

## 1. Provision of Assessment on the Request for the Declaration of Force Majeure / State of Calamity

This section describes the approval process for the Request for the Declaration of Force Majeure (FM) / State of Calamity (SOC), which is in accordance with the approved 4Ps Implementing Rules and Regulation (IRR) stipulated in Rule VIII, Section 15 which states "Any of all the conditions for entitlement may be suspended by the DSWD Secretary during times of calamity, war and armed conflicts and force majeure situations in accordance with relevant laws and DSWD guidelines, In such cases, full compliance to such conditions are deemed waived and payments to beneficiaries shall be granted in full."

<b>Office or Division:</b>	4Ps NPMO – Compliance Verification Division (CVD)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	DSWD Regional Offices, MSSD-BARMM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) Formal request signed by the DSWD Regional Director, Ministry (electronic or original copy) requesting to invoke Rule VIII, Section 15 of Pantawid Pamilyang Pilipino Program IRR.  2. Certification/s from the concerned agencies as indicated in the approved Operations Manual, attesting the occurrence of the event/s affecting the implementation of the program or hampering the beneficiaries from complying with the program conditions		1. Requesting Region where fortuitous events occurred.  2. Concerned agencies.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit official requests specifying the areas affected and program conditions requested to be waived, together with the necessary certifications from the concerned agencies.	1.1 Receive an official request specifying the areas affected and program conditions requested to be waived, together with the necessary certifications from the concerned agencies.  <i>Note: If Incomplete, Return to the concerned Requesting Field</i>	None	4 hours	Director IV, 4Ps

	<i>Office/s for submission of justification or other needed information.</i>			
2. The client shall provide justification, in case of errors in the submitted documents.	<p>2.1 Verify, Validate and Ascertain all submitted documents</p> <p>2.1.1. Check the figures of the affected beneficiaries/ Facilities match the data reflected in the Pantawid Pamilya Information System (PPIS).</p> <p>2.1.2. Validate Certification/s provided if issued by the appropriate head of office as specified on the latest approved <b>4Ps Operations Manual</b>.</p> <p>2.1.3. Validate the identified Period Coverage is for the current or succeeding period/s based on the latest <b>Approved Timeline</b>.</p> <p>2.1.4. Assess if the cause for the request for force majeure is covered under the identified <b>Situations</b> enumerated in the latest approved <b>4Ps Operations Manual</b></p> <p>2.1.5. Validate if the Requested Area/s are covered by the submitted Certification.</p>	None	2 days 4 hours	Director IV, 4Ps
	<p>2.2 Endorse all the documents to the Office of the Deputy Program Manager</p> <p><i>Note: If there are errors in the information, require the requesting party to justify it otherwise return to requesting Field Office/s.</i></p>			

	<p>2.3 Review the endorsed assessment results and recommendations</p> <p>2.3.1 Affix the initial on the endorsed documents</p> <p>2.3.2 Endorse all the documents to the Office of the National Program Manager</p> <p><i>Note: If there are comments, return the concerned Project Development Officer for revision.</i></p>	None	2 days	Director IV, 4Ps
<p>3. Acknowledge Receipt of Memorandum on the Status of the Assessment of Force Majeure.</p> <p>Accomplishment of the Client Satisfaction Measurement Form</p>	<p>3.1 Review the endorsed assessment results and recommendations.</p> <p>3.1.1 Sign the submitted documents.</p> <p>3.1.2 Endorse all the documents to the concerned approving office/s.</p> <p>3.2 Transmit the status of the Force Majeure request to the requesting Field Offices for implementation.</p> <p>3.2.1 If there are comments, return to the Deputy Program Manager for Operations for revision.</p> <p>3.3 Request from the concerned client to Accomplish the prescribed Client Satisfaction Measurement Survey Form(CSMS-Form) through the provided Google link.</p>	None	2 days	Director IV, 4Ps
	<b>TOTAL</b>	<b>NONE</b>	<b>7 days</b>	