> | | | | | |
| 9.2.1 | Stockpiling | Yes | No | Yes | No | |
| 9.2.2 | Has entered into a memorandum of agreement with suppliers (e.g. supermarket, pharmacy) | Yes | No | Yes | No | |
| 9.2.3 | Others (please specify): _____ | Yes | No | Yes | No | |

Collected by:

C/MLGOO

Verified by:

RAT Leader (1) : _____
 CSO Representative (2) : _____
 NGA Representative (3) : _____
 (if any)



| Column A | | Column B | | Column C | | |
|---|--|--|-----|--------------------------------|-----|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | | |
| 9.3 | Medical and/or psycho-social support | Yes | No | Yes | No | |
| | <i>If yes, kindly indicate system adopted by the LGU:</i> | | | | | |
| | 9.3.1 | Has entered into a memorandum of agreement with medical groups or and/or psycho-social professionals from the government, NGOs, academe, private organizations to facilitate medical services, as well as life coaching, stress debriefing, comforting and processing after the disaster | Yes | No | Yes | No |
| | 9.3.2 | Others (please specify): _____ | Yes | No | Yes | No |
| | 9.4 | Security services | Yes | No | Yes | No |
| | | <i>If yes, kindly indicate system adopted by the LGU:</i> | | | | |
| 9.4.1 | | The LGU's Standard Operating Procedures particularly indicated a system to ensure peace and order and security in the event of disasters. | Yes | No | Yes | No |
| | 9.4.2 | Others (please specify): _____ | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | | |
| 10 | Standard Operating Procedures are available. | Yes | No | Yes | No | |
| | <i>If yes, kindly indicate if the following systems or structure are in place:</i> | | | | | |
| | 10.1 | Incident Command System (ICS) | Yes | No | Yes | No |
| | 10.2 | LDRRM Operations Center (OpCen) | Yes | No | Yes | No |
| | | <i>If with OpCen, indicate type of set-up (tick one answer only):</i> | | | | |
| | | Permanent (functions 24/7 daily) | | | Yes | |
| | | Temporary (functions 24/7 during disasters) | | | Yes | |
| 10.3 | Pre-emptive and forced evacuation | Yes | No | Yes | No | |
| Additional Observation or Information from RAT Members: | | | | | | |

Collected by:

 Signature over Printed Name of C/MLGOO

 Date

Verified and Certified by: Members of the Regional Assessment Team

| | | |
|---|---------------------------------------|---------------|
| _____ (1) Signature over Printed Name of RAT Leader | _____ (1) DILG-Place of Assignment | _____ Date |
| _____ (2) Signature over Printed Name of Partner-CSO representative | _____ (2) Name of Organization | _____ Date |
| _____ (3) Signature over Printed Name of Partner-NGA representative (if any) | _____ (3) Name of Agency | _____ Date |



Seal of Good Local Governance
Form CM 2.2A Disaster Preparedness

CERTIFICATION

This is to certify that the City/Municipality of _____ has the following (*Please supply required data*):

_____% of barangays with approved Community-Based Disaster Risk Reduction and Management Plans; OR,

_____% of barangays with programs, plans and activities (PPAs) that include the development or conduct of DRR-related undertakings such as information, education communication efforts by communities as approved by the Barangay Development Council; and

_____% of barangays with Evacuation Guides

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued this _____ day of _____, 2016 at the _____,
_____.

Certified By:

Noted by:

Signature over Printed Name
Local Disaster Risk Reduction
and Management Officer

Signature over Printed Name
City/Municipal Local Government
Operations Officer



Seal of Good Local Governance – DATA COLLECTION AND VALIDATION FORM

Form CM 2.3 Social Protection

City/Municipality of : _____ Income Class : _____
 Province : _____ Region : _____

INSTRUCTIONS: PLEASE READ BEFORE PROCEEDING TO THE ITEMS.

For the C/MLGOO: (1) Provide the appropriate answer by encircling "Yes" or "No" in column B, and/or providing data, as applicable, on the succeeding condition(s) or attribute(s) that best describe(s) the LGU as enumerated in column A. (2) Affix signature on all pages. (3) In case of a correction in answer, affix signature on the left-hand side of the paper beside the item number. **DO NOT FILL-OUT GRAY BOXES.**

For the RAT Members: (1) Based on your thorough review of data provided by the C/MLGOO and supporting information, provide answer by encircling "Yes" or "No" in column C. (2) Write additional observations or comments on the space provided to support your answer(s) per item. (3) For data provided by partner agencies, indicate whether there is discrepancy as compared to the LGU data. (4) Affix signature on all pages. (5) In case of a correction in answer, the RAT leader must affix signature on the right-hand side of the paper beside Column C parallel to the item number. **DO NOT FILL-OUT GRAY BOXES.**

| Column A | | Column B | | Column C | |
|---|--|----------------------------|----|--------------------------------|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | |
| 1 | The LGU has a mechanism for handling cases filed in Barangay-Violence Against Women and their Children (VAWC) desks or similar entities within its jurisdiction as evidenced by an executive order or equivalent issuance. | Yes | No | Yes | No |
| 1.1 | If yes, provide how many barangays submitted their VAWC quarterly reports to the LSWDO for 2015 (based on Form CM 2.3A) <input type="text"/> % | | | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | |
| 2 (N) | The LGU manages a DSWD-accredited residential care facility for the vulnerable sectors (e.g. children, women, PWD or senior citizen). | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members (tick as appropriate): | | | | | |
| <input type="checkbox"/> Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | | | |
| <input type="checkbox"/> No discrepancy in LGU and NGA data | | | | | |
| Other Observation or Information: | | | | | |
| 3 | The Local Social Welfare and Development Office has a registered social worker. | Yes | No | Yes | No |
| If yes: | | | | | |
| 3.1 | Specify PRC registration number and date of validity. | | | | |
| Registration Number : <input type="text"/> | | | | | |
| Valid Until : <input type="text"/> | | | | | |
| 3.2 | The registered social worker being referred to is (tick one answer only): | | | | |
| <input type="checkbox"/> The Department Head | | | | | |
| <input type="checkbox"/> Not the Department Head since he/she was hired prior to the enactment of RA 9433, but a technical staff of the Office. | | | | | |

Collected by:

 C/MLGOO

Verified by:
 RAT Leader (1) : _____
 CSO Representative (2) : _____
 NGA Representative (3) : _____
 (if any)



| Column A | | Column B | | Column C | |
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| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | |
| | Additional Observation or Information from RAT Members: | | | | |
| 4 (N) | The LGU's main hospital/health facility/rural health unit is Philhealth-accredited for 2015. | Yes | No | Yes | No |
| | <i>If yes, kindly indicate if facility is accredited in the following:</i> | | | | |
| 4.1 | Maternal Care Package (MCP) | Yes | No | Yes | No |
| 4.2 | Primary Care Benefits (PCB) | Yes | No | Yes | No |
| 4.3 | TB-Directly Observed Treatment Short Course (TB-DOTS) | Yes | No | Yes | No |
| | Additional Observation or Information from RAT Members (tick as appropriate): | | | | |
| | <input type="checkbox"/> Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | | |
| | <input type="checkbox"/> No discrepancy in LGU and NGA data | | | | |
| | Other Observation or Information: | | | | |
| 5 | The 2015 Local School Board Plan is aligned with the 2015 School Improvement Plan (based on Form CM 2.3B). | Yes | No | Yes | No |
| | Additional Observation or Information from RAT Members: | | | | |
| 6 | The 2015 Local School Board Plan attained a completion rate in PPAs or fund utilization of (based on Form CM 2.3B): <input type="text"/> % | | | Yes | No |
| | Additional Observation or Information from RAT Members: | | | | |
| 7 | The LGU has designated express lanes or has posted priority signages for persons with disabilities, senior citizens and pregnant women in the areas of frontline service(s). | Yes | No | Yes | No |
| | <i>If yes, kindly indicate if designated express lanes or priority signage(s) are present in the following:</i> | | | | |
| 7.1 | Business Processing and Licensing Office | Yes | No | Yes | No |
| 7.2 | Office of the Civil Registry | Yes | No | Yes | No |
| 7.3 | LGU Main Hospital or health facility | Yes | No | Yes | No |
| | Additional Observation or Information from RAT Members: | | | | |

Collected by:

C/MLGOO

Verified by:

RAT Leader (1) : _____
 CSO Representative (2) : _____
 NGA Representative (3) : _____
 (if any)



| Column A | | Column B | | Column C | |
|--|--|----------------------------|----|--------------------------------|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | |
| 8 (N) | The LGU has physical features or facilities to enable the mobility of persons with disabilities. | Yes | No | Yes | No |
| <i>If yes, kindly indicate if the following physical features or conditions are present:</i> | | | | | |
| 8.1 | City/Municipal Hall | | | | |
| 8.1.1 | Ramp with handrails at the entrance or exit | Yes | No | Yes | No |
| <i>If yes (for RAT members):</i> | | | | | |
| 8.1.1.1 | Ramp passed the test (either 1:12 or 1:20 gradient) conducted through the Simplified Gradient Finder | | | Yes | No |
| 8.1.1.2 | With provision of special assistance | | | Yes | No |
| 8.1.2 | Other forms of special support or conditions | | | | |
| 8.1.2.1 | Ground level entrance or exit | Yes | No | Yes | No |
| 8.1.2.2 | Dropped curb at the entrance or exit | Yes | No | Yes | No |
| 8.1.2.3 | Special lift or elevator | Yes | No | Yes | No |
| 8.1.2.4 | Facility or building catering to all PWD-related concerns or services | Yes | No | Yes | No |
| 8.1.2.5 | The building is declared historical. | Yes | No | Yes | No |
| 8.1.2.6 | The building is under construction. | Yes | No | Yes | No |
| 8.1.3 | Toilet(s) for PWDs with L-shaped grab bars | Yes | No | Yes | No |
| 8.2 | City/Municipal Hospital/Main Health Facility/Rural Health Unit | | | | |
| 8.2.1 | Ramp with handrails at the entrance or exit | Yes | No | Yes | No |
| <i>If yes (for RAT members):</i> | | | | | |
| 8.2.1.1 | Ramp passed the test (either 1:12 or 1:20 gradient) conducted through the Simplified Gradient Finder | | | Yes | No |
| 8.2.1.2 | With provision of special assistance | | | Yes | No |
| 8.2.2 | Other forms of special support | | | | |
| 8.2.2.1 | Ground level entrance or exit | Yes | No | Yes | No |
| 8.2.2.2 | Dropped curb at the entrance or exit | Yes | No | Yes | No |
| 8.2.2.3 | Special lift or elevator | Yes | No | Yes | No |
| 8.2.2.4 | Facility or building catering to all PWD-related concerns or services | Yes | No | Yes | No |
| 8.2.2.5 | The building is declared historical. | Yes | No | Yes | No |
| 8.2.2.6 | The building is under construction. | Yes | No | Yes | No |
| 8.2.3 | Toilet(s) for PWDs with L-shaped grab bars | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | |

Collected by:

C/MLGOO

Verified by:

RAT Leader (1) : _____
 CSO Representative (2) : _____
 NGA Representative (3) : _____
 (if any)



| Column A | | Column B | | Column C | | | | | |
|---|---|----------------------------|----|--------------------------------|----|--------------------------|--|--------------------------|------------------------------------|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | | | | | |
| 9 (N) | The LGU's Indigenous People mandatory representative has been issued with a Certificate of Affirmation by the NCIP Regional Office. (If item is not applicable, indicate NA here: _____) If yes, indicate if the following conditions are observed: | Yes | No | Yes | No | | | | |
| 9.1 | IPMR seats in the sanggunian. | Yes | No | Yes | No | | | | |
| 9.2 | IPMR receives compensation and other regular benefits of a Sanggunian Member. | Yes | No | Yes | No | | | | |
| 9.3 | IPMR attends sanggunian sessions as indicated in the Minutes of the Meetings. | Yes | No | Yes | No | | | | |
| Additional Observation or Information from RAT Members (tick as appropriate): | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Discrepancy in LGU and NGA data; with accomplished Change Request Form</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No discrepancy in LGU and NGA data</td> </tr> </table> | | | | | | <input type="checkbox"/> | Discrepancy in LGU and NGA data; with accomplished Change Request Form | <input type="checkbox"/> | No discrepancy in LGU and NGA data |
| <input type="checkbox"/> | Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | | | | | | |
| <input type="checkbox"/> | No discrepancy in LGU and NGA data | | | | | | | | |
| Other Observation or Information: | | | | | | | | | |
| 10 | Sanggunian-accredited or recognized CSO(s) is/are represented in the Local Development Council (LDC). If yes, please indicate if the following conditions are observed in the LGU: | Yes | No | Yes | No | | | | |
| 10.1 | CSO representative(s) is/are included in the Executive Order or resolution creating the LDC. | Yes | No | Yes | No | | | | |
| 10.2 | At least one CSO is represented in the LDC meeting(s) based on the minutes in CY 2015. | Yes | No | Yes | No | | | | |
| 10.3 | CSO representation comprises (tick one answer only): | | | Yes | No | | | | |
| | <input type="checkbox"/> ¼ of the fully organized LDC, as indicated in the Executive Order or resolution creating the LDC | | | Yes | No | | | | |
| | <input type="checkbox"/> Less than ¼ of the fully organized LDC, as indicated in the Executive Order or resolution creating the LDC, due to insufficient organized and accredited CSOs in the locality | | | Yes | No | | | | |
| Additional Observation or Information from RAT Members: | | | | | | | | | |
| 11 | The LGU implemented social-protection related programs for sectoral concerns for CY 2015. If yes, indicate if the LGU implemented at least 2 programs for cities or at least 1 program for municipalities for the following sectors (based on Form CM 2.3B): | Yes | No | Yes | No | | | | |
| 11.1 | Children and youth | Yes | No | Yes | No | | | | |
| 11.2 | Women | Yes | No | Yes | No | | | | |
| 11.3 | Persons with Disabilities | Yes | No | Yes | No | | | | |
| 11.4 | Senior citizens | Yes | No | Yes | No | | | | |
| 11.5 | Family and community | Yes | No | Yes | No | | | | |
| 11.6 | Internally-displaced persons and communities | Yes | No | Yes | No | | | | |

Collected by:

_____ C/MLGOO

Verified by:

RAT Leader (1) : _____
 CSO Representative (2) : _____
 NGA Representative (3) : _____
 (if any)



Seal of Good Local Governance

Form CM 2.3A Social Protection Related Programs

CERTIFICATION

This is to certify that the City/Municipality of _____ has undertaken the following:

- The barangays submitted quarterly reports of cases filed to them related to violence against women and children.

Accordingly, _____ % of barangays provided complete quarterly (1st to 4th quarters) reports for 2015.

- Social-protection related programs were implemented for CY 2015 to support sectoral concerns.

In particular, here are the programs carried-out by the LGU (*please tick programs per sector*):

| | | | |
|-----------------------------------|--|--|---|
| <i>A. Child and Youth Welfare</i> | | | |
| | Adoption | | Government Internship Program |
| | Foster Care Services | | Unlad Kabataan Program |
| | Early Childhood Care and Development Service | | Immersion Outreach Program |
| | Residential Care Services | | PYAP Cash for Work |
| | Community-based Services for Street Children | | Educational Assistance Program |
| | Community-based Services for Children in Conflict with the Law | | Livelihood Assistance Program |
| | Services for Children in Armed Conflict | | Others (<i>please specify</i>): |
| | Drug Abuse Prevention Program | | _____ |
| <i>B. Women Welfare</i> | | | |
| | Self Enhancement Skills Development | | Residential Care Facility for Women in Especially Difficult Circumstances |
| | Productivity Skills Capacity Building | | Processing Center for Victims of Trafficking |
| | Community Participation Skills Development | | After Care Services |
| | Maternal and Child Care | | Others (<i>please specify</i>): |
| | Rape Crisis Center | | _____ |

Certified by : _____
 LSWDO

Noted by : _____
 C/MLGOO



| <i>C. Persons with Disabilities Welfare</i> | |
|--|--|
| Disability Prevention Service | Training and Employment Support Services |
| Early Detection, Prevention of Disability | Alternative Family Support Services |
| Assistance for Physical Restoration Services | Community Based Social Vocational Rehabilitation Preparation for Employment Services |
| Self and Social Enhancement Service | Auxiliary Social Services |
| Tuloy Aral Walang Sagabal for Children with Disabilities | Foster Home Program for Persons with Disability |
| After Care and Follow-up Services | Others <i>(please specify):</i> |
| Referral Services | _____ |
| <i>D. Older Persons Welfare</i> | |
| Social Pension for Indigent Senior Citizens and other special support services | Special Services for the Elderly |
| Neighborhood Support Services for Older Persons | Foster Home Program for Older Persons |
| Home Care Support Service | Volunteer Resource Service |
| Residential Care Service | Others <i>(please specify):</i> |
| | _____ |
| <i>E. Family and Community Welfare</i> | |
| Parent Effectiveness Services | National Family Violence Prevention Program |
| Pre-Marriage Counseling | Social Preparation for People's Participation |
| Marriage Counseling Services | Social Welfare Structure Development |
| Family Casework | Community Volunteers Resource Development |
| Responsible Parenthood Services | Community Mobilization Service |
| Empowerment and Reaffirmation of Paternal Abilities | Assistance in Crisis Situations |
| Social Services for Solo Parent | International Social Welfare Services for Filipino Nationals |
| Self-Employment Assistance | Others <i>(please specify):</i> |
| Program for Deportees | _____ |

Certified by : _____
 LSWDO

Noted by : _____
 C/MLGOO



| <i>F. Internally-Displaced Persons Welfare</i> | | | |
|--|------------------------------|--|---|
| | Food / Cash for Work | | Psycho-social Support |
| | Emergency Shelter Assistance | | Crisis Intervention |
| | Core Shelter Assistance | | Assistance to individual and family in Crisis Situation |
| | Balik Probinsya | | Others <i>(please specify):</i> _____ |

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued this _____ day of _____, 2016 at the _____,
 _____.

Certified By:

Noted by:

 Signature over Printed Name
 Local Social Welfare and Development Officer

 Signature over Printed Name
 City/Municipal Local Government
 Operations Officer



Seal of Good Local Governance

Form CM 2.3B Social Protection: Support to Education

CERTIFICATION

This is to certify that the Local School Board (LSB) Plan for CY 2015 of the City/Municipality of _____ is aligned with the School Improvement Plan of the Department of Education. As a proof, I affixed my signature in the 2015 LSB Plan.

Accordingly, here is the status of the 2015 plan implementation *(Please supply required data)*:

_____% of programs, project, and activities are completed; and
_____% of the total amount appropriated to finance the LSB Plan is utilized.

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued this ____ day of _____, 2016 at the _____,
_____.

Certified By:

Signature over Printed Name
DepEd Schools Division Superintendent/
designated Representative to LSB



Seal of Good Local Governance – DATA COLLECTION AND VALIDATION FORM

Form CM 2.4 Business-Friendliness and Competitiveness

City/Municipality of : _____ Income Class : _____
 Province : _____ Region : _____

INSTRUCTIONS: PLEASE READ BEFORE PROCEEDING TO THE ITEMS.

For the C/MLGOO: (1) Provide the appropriate answer by encircling "Yes" or "No" in column B, and/or providing data, as applicable, on the succeeding condition(s) or attribute(s) that best describe(s) the LGU as enumerated in column A. (2) Affix signature on all pages. (3) In case of a correction in answer, affix signature on the left-hand side of the paper beside the item number. **DO NOT FILL-OUT GRAY BOXES.**

For the RAT Members: (1) Based on your thorough review of data provided by the C/MLGOO and supporting information, provide answer by encircling "Yes" or "No" in column C. (2) Write additional observations or comments on the space provided to support your answer(s) per item. (3) For data provided by partner agencies, indicate whether there is discrepancy as compared to the LGU data. (4) Affix signature on all pages. (5) In case of a correction in answer, the RAT leader must affix signature on the right-hand side of the paper beside Column C parallel to the item number. **DO NOT FILL-OUT GRAY BOXES.**

| Column A | | Column B | | Column C | |
|--|---|--|----|--------------------------------|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | |
| 1(N) | The LGU has been recognized in 2015 for its efforts in business promotion and investments and enhancing its competitiveness by being: | | | | |
| 1.1 | Ranked among the Top 50 of the Competitiveness Index of the National Competitiveness Council | Yes | No | Yes | No |
| 1.2 | Finalist of PCCI's Most Business Friendly LGUs Award | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members (tick as appropriate): | | | | | |
| | | Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | |
| | | No discrepancy in LGU and NGA data | | | |
| Other Observation or Information: | | | | | |
| OR | | | | | |
| 2 | The LGU supports local economic and investment promotion. | Yes | No | Yes | No |
| If yes, kindly indicate mechanism installed by the LGU (tick one answer only): | | | | | |
| Office for local economic and investment promotion | | | | Yes | |
| Designated Officer for local economic and investment promotion | | | | Yes | |
| Additional Observation or Information from RAT Members: | | | | | |
| 3 | The LGU has a Citizen's Charter for securing permits for new business and business renewal. | Yes | No | Yes | No |
| If yes, kindly indicate if the following are specified in the Charter: | | | | | |
| 2.1 | Application for new business permits has five steps or less. | Yes | No | Yes | No |
| 2.2 | Application for renewal of business permits has five steps or less. | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | |

Collected by:

 C/MLGOO

Verified by:
 RAT Leader (1) : _____
 CSO Representative (2) : _____
 NGA Representative (3) : _____
 (if any)



| Column A | | | Column B | | Column C | |
|---|---|--|----------------------------|----|--------------------------------|----|
| Required Data | | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | |
| 4 | Release of business or mayor's permit is within the prescribed period. | | Yes | No | Yes | No |
| | <i>If yes, kindly indicate if the following are met (based on Form CM 2.4A):</i> | | | | | |
| | 3.1 | For new businesses: within five days from the day it was applied for | Yes | No | Yes | No |
| | 3.2 | For business renewal: within the day of application | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | | |
| 5 | The LGU has a Business One-Stop-Shop. | | Yes | No | Yes | No |
| | Additional Observation or Information from RAT Members: | | | | | |
| 6 | Data from business application forms are being tracked and summarized. | | Yes | No | Yes | No |
| | <i>If yes, kindly indicate mode of recording (tick one answer only):</i> | | | | | |
| | | Manual | | | Yes | |
| | | Computerized or computer-aided | | | Yes | |
| | <i>Kindly provide data on the following:</i> | | | | | |
| | 6.1.1 | Number of new businesses | <input type="text"/> | | | |
| | 6.1.2 | Number of business renewals | <input type="text"/> | | | |
| 6.1.3 | Amount of capital investment derived from registered new businesses and business renewals | <input type="text"/> | | | | |
| 6.1.4 | Number of employees derived from registered new businesses and business renewals | <input type="text"/> | | | | |
| Additional Observation or Information from RAT Members: | | | | | | |
| 7 | The LGU has a Local Investment Incentive Code. | | Yes | No | Yes | No |
| | Additional Observation or Information from RAT Members: | | | | | |

Collected by:

 Signature over Printed Name of C/MLGOO

 Date

Verified and Certified by: All Members of the Regional Assessment Team:

 (1) Signature over Printed Name of RAT Leader

 (1) DILG-Place of Assignment

 Date

 (2) Signature over Printed Name of Partner-CSO representative

 (2) Name of Organization

 Date

 (3) Signature over Printed Name of Partner-NGA representative (if any)

 (3) Name of Agency

 Date



Seal of Good Local Governance

Form CM 2.4A Business-Friendliness and Competitiveness: Business Permit Transaction Samples

City/Municipality of : _____ Region : _____
Province : _____

INSTRUCTIONS

For the C/MLGOO:

- (1) Ask the BPLO for the month and day of the previous year with the highest volume of transaction for business permits for both new and renewal.
- (2) Review database, record book or copy of application forms.
- (3) Get sample transactions, at least 50% each for new business and renewal. Maximum number of samples for each is 100.
- (4) Record the samples and their processing time.

PROCESSING TIME IN ISSUING A BUSINESS OR MAYOR'S PERMIT

| New Business | |
|--|--|
| Date (month and day) with highest volume of transaction for business permits | |
| Total number of transactions | |

| Business Renewal | |
|--|--|
| Date (month and day) with highest volume of transaction for business permits | |
| Total number of transactions | |

Sample Transactions:

| | Application No. | W/in 5 working days from application to release? | |
|-----|-----------------|--|----|
| | | Yes | No |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |

| | Application No. | W/in 1 working day from application to release? | |
|-----|-----------------|---|----|
| | | Yes | No |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |

(Attach additional pages, if necessary.)

Notes: (1) For business renewals: If application is filed in the morning, permit is released on the same day; if application is filed in the afternoon, permit is released on the morning of the following day. (2) For new business: Application filed on Day1 should be released not later than Day 6. (3)Weekends not counted.

Collected by:

Certified by:

Signature over Printed Name of C/MLGOO

Signature over Printed Name of BPLO

Date: _____

Date: _____



Seal of Good Local Governance

Form CM 2.5 Peace and Order

City/Municipality of : _____
Province : _____

Income Class : _____
Region : _____

INSTRUCTIONS: PLEASE READ BEFORE PROCEEDING TO THE ITEMS.

For the C/MLGOO: (1) Provide the appropriate answer by encircling "Yes" or "No" in column B, and/or providing data, as applicable, on the succeeding condition(s) or attribute(s) that best describe(s) the LGU as enumerated in column A. (2) Affix signature on all pages. (3) In case of a correction in answer, affix signature on the left-hand side of the paper beside the item number. **DO NOT FILL-OUT GRAY BOXES.**

For the RAT Members: (1) Based on your thorough review of data provided by the C/MLGOO and supporting information, provide answer by encircling "Yes" or "No" in column C. (2) Write additional observations or comments on the space provided to support your answer(s) per item. (3) For data provided by partner agencies, indicate whether there is discrepancy as compared to the LGU data. (4) Affix signature on all pages. (5) In case of a correction in answer, the RAT leader must affix signature on the right-hand side of the paper beside Column C parallel to the item number. **DO NOT FILL-OUT GRAY BOXES.**

| Column A | | Column B | | Column C | | |
|---------------|--|---|-----|--------------------------------|-----|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | | |
| 1 | The City/Municipal Peace and Order Council convened in CY 2015 (based on Form 2.5A). | Yes | No | Yes | No | |
| | <i>If yes, the local POC met at least once for the:</i> | | | | | |
| | 1.1 | 3 rd quarter, CY 2015 | Yes | No | Yes | No |
| | 1.2 | 4 th quarter, CY 2015 | Yes | No | Yes | No |
| | Additional Observation or Information from RAT Members: | | | | | |
| 2 | The LGU has adopted a Local Anti-Criminality Action Plan for CY 2015 (whether a separate plan or embodied in the Integrated Area Community Public Safety Plan or Local Peace & Order, and Public Safety Plan). | Yes | No | Yes | No | |
| | <i>If yes, indicate if the plan attained at least (based on Form CM 2.5A):</i> | | | | | |
| | 2.1 | 75% completion rate | Yes | No | Yes | No |
| | 2.2 | 75% utilization rate of fund allocation | Yes | No | Yes | No |
| | Additional Observation or Information from RAT Members: | | | | | |
| 3 | The LGU has provided logistical support to the PNP City/Municipal Police Station or Office for CY 2015 (based on Form 2.5A). | Yes | No | Yes | No | |
| | <i>If yes, logistical support was provided in and/or utilized until the:</i> | | | | | |
| | 3.1 | 3 rd quarter, CY 2015 | Yes | No | Yes | No |
| | 3.2 | 4 th quarter, CY 2015 | Yes | No | Yes | No |
| | Additional Observation or Information from RAT Members: | | | | | |

Collected by:

C/MLGOO

Verified by:
RAT Leader (1) : _____
CSO Representative (2) : _____
NGA Representative (3) : _____
(if any)



Seal of Good Local Governance
 Form CM 2.5A Peace and Order

CERTIFICATION

This is to certify that the City/Municipality of _____ has undertaken the following (*please tick applicable choices only*):

- The City/Municipal Mayor convened in CY 2015 the Local Peace and Order Council (LPOC).

In particular, the LPOC met at least once in the:

Please tick applicable choice(s).

| | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | 3 rd quarter, CY 2015 |
| <input type="checkbox"/> | 4 th quarter, CY 2015 |

- The LGU has adopted a Local Anti-Criminality Action Plan for CY 2015 (whether a separate plan or embodied in the Integrated Area Community Public Safety Plan or Local Peace & Order, and Public Safety Plan).

Accordingly, here is the status of the 2015 plan implementation (*please supply required data*):

_____ % of programs, project, and activities were completed; and
 _____ % of the total amount appropriated to finance the plan was utilized.

- The LGU has provided logistical support to the PNP Local Police Office/Station in CY 2015.

Accordingly, the following are the forms of support given (*please tick applicable choices only*):

| | | | |
|--------------------------|---------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Ammunition | <input type="checkbox"/> | Police Station |
| <input type="checkbox"/> | Communication | <input type="checkbox"/> | Supplies |
| <input type="checkbox"/> | Vehicle | <input type="checkbox"/> | Others (please specify): _____ |

Such support was particularly provided in and/or utilized until the:

Please tick applicable choice(s).

| | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | 3 rd quarter, CY 2015 |
| <input type="checkbox"/> | 4 th quarter, CY 2015 |

Certified by : _____
 Local PNP Chief

Noted by : _____
 C/MLGOO



The LGU has supported the organization of the Barangay Peacekeeping Action Teams, or its equivalent.

Relatively, the LGU has *(please supply required data)*:

_____ % of barangays with organized BPATs; and

_____ % of the barangays with trained BPATs

This Certification is issued for the purpose of the Seal of Good Local Governance assessment.

Issued this ____ day of _____, 2016 at the PNP Police Office/Station,

_____.

Certified By:

Noted by:

Signature over Printed Name
Chief, Local PNP Office/Station

Signature over Printed Name
City/Municipal Local Government
Operations Officer



Seal of Good Local Governance
Form 2.6 Environmental Management

City/Municipality of : _____
Province : _____

Income Class : _____
Region : _____

INSTRUCTIONS: PLEASE READ BEFORE PROCEEDING TO THE ITEMS.

For the C/MLGOO: (1) Provide the appropriate answer by encircling "Yes" or "No" in column B, and/or providing data, as applicable, on the succeeding condition(s) or attribute(s) that best describe(s) the LGU as enumerated in column A. (2) Affix signature on all pages. (3) In case of a correction in answer, affix signature on the left-hand side of the paper beside the item number. **DO NOT FILL-OUT GRAY BOXES.**

For the RAT Members: (1) Based on your thorough review of data provided by the C/MLGOO and supporting information, provide answer by encircling "Yes" or "No" in column C. (2) Write additional observations or comments on the space provided to support your answer(s) per item. (3) For data provided by partner agencies, indicate whether there is discrepancy as compared to the LGU data. (4) Affix signature on all pages. (5) In case of a correction in answer, the RAT leader must affix signature on the right-hand side of the paper beside Column C parallel to the item number. **DO NOT FILL-OUT GRAY BOXES.**

| Column A | | Column B | | Column C | |
|---|---|----------------------------|----|--------------------------------|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | |
| 1 | The LGU has a system of waste collection as embodied in a local ordinance. | Yes | No | Yes | No |
| | <i>If yes, kindly indicate if solid waste segregation is implemented in the following:</i> | | | | |
| | 1.1 City/municipal hall | Yes | No | Yes | No |
| | 1.2 City/municipal hospital/main health facility or rural health unit | Yes | No | Yes | No |
| | 1.3 Public schools | Yes | No | Yes | No |
| | 1.4 Public market | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | |
| 2 | The LGU has a Materials Recovery Facility, at the minimum storage for recyclable materials. | Yes | No | Yes | No |
| | <i>If yes, kindly indicate the type of storage facility:</i> | | | | |
| | 2.1 LGU-managed Material Recovery Facility or similar facility | Yes | No | Yes | No |
| | 2.2 Through a partnership with similar entity e.g., junkshop | Yes | No | Yes | No |
| Additional Observation or Information from RAT Members: | | | | | |
| 3 | The LGU has a Ten-Year Solid Waste Management Plan. | Yes | No | Yes | No |
| | <i>If yes, kindly indicate status (tick one answer):</i> | | | | |
| | <input type="checkbox"/> The plan has been submitted for review to the NSWMC | | | Yes | |
| | <input type="checkbox"/> The plan is already approved by NSWMC. | | | Yes | |
| | Additional Observation or Information from RAT Members for the approved SWM Plan (tick as appropriate): | | | | |
| <input type="checkbox"/> Discrepancy in LGU and NGA data; with accomplished Change Request Form | | | | | |
| <input type="checkbox"/> No discrepancy in LGU and NGA data | | | | | |
| Other Observation or Information: | | | | | |

Collected by: _____
C/MLGOO

Verified by: _____
RAT Leader (1) : _____
CSO Representative (2) : _____
NGA Representative (3) : _____
(if any)



| Column A | | Column B | | Column C | | |
|---|--|--|-----|--------------------------------|-----|----|
| Required Data | | C/MLGOO: Met Criterion? | | RAT Members: Met Criterion? | | |
| 4 | The LGU has access to sanitary landfill or alternative technology as final disposal. | Yes | No | Yes | No | |
| | <i>If yes, kindly indicate type of facility:</i> | | | | | |
| | 4.1 | Sanitary landfill | Yes | No | Yes | No |
| | 4.2 | Alternative Technology <i>(please indicate which of the following)</i> | | | | |
| | 4.2.1 | Biomass technology | Yes | No | Yes | No |
| | 4.2.2 | Co-processing | Yes | No | Yes | No |
| | 4.2.3 | Mechanical-Biological Treatment (MBT) | Yes | No | Yes | No |
| | 4.2.4 | Polygreen technology | Yes | No | Yes | No |
| 4.2.5 | Others <i>(please specify)</i> . _____ | Yes | No | Yes | No | |
| <i>If alternatively technology is used, briefly write its specifications, e.g., machine and/or process.</i> | | | | | | |
| <i>Additional Observation or Information from RAT Members:</i> | | | | | | |

Collected by:

 Signature over Printed Name of C/MLGOO

 Date

Verified and Certified by: Members of the Regional Assessment Team

| | | |
|---|---------------------------------------|---------------|
| _____ (1) Signature over Printed Name of RAT Leader | _____ (1) DILG-Place of Assignment | _____ Date |
| _____ (2) Signature over Printed Name of Partner-CSO representative | _____ (2) Name of Organization | _____ Date |
| _____ (3) Signature over Printed Name of Partner-NGA representative (if any) | _____ (3) Name of Agency | _____ Date |