| BASIC | CINFORMATION | |
|-------|--|---|
| 1 | Agency Name | Al Insania Charity Foundation Inc. |
| 2 | Area/s of Operation | Region IX |
| 3 | Region | Region IX |
| 4 | Province | Zamboanga del Sur |
| 5 | City | Pagadian City |
| 6 | Address | Tuburan, Pagadian City |
| 7 | Contact # | 09776060933 |
| 8 | Primary Donor | Association for Islamic Development |
| 9 | Secondary Donor | · |
| 10 | Agency Head Title | |
| 11 | Agency Head First Name | Mohajid |
| 12 | Agency Head Last Name | Omar |
| 13 | Agency Head Position | Finance Officer |
| 14 | SEC Registration No. & Date / Certification from the SEC on the validity of Registration | CN 201328562 – February 22, 2016 |
| 15 | Services: | relief/good assistance, medical and health services, sponsorship, livelihood project, feeding programs, skill training, |
| 16 | Clientele: | Children, youth, women, adult, victim of disaster and families, communities |
| 17 | Clientele categories: | |
| SERVI | CE DELIVERY MODE | |
| 18 | Community-based | / |
| 19 | Residential Care | |
| TRAC | KING DATA | |
| 20 | Date Assessed | 5/9/2016 |
| | If issued: | |
| 21 | Registration & License # | DSWD- FO - IX RL-000002-2016 |
| 22 | Date Issued | 5/10/2016 |
| 23 | Deadline for renewal | |
| 24 | Due for assessment of readiness for accreditation | |
| | If not issued: | |
| 25 | Areas for compliance | |
| 26 | Recommendation: | |
| 27 | Schedule of follow-up visit: | |
| | | |

| BASIC | INFORMATION | |
|-------|--|---|
| 1 | Agency Name | Global Academy Institute of Technology |
| | | Foundation, Inc. (GAIFT) |
| 2 | Area/s of Operation | Titay, Zamboanga Sibugay Province |
| 3 | Region | IX |
| 4 | Province | Zamboanga Sibugay |
| 5 | City | |
| 6 | Address | Purok Santan, Titay, Zamboanga Sibugay Province |
| 7 | Contact & email address | 09269986788/ info@gaitf.com |
| 8 | Primary Donor | |
| 9 | Secondary Donor | |
| 10 | Agency Head Title | Executive Director |
| 11 | Agency Head First Name | Elsa |
| 12 | Agency Head Last Name | Manabat |
| 13 | Agency Head Position | Executive Director |
| 14 | SEC Registration No. & Date / Certification from the SEC on the validity of Registration | G1998 |
| 15 | Services: | provide basic education, people empowerment, moral recovery, enhance competencies, educ.nal/financial assistance,_livelihood program, peace & child protection, preservation of cultural heritage |
| 16 | Clientele: | children, youth, adult, families and communities |
| 17 | Clientele categories: | |
| SERVI | CE DELIVERY MODE | |
| 18 | Community-based | / |
| 19 | Residential Care | 1 |
| | KING DATA | |
| 20 | Date Assessed | May 24, 2016 |
| | If issued: | 111.57 2 17 20 10 |
| 21 | Registration & License # | DSWD-FO-IX RL-000004-2015 |
| 22 | Date Issued | May 25, 2016 |
| 23 | Deadline for renewal | May 25, 2516 |
| 24 | Due for assessment of readiness for accreditation | |
| 24 | If not issued: | |
| 25 | Areas for compliance | |
| 25 | Areas for compliance | |
| 26 | Recommendation | |
| | I . | |

| BASIC | INFORMATION | |
|-------|--|---|
| 1 | Agency Name | Zamboanga Peninsula Mission Adventist Community Services (ZPMACS), Inc. |
| 2 | Area/s of Operation | Region IX |
| 3 | Region | IX |
| 4 | Province | Zamboanga Sibugay |
| 5 | City | <u> </u> |
| 6 | Address | Tiayon, Ipil |
| 7 | Contact & email address | (062) 9926-6206 |
| | | email: zampenmission@yahoo.com |
| 8 | Primary Donor | Community |
| 9 | Secondary Donor | n/a |
| 10 | Agency Head Title | Pastor |
| 11 | Agency Head First Name | Solomon |
| 12 | Agency Head Last Name | Mongaya |
| 13 | Agency Head Position | President |
| 14 | SEC Registration No. & Date / Certification from the SEC on the validity of Registration | CN201429289 |
| 15 | Services: | Religious Teachings and non-formal education, community service, food assistance and relief goods, medical and health services, sponsorship and scholarship |
| 16 | Clientele: | Children, youth, women, family, adult, community and victims of calamities |
| 17 | Clientele categories: | |
| SERVI | CE DELIVERY MODE | |
| 18 | Community-based | 1 |
| 19 | Residential Care | |
| | KING DATA | |
| 20 | Date Assessed | May 17, 2016 |
| | If issued: | , |
| 21 | Registration & License # | DSWD-FO-IX RL-000003 |
| 22 | Date Issued | May 18, 2016 |
| 23 | Deadline for renewal | , -, - |
| 24 | Due for assessment of readiness for accreditation | |
| | If not issued: | |
| 25 | Areas for compliance | |
| 26 | Recommendation | |
| 27 | Schedule of follow-up visit: | |

| BASIC | INFORMATION | |
|-------|--|--|
| 1 | Agency Name | Holy Rosary Family Center, Inc. |
| 2 | Area/s of Operation | Zamboanga City |
| 3 | Region | IX |
| 4 | Province | Zamboanga del Sur |
| 5 | City | Zamboanga City |
| 6 | Address | P.O Box 242-Pasobolong, Zamboanga City |
| 7 | Contact & email address | Tel.#:(062)926-0573/0918-361-2333/ 09087019071 Email: hrfc_ccf@yahoo.com |
| 8 | Primary Donor | |
| 9 | Secondary Donor | |
| 10 | Agency Head Title | Project Manager |
| 11 | Agency Head First Name | Sr. Ma. Valentina |
| 12 | Agency Head Last Name | Resollos |
| 13 | Agency Head Position | Project Manager |
| 14 | SEC Registration No. & Date / Certification from the SEC on the validity of Registration | G2000-00211/October 27, 2000 |
| 15 | Services: | Education,health,microenterprises/child sponsorship |
| 16 | Clientele: | Children, women, families and communities |
| 17 | Clientele categories: | |
| SERVI | CE DELIVERY MODE | |
| 18 | Community-based | 1 |
| 19 | Residential Care | |
| TRAC | KING DATA | |
| 20 | Date Assessed | December 27, 2014 |
| | If issued: | |
| 21 | Registration & License # | DSWD-FO-IX RL-0000033-2014 |
| 22 | Date Issued | December 29, 2014 |
| 23 | Deadline for renewal | |
| 24 | Due for assessment of readiness for accreditation | |
| | If not issued: | |
| 25 | Areas for compliance | |
| 26 | Recommendation | |
| 27 | Schedule of follow-up visit: | |
| | | |

| BASIC | CINFORMATION | |
|-------|--|---|
| 1 | Agency Name | Convergence of Zamboanga Del Sur On Agrarian Reform and Rural Development (CONZARRD) Inc. |
| 2 | Area/s of Operation | Pagadian City – Zamboanga del Sur |
| 3 | Region | IX |
| 4 | Province | Zamboanga del Sur |
| 5 | City | Pagadian City |
| 6 | Address | A. Cambongga Sr., Building, Prk. Kapalaran, Balangasan District, Pagadian City |
| 7 | Contact & email address | Cp. # 09328857756 e.mail: <u>conzarrd05@yahoo.com</u> |
| 8 | Primary Donor | |
| 9 | Secondary Donor | |
| 10 | Agency Head Title | Executive Director |
| 11 | Agency Head First Name | Teodolita |
| 12 | Agency Head Last Name | Lopez-Suano |
| 13 | Agency Head Position | Executive Director |
| 14 | SEC Registration No. & Date / Certification from the SEC on the validity of Registration | G2000-00112/June 19, 2015 |
| 15 | Services: | Community Welfare Services for Women, Youth, Family and Community |
| 16 | Clientele: | women, youth, family and community |
| 17 | Clientele categories: | |
| SERVI | CE DELIVERY MODE | |
| 18 | Community-based | |
| 19 | Residential Care | |
| TRAC | KING DATA | |
| 20 | Date Assessed | December 17, 2015 |
| | If issued: | |
| 21 | Registration & License # | DSWD-FO-IX RL-000004-2015 |
| 22 | Date Issued | December 18, 2015 |
| 23 | Deadline for renewal | |
| 24 | Due for assessment of readiness for accreditation | |
| | If not issued: | |
| 25 | Areas for compliance | |
| 26 | Recommendation | |
| 27 | Schedule of follow-up visit: | |
| | | |

| BASIC | CINFORMATION | |
|-------|--|--|
| 1 | Agency Name | Western Mindanao Medical Foundation, Inc. |
| 2 | Area/s of Operation | Zamboanga City |
| 3 | Region | IX |
| 4 | Province | Zamboanga del Sur |
| 5 | City | Zamboanga City |
| 6 | Address | Veterans Avenue Extn.(Tumaga Rd.) |
| 7 | Contact & email address | (062)991-25-06/991-25-07 (062)993-10-94 (Fax) |
| 8 | Primary Donor | |
| 9 | Secondary Donor | |
| 10 | Agency Head Title | President |
| 11 | Agency Head First Name | Paul |
| 12 | Agency Head Last Name | Cases |
| 13 | Agency Head Position | President |
| 14 | SEC Registration No. & Date / Certification from the SEC on the validity of Registration | 190961/May 22,1991 |
| 15 | Services: | charitable programs/services |
| 16 | Clientele: | communities |
| 17 | Clientele categories: | |
| SERVI | CE DELIVERY MODE | |
| 18 | Community-based | / |
| 19 | Residential Care | |
| TRAC | KING DATA | |
| 20 | Date Assessed | December 22, 2015 |
| | If issued: | |
| 21 | Registration & License # | DSWD-FO-IX RL-000007-2015 |
| 22 | Date Issued | December 28, 2015 |
| 23 | Deadline for renewal | |
| 24 | Due for assessment of readiness for accreditation | |
| | If not issued: | |
| 25 | Areas for compliance | |
| 26 | Recommendation | |
| 27 | Schedule of follow-up visit: | |