

**CITY GOVERNMENT OF GINGOOG**

**CITIZEN’S CHARTER**

**2022 (3rd EDITION)**



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1. **Mandate:**

**Pursuant to Republic Act No. 7160, the City Government of Gingoog shall exercise powers as a political subdivision of the national government and as a corporate entity representing the inhabitants of its territory.**

**Further, the City Government of Gingoog shall exercise the powers expressly granted, those necessarily implied therefrom, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare.**

**Moreover, the City Government of Gingoog shall ensure and support, among other things, the preservation and enrichment of culture, promote health and safety, enhance the right of the people to a balanced ecology, encourage and support the development of appropriate and self-reliant scientific and technological capabilities, improve public morals, enhance economic prosperity and social justice, promote full employment among its residents, maintain peace and order, and preserve the comfort and convenience of its inhabitants.**

1. **Vision:**

A Livable, Competitive, Self-Sustaining, Resilient and Inclusive City of Gingoog.

1. **Mission:**

To serve the public for people’s economic emancipation and development through excellent public service.

1. **Service Pledge:**

We commit to:

* Advocate for Good Governance, Transparency and Accountability to ensure efficient delivery of services and prevention of graft and corruption;
* Offer Opportunities for Agriculture, Tourism and Livelihood Development
* Provide Prompt and Efficient Delivery of Health, Education and Social Services
* Uphold the implementation of simplified requirements and procedures that will reduce red tape and expedite all transactions in the government; and
* Attend to all applicants or requesting parties who are within the premises of the office prior to the end of official working Hours and during lunch break.

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**CITY MAYOR’S OFFICE**

**External Services**

**1.1. Business Permit (New Registration/Renewal) Issuance**

Pursuant to the Local Government Code of 1991, a business permit is a document annually issued to both incoming and existing business operators in Gingoog City provided all requirements are complied with.

|  |  |  |
| --- | --- | --- |
| **Office or Division:** | City Mayor’s Office (CMO) - Business Permits & Licensing Division (BPLD), City Treasurer’s Office (CTO) - License & Fees Division, City Health Office (CHO), Bureau of Fire Protection (BFP), City Engineer’s Office - Building and Industrial Safety Division (BISD), City Economic Enterprise Department (CEED), City Environment &Natural Resources Management Office (CENRMO) | |
| **Classification:** | Simple | |
| **Type of Transaction:** | G2B – Government to Business | |
| **Who may avail:** | For New Registration – Incoming Business Operators in Gingoog City For Renewal of Business – Business Permit Holders in Gingoog City | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| * Annex 1 Unified Form:  Unified Business Permit Application Form (1 original) | | BPLD, City Mayor’s Office (CMO) |
| * Barangay Business Clearance (1 original) | | Barangay where the business is located |
| * Barangay Certification *in compliance with Comprehensive Solid Waste Management* (1 original) | | Barangay where the business is located |
| * Sanitary Permit / Health Clearance (1 original) | | City Health Office |
| * Fire Safety Inspection Certificate (1 original) | | Bureau of Fire Protection |
| * Tax Due Worksheets (1 original) | | License & Fees Division, City Treasurer’s Office |
| * Official Receipt (1 original) | | License & Fees Division, City Treasurer’s Office |
| * Occupancy Permit (1 photocopy) | | Building and Safety Inspection Division, City Engineer’s Office |
| * For Stall Holders – Market Clearance (1 original) | | City Economic Enterprise Department |
| * For Tenants – Lease Contract (1 photocopy) | | Area property-owner |
| **Additional Requirements for New Registration:** | |  |
| * For Single Proprietorship – DTI Registration  (1 photocopy) | | Department of Trade and Industry (DTI) |
| * For Partnership, Corporation and Cooperative –  Security and Exchange Commission (SEC) Registration (1 photocopy) | | Security and Exchange Commission (SEC) |
| * For Cooperative – Cooperative Development Authority (CDA) Registration (1 photocopy) | | Cooperative Development Authority (CDA) |
| **Additional Requirements for Renewal:** | |  |
| * Previous Business Permit (1 photocopy) | | BPLD, City Mayor’s Office (CMO) |

CONTINUATION: **Business Permit (New Registration/Renewal) Issuance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Secure and fill out *Unified Business Permit Application Form*at the Business Permits & Licensing Division, City Mayor’s Office. | 1. Provide *Unified Business Permit Application Form* 2. Forward the filled-out *Unified Business Permit Application Form* and previous *Tax Due Worksheet* to the License & Fees Division at the City Treasurer’s Office. | None | 10 Minutes | *DEMO I* CMO-BPLD  *Clerk I* CMO-BPLD  *Licensing Officer* CMO-BPLD |
| None | 1. Assess the filled-out *Unified Business Permit Application Form* and previous *Tax Due Worksheet.* 2. Compute Business Tax, Permit and Regulatory Fees, and other Charges 3. Generate new *Tax Due Worksheet* | None | 30 Minutes | *Local Revenue Collection Officer* CTO  *Assistant City Treasurer* CTO  *City Treasurer* CTO |
| None | 1. Forward *Unified Business Permit Application Form* with pertinent documents and the new *Tax Due Worksheet* to the CEO-BISD. | None | 5 Minutes | *Messenger* City Treasurer’s Office |
| None | 1. Verify Building Permit based on the Annual Inspection Report and issue Order of Payment. Then, forward *Unified Business Permit Application Form* with pertinent documents to the City Health Office for the verification. | None | 5 Minutes | *Architect IV*  CEO-BISD |
| None | 1. Verify Business Permit as to Sanitation and/or Health requirements. Then, forward the *Unified Business Permit Application Form* with other pertinent documents to CENRMO. | None | 15 Minutes | *Sanitation Inspector VI*  *City Health Office* |
| None | 1. Verify Brgy. Solid Waste Management Certificate. Forward *Unified Business Permit Application Form* with required documents to the BFP. | None | 10 Minutes | *Supervising EMS Chief,*  *CENRMO* |
| None | 1. Verify validity of Fire Safety Inspection Certificate and issue Order of Payment. Forward the *Unified Business Permit Application Form* with pertinent documents to the CTO. | None | 10 Minutes | *City Fire Marshal*  *Bureau of Fire Protection* |

CONTINUATION: **Business Permit (New Registration/Renewal) Issuance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. After assessment or receipt of *Tax Due Worksheet*, pay the required fees reflected on it and other related fees.   \*Make sure to secure *Official Receipt* that will be issued upon payment. | 1. Receive Payment and Issuance of Official Receipt from the City Treasurer’s Office, BFP, and BISD-CEO.    1. Record/post payment to taxpayer’s business index card.    2. The City Treasurer signs the *Unified Business Permit Application Form.* | See Table No. 1.1 – Tax Dues  Table No. 1.1.1 – Building Inspection Fees | 30 Minutes | *Local Revenue Collection Officer* City Treasurer’s Office  *Assistant City Treasurer* City Treasurer’s Office  *City Treasurer* City Treasurer’s Office |
| None | 1. Forward *Unified Business Permit Application Form* with complete requirements to the BPLD, CMO for the Issuance of *Business Permit.* | None | 5 Minutes | *Messenger* City Treasurer’s Office |
| None | 1. Prepare and Print *Business Permit.* Then, attach the required documents on the Business Permit and forward to BPLO for review and approval. | None | 5 Minutes | *DEMO I* CMO-BPLD  *Clerk I* CMO-BPLD |
| None | 1. Review Business Permit and attached required documents. Affix signature upon validation. | None | 5 Minutes | *Licensing Officer* CMO-BPLD |
| None | 1. Forward them to the Office of the City Administrator. | None | 5 Minutes | *CMO-BPLD Staff* CMO-BPLD |
| None | 1. Approve *Business Permit.* | None | 30 Minutes | *City Administrator* Office of the City Administrator  *City Mayor* Office of the City Mayor |
| 1. Acknowledge receipt of approved *Business Permit* by signing on the logbook and on the *Business Permit*. | 3. Issue approved *Business Permit* and provide logbook.   1. Retrieve logbook and Mayor’s copy of *Business Permit.* 2. File the said copy of the *Business Permit* along with its submitted requirements. | None | 5 Minutes | *DEMO I* CMO-BPLD  *Licensing Officer* CMO-BPLD |
| **TOTAL:** | | **See Table No. 1.1 – Tax Dues**  **Table No. 1.1.1 – Building Inspection Fees** | **2 Hours,**  **50 Minutes** |  |

**TABLE 1.1. Tax Dues based from Local Revenue Code No. 2015-279**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BUSINESS TAX** | | | | | | | | | | |
| **NEW BUSINESS:** | | | | | | | | 82.50% of 1% of the Capital Investment | | |
| **RENEWAL OF BUSINESS PERMIT:** | | | | | | | |  | | |
| Gross Sales/Receipts for the Preceding Year | | | | | | | | Rate of Tax per Annum | | |
| Not over PHP400,000.00 | | | | | | | | 2.40% | | |
| More than PHP400,000.00 | | | | | | | | 1.20% | | |
| The rate of 2.40% per annum shall be imposed on sales not exceeding Four Hundred Thousand Pesos (P 400,000.00) while the rate of 1.20% per annum shall be imposed on sales in excess of the first Four Hundred Thousand Pesos (P400,000.00) | | | | | | | | | | |
| **PERMIT AND REGULATORY FEES** | | | | | | | | | | |
| For purposes of Mayor’s Permit Fee, the following Philippine definition of business size is hereby adopted. | | | | | | | | | | |
|  | | **CHARACTERISTICS** | | | **ASSET SIZE** | | | | **NO. OF WORKERS** | |
|  | | COTTAGE | | | 500,000.00 and below | | | | 1-10 | |
|  | | SMALL | | | 500,000.00 – 5 Million | | | | 11-99 | |
|  | | MEDIUM | | | 5 Million – 20 Million | | | | 100-199 | |
|  | | LARGE | | | Over 20 Million | | | | 200 and Above | |
| **MAYOR’S PERMIT FEE** | | | | | | | | | | |
| A. BUSINESS SUBJECT TO FIXED TAXES | | | | | | | | | | |
|  | | **1. MANUFACTURERS/IMPORTERS/PRODUCERS** | | | | | | | | |
|  | | COTTAGE | | |  | | | | PHP 120.00 | |
|  | | SMALL | | |  | | | | PHP 600.00 | |
|  | | MEDIUM | | |  | | | | PHP 1,200.00 | |
|  | | LARGE | | |  | | | | PHP 2,400.00 | |
|  | |  | | |  | | | |  | |
|  | | **2. BANKS** | | | | | | | | |
|  | | RURAL/THRIFT AND SAVINGS BANKS | | | | | | | PHP 1,200.00 | |
|  | | COMMERCIAL, INDUSTRIAL AND DEV’T. BANKS | | | | | | | PHP 1,800.00 | |
|  | | UNIVERSAL BANK | | |  | | | | PHP 3,600.00 | |
|  | |  | | |  | | | |  | |
|  | | **3. OTHER FINANCIAL INSTITUTION (PAWNSHOP, ETC.)** | | | | | | |  | |
|  | | SMALL | | |  | | | | PHP 1,200.00 | |
|  | | MEDIUM | | |  | | | | PHP 1,800.00 | |
|  | | LARGE | | |  | | | | PHP 3,600.00 | |
|  | |  | | |  | | | |  | |
|  | | **4. CONTRACTORS/SERVICE ESTABLISHMENT** | | | | | | |  | |
|  | | COTTAGE | | |  | | | | PHP 120.00 | |
|  | | SMALL | | |  | | | | PHP 600.00 | |
|  | | MEDIUM | | |  | | | | PHP 1,200.00 | |
|  | | LARGE | | |  | | | | PHP 2,400.00 | |
|  | |  | | |  | | | |  | |
|  | | **5. TRANSLOADING OPERATIONS** | | | | | | |  | |
|  | | MEDIUM | | |  | | | | PHP 2,400.00 | |
|  | | LARGE | | |  | | | | PHP 4,800.00 | |
|  | | **6. OTHER BUSINESS** | | | | | | | |  |
|  | | COTTAGE | |  | | | | | | PHP 120.00 |
|  | | SMALL | |  | | | | | | PHP 240.00 |
|  | | MEDIUM | |  | | | | | | PHP 600.00 |
|  | | LARGE | |  | | | | | | PHP 960.00 |
|  | |  | |  | | | | | |  |
| **GARBAGE FEES** | | | | | | | | | | |
| 1. | | AMUSEMENT CENTERS | |  | | | | | | PHP 66.00 |
|  | | A. MAHJONG | |  | | | | | | PHP 132.00 |
| 2. | | BEAUTY PARLORS/BARBER SHOP | | | | | | | | PHP 495.00 |
| 3. | | BILLIARDS AND POOL HALLS, PER TABLE | | | | | | | | PHP 165.00 |
| 4. | | CARINDERIAS | |  | | | | | | PHP 198.00 |
| 5. | | FINANCIAL INSTITUTIONS (PER OFFICE) | | | | | | | |  |
|  | | A. BANKS | |  | | | | | | PHP 1,650.00 |
|  | | B. INSURANCE COMPANIES | |  | | | | | | PHP 1,320.00 |
|  | | C. PAWNSHOPS | |  | | | | | | PHP 247.50 |
|  | | D. FINANCIAL/LENDING INVESTORS | | | | | | | | PHP 1,320.00 |
| 6. | | GASOLINE/FILLING STATIONS | |  | | | | | |  |
|  | | A. <15,000 SQ.M. | |  | | | | | | PHP 990.00 |
|  | | B. 1000-1499 SQ.M. | |  | | | | | | PHP 825.00 |
|  | | C. <1,000 SQ.M. | |  | | | | | | PHP 660.00 |
|  | | D. CURB PUMPS AND FILLING STATIONS | | | | | | | | PHP 495.00 |
| 7. | | INDEPENDENT WHOLESALERS, DEALERS, DISTRIBUTORS, RETAILERS | | | | | | | |  |
|  | | A. >1,000 SQ.M. | |  | | | | | | PHP 3,300.00 |
|  | | B. 1,000 – 50 SQ. M. | |  | | | | | | PHP 2,475.00 |
|  | | C. 500 – 200 SQ. M. | |  | | | | | | PHP 1,815.00 |
|  | | D. 200 – 100 SQ. M. | |  | | | | | | PHP 1,320.00 |
|  | | E. 100 – 50 SQ. M. | |  | | | | | | PHP 825.00 |
|  | | F. 50 – 25 SQ. M. | |  | | | | | | PHP 330.00 |
|  | | G. < 25 SQ. M. | |  | | | | | | PHP 99.00 |
| 8. | | INSTITUTIONS | |  | | | | | |  |
|  | | A. > 5,000 STUDENTS | |  | | | | | | PHP 4,950.00 |
|  | | B. 3,000 – 4,999 STUDENTS | |  | | | | | | PHP 3,300.00 |
|  | | C. 1,000 – 2,999 STUDENTS | |  | | | | | | PHP 1,650.00 |
|  | | D. 300 – 999 STUDENTS | |  | | | | | | PHP 990.00 |
|  | | E. < 299 STUDENTS | |  | | | | | | PHP 495.00 |
| 9. | | PEDDLERS | |  | | | | | | PHP 33.00 |
| 10. | | OWNERS/OPERATORS BUSINESSES RENDERING SERVICES | | | | | | | |  |
|  | | A. >1,000 SQ.M. | |  | | | | | | PHP 2,475.00 |
|  | | B.1,000 - 500 | |  | | | | | | PHP 1,980.00 |
|  | | C. 500 - 200 | |  | | | | | | PHP 1,320.00 |
|  | | D. 200 - 100 | |  | | | | | | PHP 990.00 |
|  | | E. 100 - 50 | |  | | | | | | PHP 660.00 |
|  | | F. 50 - 25 | |  | | | | | | PHP 264.00 |
| 11. | | | PRINTING AND PUBLISHING | | |  | | |  | |
|  | | | A. > 1,000 SQ. M. | | |  | | | PHP 3,712.50 | |
|  | | | B. 1,000 – 500 SQ. M. | | |  | | | PHP 2,475.00 | |
|  | | | C. 500 – 200 SQ. M. | | |  | | | PHP 1,815.00 | |
|  | | | D. 200 – 100 SQ. M. | | |  | | | PHP 1,155.00 | |
|  | | | E. 100 – 50 SQ. M. | | |  | | | PHP 825.00 | |
|  | | | F. 50 – 25 SQ. M. | | |  | | | PHP 330.00 | |
|  | | | G. < 25 SQ. M. | | |  | | | PHP 99.00 | |
| 12. | | | RESORT AND THE LIKE | | |  | | | PHP 330.00 | |
| 13. | | | SAUNA BATH/MASSAGE CLINIC | | |  | | | PHP 66.00 | |
| **WEIGHTS AND MEASURES** | | | | | | | | | | |
| A. | | | SEALING LINEAR METRIC MEASURES: | | | | | |  | |
|  | | | < 1 METER | | |  | | | PHP 11.00 | |
|  | | | > 1 METER | | |  | | | PHP 22.00 | |
| B. | | | SEALING LINEAR METRIC MEASURES OF CAPACITY | | | | | |  | |
|  | | | < 10 LITERS | | |  | | | PHP 11.00 | |
|  | | | > 10 LITERS | | |  | | | PHP 22.00 | |
| C. | | | WEIGHTS | | |  | | |  | |
|  | | | < 30 KGS. | | |  | | | PHP 33.00 | |
|  | | | > 30 KGS – 300 KGS | | |  | | | PHP 55.00 | |
|  | | | 300 KGS – 3,000 KGS | | |  | | | PHP 66.00 | |
|  | | | > 3,000 KGS | | |  | | | PHP 110.00 | |
| D. | | | SEALING APOTHECARY BALANCES OF PRECISION | | | | | |  | |
|  | | | > 3,000 KGS | | |  | | | PHP 88.00 | |
|  | | | 300 – 3,000 KGS | | |  | | | PHP 66.00 | |
|  | | | 30C- 300M KGS | | |  | | | PHP 44.00 | |
|  | | | < 30 KGS | | |  | | | PHP 22.00 | |
| **SANITARY INSPECTION FEES** | | | | | | | | | | |
| A. | | | FINANCIAL INSTITUTION | | |  | | |  | |
|  | | | MAIN OFFICE | | |  | | | PHP 247.50 | |
|  | | | EVERY BRANCH | | |  | | | PHP 165.00 | |
| B. | | | GASOLINE STATION | | |  | | |  | |
|  | | | SERVICE STATION | | |  | | | PHP 412.50 | |
|  | | | FILLING STATION | | |  | | | PHP 412.50 | |
| C. | | | PRIVATE HOSPITAL | | |  | | | PHP 660.00 | |
| D. | | | MEDICAL, DENTAL, ANIMAL CLINIC, ETC. | | | | | | PHP 247.50 | |
| E. | | | RESIDENTIAL APARTMENTS, PER UNIT | | | | | | PHP 330.00 | |
| F. | | | PEDDLER | | |  | | | PHP 16.50 | |
| G. | | | ALL BUSINESS/INDUSTRIES/COMMERCIAL, AGRI | | | | | |  | |
|  | | | > 1,000 SQ.M. | | |  | | | PHP 660.00 | |
|  | | | 500 – 1,000 SQ.M. | | |  | | | PHP 495.00 | |
|  | | | 500 – 200 SQ.M. | | |  | | | PHP 330.00 | |
|  | | | 200 -100 SQ.M. | | |  | | | PHP 247.50 | |
|  | | | 100 – 50 SQ.M. | | |  | | | PHP 165.00 | |
|  | | | 50 – 25 SQ.M. | | |  | | | PHP 82.50 | |
|  | | | < 25 SQ.M. | | |  | | | PHP 49.50 | |
| B. OTHER BUSINESS AND ACTIVITIES | | | | | | | | | | |
| 1. | **DEALERS IN FERMENTED LIQUORS AND THE LIKE** | | | | | | | |  | |
|  | A. WHOLESALE DEALER – IMPORTED/FOREIGN LABEL LIQUORS | | | | | | | | PHP 330.00 | |
|  | B. RETAIL DEALER – IMPORTED/FOREIGH LABEL LIQUORS | | | | | | | | PHP 165.00 | |
|  | C. WHOLESALE DEALER – DOMESTIC MANUFACTURED LIQUORS | | | | | | | | PHP 124.00 | |
|  | D. RETAIL DEALER – DOMESTIC MANUFACTURED LIQUORS | | | | | | | | PHP 83.00 | |
|  | E. WHOLESALE DEALER – FERMENTED LIQUORS | | | | | | | | PHP 124.00 | |
|  | F. RETAIL DEALER – FERMENTED LIQUORS | | | | | | | | PHP 83.00 | |
|  | G. RETAIL DELAER – TUBA, BASI AND TAPUY | | | | | | | | PHP 28.00 | |
|  |  | | | | | |  | |  | |
| 2. | **DEALERS IN TOBACCO** | | | | | | | |  | |
|  | A. WHOLESALE DEALER – LEAF TOBACCO DEALERS | | | | | | | | PHP 330.00 | |
|  | B. RETAIL DEALER – LEAF TOBACCO DEALERS | | | | | | | | PHP 165.00 | |
|  | C. WHOLESALE DEALER – TOBACCO DEALERS | | | | | | | | PHP 165.00 | |
|  | D. RETAIL DEALER – TOBACCO DEALERS | | | | | | | | PHP 83.00 | |
|  |  | | | | | |  | |  | |
| 3. | **OWNERS/OPERATORS OF AMUSEMENT PLACES/DEVICES** | | | | | | | |  | |
|  | A. BATH HOUSES, SWIMMING POOLS, BEACH RESORTS | | | | | | | | PHP 495.00 | |
|  | B. BILLIARDS AND POOL HALLS, PER TABLE | | | | | | | | PHP 33.00 | |
|  | C. MAHJONG PER TABLE | | | | | |  | | PHP 33.00 | |
|  | D. MASSAGE CLINIC | | | | | |  | | PHP 1,650.00 | |
|  | E. COCKPITS | | | | | |  | | PHP 825.00 | |
|  |  | | | | | |  | |  | |
| 4. | **BOARDING HOUSES/LODGING HOUSES** | | | | | | | | PHP 165.00 | |
|  |  | | | | | |  | |  | |
| C. OTHER ACTIVITIES | | | | | | | | | | |
| 1. | **PEDDLERS** | | | | | |  | | PHP 16.50 | |
|  |  | | | | | |  | |  | |
| 2. | **COLD STORAGE** | | | | | |  | |  | |
|  | A. OVER 50 CUBIC METERS | | | | | |  | | PHP 1,650.00 | |
|  | B. OVER 35 CUBIC METERS | | | | | |  | | PHP 1,237.50 | |
|  | C. OVER 25 CUBIC METERS | | | | | |  | | PHP 825.00 | |
|  | D. OVER 15 CUBIC METERS | | | | | |  | | PHP 412.50 | |
|  | E. LESS THAN 15 CUBIC METERS | | | | | | | | PHP 165.00 | |
|  |  | | | | | |  | |  | |
| 3. | **REFRIGERATING CASES** | | | | | |  | |  | |
|  | A. 4 CUBIC METERS OR MORE | | | | | |  | | PHP 66.00 | |
|  | B. LESS THAN 4 CUBIC METERS | | | | | |  | | PHP 33.00 | |
|  |  | | | | | |  | |  | |
| 4. | **SIGNBOARDS, BILLBOARDS, ETC.** | | | | | | | | PHP 82.50 | |

**Table 1.1.1. Building Inspection Fees**

|  |
| --- |
| ***Area***  1-100 sq.m  PHP 120.00   110-200 sq.m PHP 240.00    210 - 350 sq.m PHP 480.00    360 - 400 sq.m PHP 720.00 |
| ***Plumbing*** PHP 60.00/unit |
| ***Electrical***  13.2 KVA PHP 460.00 |
| ***Electronics***  CCTV PHP 10.00/unit    Computer PHP 50.00/unit |
| ***Mechanical***  Aircon PHP 40.00/unit |

* 1. **Business Permit to Tricycle/Motorela and Trisikad Operators   
     (New Registration/Renewal) Issuance**

A business permit is issued annually to Tricycle/Motorela and Trisikad Operators who wants to operate in Gingoog City provided all requirements are complied with. This is in pursuant to provision of section 458, paragraph 3 and sub-paragraph VI of RA 7160 otherwise known as the Local Government Code of 1991.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | Business Permits and Licensing Division (BPLD), City Mayor’s Office License and Fees Division, City Treasurer’s Office Motorpool Division, City Engineer’s Office City Environment andNatural Resources Management Office (CENRMO), City Health Office | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2B – Government to Business | | | | |
| **Who may avail:** | Tricycle/Motorela and Trisikad Operators | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Application for a Mayor’s Permit for PUJ, Motorela, and Trisikad Operator form (1 original) | | | License & Fees Division, City Treasurer’s Office | | |
| * Community Tax Certificate (1 original) | | | City Treasurer’s Office (CTO) | | |
| * Motorized Tricycle Operator’s Permit (1 photocopy) | | | BPLD, City Mayor’s Office (CMO) | | |
| * Barangay Clearance (1 original) | | | Barangay where the operator resides | | |
| * Certification *in compliance with Comprehensive Solid Waste Management* (1 original) | | | City Environment &Natural Resources Management Office (CENRMO) | | |
| * Certificate of Inspection (1 original) | | | Motorpool Division, City Engineer’s Office | | |
| * Health Certificate (1 original) | | | City Health Office (CHO) | | |
| * Sanitary Permit (1 original) | | | City Health Office (CHO) | | |
| * Driver’s License (1 photocopy) | | | Land Transportation Office (LTO) | | |
| * Insurance of the vehicle (1 photocopy) | | | Insurance Company | | |
| * Official Receipt (1 photocopy) | | | Land Transportation Office (LTO) | | |
| * Certificate of Registration (1 photocopy) | | | Land Transportation Office (LTO) | | |
| * Tax Due Worksheets (1 original) | | | License & Fees Division, City Treasurer’s Office | | |
| * Official Receipt (1 original) | | | License & Fees Division, City Treasurer’s Office | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present *Motorized Tricycle Operator’s Permit (MTOP)* at the License & Fees Division of the City Treasurer’s Office. | | 1. Assess the *MTOP.*    1. Provide *Application for a Mayor’s Permit for PUJ, Tricycle, Motorela, and Trisikad Operator form* and guide client in filling out the said form. | None | 5 Minutes | *Admin. Aide I* City Treasurer’s Office  *Local Revenue Collection Officer IV* City Treasurer’s Office |

CONTINUATION: **Business Permit to Tricycle/Motorela and Trisikad Operators   
 (New Registration/Renewal) Issuance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit *Application for a Mayor’s Permit for PUJ, Motorela, and Trisikad Operator form* along with *Community Tax Certificate* and previous permit if for renewal tothe License & Fees Division at the City Treasurer’s Office.   For Tricycle/Motorela, include *Motorized Tricycle Operator’s Permit (MTOP)*. | 1. Assess the documents received. 2. Compute Business Tax, Permit and Regulatory Fees, and other Charges. 3. Generate and issue *Taxdue Worksheet.* | None | 5 Minutes  10 Minutes  5 Minutes | *Local Revenue Collection Officer IV* City Treasurer’s Office |
| 1. After assessment and receipt of *Taxdue Worksheet*, pay the required fees reflected on it.   \*Make sure to secure *Official Receipt* that will be issued upon payment. | 1. Receive Payment and generate *Official Receipt* then record/post payment in the taxpayer’s business index card. 2. Sign the *Application for a Mayor’s Permit for PUJ, Tricycle,Motorela, and Trisikad Operator form* 3. Release *Official Receipt* along with the signed *Application for a Mayor’s Permit for PUJ, Tricycle, Motorela, and Trisikad Operator* | See Table No. 1.4 | 10 Minutes  5 Minutes | *Local Revenue Collection Officer* City Treasurer’s Office  *Assistant City Treasurer* City Treasurer’s Office  *City Treasurer*  City Treasurer’s Office |
| 1. After paying the required fees at the Treasurer’s Office, go to the City Environment and Natural Resources Management Office (CENRMO) and secure *Certification* in compliance with Comprehensive Solid Waste Management.   Present two garbage bins with cover for segregation of waste, *Application for a Mayor’s Permit for PUJ, Tricycle, Motorela, and Trisikad Operator* and the *Official Receipt.* | 1. Check *Application for a Mayor’s Permit for PUJ, Tricycle,Motorela, and Trisikad Operator* form and check the *Official Receipt* reflecting the payment of Garbage Fee and the presence of two garbage bins with cover. 2. Prepare and print *Certificate* of compliance with Solid Waste Management 3. Sign the *Certificate* 4. Release the said *Certificate* | None | 10 Minutes | *CENRMO Staff* CENRMO |

CONTINUATION: **Business Permit to Tricycle/Motorela and Trisikad Operators   
 (New Registration/Renewal) Issuance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present *Application for a Mayor’s Permit for PUJ, Motorela, and Trisikad Operator form together with the related documents to* CHO. | 5. Check *Sputum Result*   1. Issue *Health Certificate* and *Sanitary Permit*. 2. Sign the *Application for a Mayor’s Permit for PUJ, Motorela, and Trisikad Operator form, Health Certificate* and *Sanitary Permit*. | None | 10 Minutes | *CHO-Sanitation Section Staff* CHO |
| 1. For Tricycle/Motorela Operators only:  Receive *Certificate of Inspection* from the City Engineer’s Office – Motorpool Division.   Present the *Certificate of Registration* and *Official Receipts* along with the unit, Tricyle/Motorela at the Motorpool Division, City Engineer’s Office. | 6. Check the *Certificate of Registration* and *Official Receipt.* | None | 35 Minutes | *Admin. Aide* Motorpool Division,  City Engineer’s Office |
| 1. Inspect the functioning horn, brake, brake lights, signal lights, head lights, reflectors, cab seat, cab ceiling, cab flooring, engine no., chassis no., hub type of the Tricycle/Motorela. | None | *Mechanic II* Motorpool Division,  City Engineer’s Office |
| None | 1. Prepare and print the *Certificate of Inspection.* | None | *Admin. Aide* Motorpool Division,  City Engineer’s Office |
| None | 1. Sign *Certificate of Inspection* | None | *Division Chief* Motorpool Division,  City Engineer’s Office |
| 1. Receive the *Certificate of Inspection* then proceed to the PNP-Traffic Division | 1. *Release Certificate of Inspection* and instruct client to proceed to PNP-Traffic Division | None | *Admin. Aide* Motorpool Division,  City Engineer’s Office |
| 1. For Tricycle/Motorela Operators only:  Receive *Certificate of Inspection* from the City Engineer’s Office – Motorpool Division.   Present the *Certificate of Registration* and *Official Receipts* along with the unit, Tricyle/Motorela at the PNP-Traffic Division | 8. Check the *Certificate of Registration* and *Official Receipt.* | None | 35 Minutes | PNP Traffic Division |
| 1. Inspect the functioning horn, brake, brake lights, signal lights, head lights, reflectors, cab seat, cab ceiling, cab flooring, engine no., chassis no., hub type of the Tricycle/Motorela. | None | *Mechanic* PNP Traffic Division |
| None | 1. Sign *Certificate of Inspection* issued by CEO-Motorpool | None | PNP Traffic Division |
| 9. Receive *Certificate of Inspection* and proceed to BPLD-CMO. | 1. Return *Certificate of Inspection* issued by CEO-Motorpool to the client | None | PNP Traffic Division |

CONTINUATION: **Business Permit to Tricycle/Motorela and Trisikad Operators   
 (New Registration/Renewal) Issuance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit all required documents. | 10. Receive and Check *Application for a Mayor’s Permit for PUJ, Motorela, and Trisikad Operator form* and required documents | None | 1 Day | *CLERK I* CMO-BPLD |
| None | 1. Prepare and print *Mayor’s Permit.* | None | *DEMO I* CMO-BPLD |
| None | 1. Route the *Mayor’s Permit* for approval. | None | *CLERK I* CMO-BPLD |
| None | 1. Review and Approve the  *Mayor’s Permit* | None | *Licensing Officer* CMO-BPLD  *City Administrator* Office of the City Administrator  *City Mayor* City Mayor’s Office |
| None | 1. Record the transaction in the logbook and file a copy*.* | None | *CLERK I* CMO-BPLD |
| 1. Receive  *Business Permit* and sign on the logbook and on the *Business Permit* | 11. Release approved *Business Permit* and asks the client to sign on the logbook as acknowledgement. | None | 2 Minutes | *BPLD Staff* CMO-BPLD |
|  | **TOTAL** | **See Table No. 1.2** | **1 Day, 2 Hours, 12 Minutes** |  |

**TABLE 1.2. PERMIT FEES ON TRICYCLE OPERATION**

|  |  |
| --- | --- |
|  | Amount |
| Filing Fee | PHP 50.00 |
| Motorized Tricycle Operator’s Permit (MTOP) | PHP 275.00 |
| Fare adjust fee for fare increase | PHP 22.00 |
| Filing fee for amendment of MTOP | PHP 33.00 |
| Regulatory Fees: |  |
| Body Number Sticker | PHP 400.00 |
| Vehicle Registration Fee | PHP 247.50 |
| City Engineer’s Certification Fee | PHP 50.00 |
| Mayor’s Permit Fee | PHP 50.00 |
| Health Certification Fee | PHP 50.00 |
| Garbage Fee | PHP 50.00 |
| Oath Fee | PHP 50.00 |
| Sanitary Permit Fee | PHP 50.00 |
| Occupational Fee | PHP 100.00 |
| Plate Number (depending on the cost of purchased plate number) |  |

NOTE FOR LATE FILING: A penalty of 2% every month of the sum of the tax due and 25% of the tax due will be added to the above-mentioned fees for late filing of permit. Deadline for filing of Application for Mayor’s Permit for Motorela/Trisikad Operators is on January 20 of every year.

* 1. **Mayor’s Clearance Issuance**

Mayor’s Clearance is issued for employment and other purpose it may serve attesting the personal data of the client based on the authentic documents presented by the client, and that the client has no derogatory records from the city government.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Administrative Section, City Mayor’s Office | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | | |
| **Who may avail:** | | All | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| * Barangay Clearance | | | Barangay Hall of the Barangay where the client is currently residing | | | |
| * Police Clearance | | | Police Station | | | |
| * Court Clearance | | | Hall ofJustice | | | |
| * Clerk of Court Clearance | | | Hall ofJustice | | | |
| * Municipal Trial Court Clearance | | | Hall ofJustice | | | |
| * Cedula/Community Tax Certificate | | | City Treasurer’s Office (CTO) | | | |
| * Official Receipt of Clearance fee | | | City Treasurer’s Office | | | |
| * City Prosecutor Clearance | | | Office of the City Prosecutor, Hall of Justice | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for *Mayor’s Clearance* and submit requirements at the City Mayor’s Office, 2nd floor, City Hall | 1. Receive and verify requirements 2. Issue *Order of Payment* and advised client to pay the required fees at the CTO | | | None | 5 Minutes | *Admin. Aide II* City Mayor’s Office |
| 1. Pay the required fees at the CTO by showing the *Order of Payment*.   \*Secure *Official Receipt (OR)* that will be issued upon payment. | 1. Receive payment based on the *Order of Payment* 2. Issue *Official Receipt (OR)* | | | Certification & Secretary’s Fee –  PHP 50.00  2 pcs. Documentary Stamp – PHP 30.00 | 5 Minutes | *Cashier* City Treasurer’s Office |
| 1. Proceed to the Mayor’s Office and present the *Official Receipt (OR)* | 1. Check Official Receipt | | | None | 2 Minutes | *Admin. Aide II* City Mayor’s Office |
| 1. Prepare and print *Mayor’s Clearance* then forward it to the Office of the City Administrator | | | None | 5 Minutes | *Admin. Aide II* City Mayor’s Office |
| 1. Sign the *Mayor’s Clearance* | | | None | 8 Minutes | *City Administrator* Office of the City Administrator |
| 1. Issue the *Mayor’s Clearance* | | | None | 2 Minutes | *Admin. Aide II* City Mayor’s Office |
| 1. Accept the Mayor’s Clearance | 1. File a copy of the *Mayor’s Clearance* with its requirements | | | None | 5 Minutes | *Admin. Aide II* City Mayor’s Office |
| **TOTAL** | | | | **PHP 80.00** | **32 Minutes** |  |

* 1. **Motorized Tricycle Operator’s Permit (MTOP)  
     (New Registration/Renewal) Issuance**

Issuance of MTOP authorize individuals to operate public transport in Gingoog City pursuant to provision of section 458, paragraph 3 and sub-paragraph VI of RA 7160 otherwise known as the Local Government Code of 1991. MTOP’s validity is good for 3 years.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Business Permits and Licensing Division (BPLD), City Mayor’s Office Licenses and Fees Division, City Treasurer’s Office | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C – Government to Citizens | | | | |
| **Who may avail:** | | Interested Individual or Cooperatives who would like to operate public transport in Gingoog City | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| * Certificate of Registration (1 original, 5 photocopies) | | | | Gingoog Land Transportation Office | | |
| * Official Receipt (OR) (1 original, 5 photocopies) | | | | City Treasurer’s Office (CTO) | | |
| **Additional Requirements for New Registration:** | | | |  | | |
| * Photos (Front & Side View) of Motorela (1 original) | | | | MTOP Holder | | |
| * Folder (1 pc., Long size) | | | | School Supply Store | | |
| **Additional Requirements for Renewal:** | | | |  | | |
| * Motorized Tricycle Operator’s Permit (1 original) | | | | BPLD, City Mayor’s Office (CMO) | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Inquire for slot and request application for *MTOP*. If slot is available, submit requirements. | 1. Check slot and MTOP required documents    1. Issue *Order of Payment* | | None | | 10 Minutes | *Clerk I* CMO-BPLD |
| 1. Pay the required fees at the City Treasurer’s Office by showing the *Order of Payment*.   \*Make sure to secure *Official Receipt* that will be issued upon payment. | 1. Receive payment based on the Order of Payment   2.1. Issue *Official Receipt (OR)* | | *Adjustment Fee -* PHP 22.00  *Filing Fee  -* PHP 50.00  *Franchise Tax -* PHP 275.00 | | 5 Minutes | *Cashier* City Treasurer’s Office |
| 1. After paying required fees at the CTO, go back to the BPLD and present the OR | 1. Check the *OR, p*repare and print *MTOP* | | None | | 10 Minutes | *DEMO I* CMO-BPLD |
| None | 1. Approve *MTOP* | | None | | 20 Minutes | *Licensing Officer* CMO-BPLD  *City Administrator* Office of the City Administrator |
| None | 1. Segregate documents and File a copy of the said documents | | None | | 5 Minutes | *Clerk I* CMO-BPLD |
| 1. Receive *MTOP* | 1. Release *MTOP* | | None | | 2 Minutes | *Clerk I* CMO-BPLD |
| **TOTAL** | | | **PHP 347.00** | | **52 Minutes** |  |

* 1. **Occupational Permit Issuance**

Occupational permit is a requirement for those who may be employed in any business establishment in Gingoog City.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | Business Permits & Licensing Division (BPLD), City Mayor’s Office (CMO) | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Citizens | | | | |
| **Who may avail:** | Persons working in the City of Gingoog, except passers of National Licensure Examinations | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * 2x2 picture (2 pcs.) | | | Photo Studio | | |
| * Barangay Clearance (1 original) | | | Barangay where the applicant resides | | |
| * Police Clearance (1 original) | | | Gingoog City Police Station | | |
| * Community Tax Certificate (1 photocopy) | | | City Treasurer’s Office (CTO) | | |
| **Additional requirements for those who are working under the supervision of the  City Economic Enterprise Department (CEED):** | | | | | |
| * Economic Enterprise Certificate (1 original) | | | CEED, 2nd floor, Gingoog City Public Market | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit required documents and provide requested data to the Business Permits & Licensing Division, CMO. | | 1. Check required documents 2. Interview client 3. Issue *Order of Payment* | None | 5 Minutes | *Clerk I* CMO-BPLD  *Licensing Officer* CMO-BPLD |
| 1. Pay the required fees at the CTO by showing the *Order of Payment*.   \*Secure OR that will be issued upon payment. | | 1. Receive payment based on the *Order of Payment* 2. Issue *Official Receipt (OR)* | Occupational Permit Fee –  PHP 100.00 | 5 Minutes | *Cashier* City Treasurer’s Office |
| 1. After paying the required fees at the CTO, go back to BPLD and present *Official Receipt (OR)* | | 1. Check *OR* 2. Prepare and print *Occupational Permit* 3. Request client to affix signature and thumbmark on the *Occupational Permit* | None | 10 Minutes | *Clerk I* CMO-BPLD  *DEMO I* CMO-BPLD  *Licensing Officer* CMO-BPLD |
| 1. Affix signature and thumbmark on the *Occupational Permit* | | 1. Retrieve *Occupational Permit* after the client signs it. 2. Approve *Occupational Permit* 3. Issue *Occupational Permit* | None | 1 Day | *Clerk I* CMO-BPLD  *Licensing Officer* CMO-BPLD  *City Administrator* Office of the City Administrator |
| 1. Receive *Occupational Permit* | | 1. File a copy of the *Occupational Permit* along with its requirements | None | 2 Minutes | *Clerk I* CMO-BPLD  *Licensing Officer* CMO-BPLD |
| **TOTAL** | | | **PHP 100.00** | **1 Day, 22 Minutes** |  |

* 1. **Retirement of Business and Certification of Cessation**

Application for Retirement of Business is required in the event a business owner/s decides to stop business operation. This will relieve the business owner to incur penalties and fees, if the retirement is acted upon closure of the business operation. The Certificate of Cessation is to certify that a business stop its operation and is cleared from tax liabilities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Business Permits and Licensing Division (BPLD), City Mayor’s Office  License and Fees Division, City Treasurer’s Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2B – Government to Business | | | |
| **Who may avail:** | | Business Permit Holders who decides to terminate business operations | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Barangay Certification *re closure of business* (1 original) | | | Barangay where business is located | | |
| * Business Permit (1 original) | | | BPLD, City Mayor’s Office (CMO) | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for *Application for Retirement of Business* stating reason for closure and present the requirements at the Business Permits & Licensing Division, City Mayor’s Office.   *\*If Business Permit is lost, secure Affidavit of Loss.* | 1. Accept surrendered *Business Permit*. If lost, advise client to secure *Affidavit of Loss*. 2. Check the last time the client secured a *Business Permit* 3. Prepare and print the *Application for Retirement of Business* and attach the requirements 4. Hand over the *Application for Retirement of Business* and ask client to affix his/her signature on it 5. Issue order of payment for Certificate of *Cessation* | | None | 10 Minutes | *Clerk I* CMO-BPLD  *DEMO I* CMO-BPLD  *Licensing Officer* CMO-BPLD |
| 1. Affix signature on the *Application for Retirement of Business* and proceed to the License and Fees Division of the City Treasurer’s Office for Assessment of fees. Submit accomplished *Application for Retirement of Business* with the other requirements. | 1. Receive and assess the accomplished *Application for Retirement of Business* and its other requirements    1. Check taxpayer’s business index card for unpaid business taxes.    2. Compute delinquent taxes and penalties, if any.    3. Generate and issue Tax Due Worksheet if there are unpaid taxes and penalties | | None | 10 Minutes | *Administrative Aide* License & Fees Div., City Treasurer’s Office  *Local Revenue Collection Officer* License & Fees Div., City Treasurer’s Office |

Continuation: **Retirement of Business and Certification of Cessation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. After assessment, pay the required fees.   \*Make sure to secure *Official Receipt* that will be issued upon payment. | 3. Receive payment and generate *Official Receipt.*   * 1. Record/Post payment to taxpayer’s business index card and indicate that the business is retired.   2. Prepare and print *Certification* notifying closure/retirement of business.   3. Affix signature on the *Application for Retirement of Business* and on the said *Certification.*   4. Release original copy of *Official Receipt (OR)*, *Certification, Application for Retirement of Business* and other requirements submitted. | Certification Fee –  PhP 50.00  2 pcs. DocumentaryStamp – PHP 30.00  Sub-Total = 80 x 2 (Certificates)  Total = 160  + Delinquent Taxes and Penalties,  if any. | 10 Minutes | *Administrative Aide* License & Fees Div., City Treasurer’s Office  *Local Revenue Collection Officer* License & Fees Div., City Treasurer’s Office  *Assistant City Treasurer* City Treasurer’s Office  *City Treasurer* City Treasurer’s Office |
| 1. Receive original copy of *Official Receipt*, *Certification*, *Application for Retirement of Business* and other requirements.   Then, go back to BPLD, CMO and submit the *Official Receipt, Certification*, *Application for Retirement of Business* and other requirements. | 4. Check *Application for Retirement of Business*, *Certification*, *Official Receipt* and other requirements.   1. Prepare and print *Certificate of Cessation* upon verification. 2. Affix signature on the *Application for Retirement of Business* and *Certificate of Cessation.* 3. Record transaction in the logbook. 4. File a copy of the approved *Application for Retirement of Business* along with its requirements. | None | 10 Minutes | *Clerk I* CMO-BPLD  *Licensing Officer* CMO-BPLD  *City Administrator* Office of the City Administrator |
| 1. Receive approved *Application for Retirement of Business*, *Official Receipt*, *Certification (from the City Treasurer’s Office)* and *Certificate of Cessation.* | 5. Release approved *Application for Retirement of Business*, *Official Receipt*, *Certification (from the City Treasurer’s Office)* and *Certificate of Cessation.* | None | 5 Minutes | *Clerk I* CMO-BPLD  *Licensing Officer* CMO-BPLD |
| **TOTAL:** | | **PHP 160.00 + Unpaid Taxes and Penalties,  if any.** | **45 Minutes** |  |

* 1. **Rental of Tractor and Farm Equipment**

Maximum of two (2) hectares per farmer can avail Tractor Services for free including fuel. More than two (2) hectares, the farmer will have to pay P400/ hectare as maintenance cost which shall be paid to City Treasurers Office. The office shall compute the said excess area to find quantity of fuel needed. Said fuel needed shall be shouldered by the farmer. Below is the tabulated matrix having corresponding item, scope of work and fuel needed. The Legal basis on said services is Section 1.3 of City Ordinance No. 2020-357

|  |  |  |
| --- | --- | --- |
| **Item** | **Land Preparation works** | **Quantity of Fuel** |
| I | 1st Plowing (First time) | 30 liters/ hectare |
| II | 1st Plowing (Previously plowed) | 24 liters/ hectare |
| III | 1st Harrowing | 24 liters/ hectare |

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| **Office or Division:** | | Agricultural & Biosystem Engineering (ABE) Office, City Mayor’s Office (CMO) | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All farmers of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Official Receipt (1 Original) | | | City Treasurer’s Office, City Hall Compound  Ground Floor, Brgy. 22-A, Gingoog City | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client Log Book in the office lobby | 1. Give the Log Book to the client (write name, address & purpose in the logbook) | | None | 10 Minutes | *Admin. Aide* Agricultural & Biosystem Engineering Office |
| 1. Secure Application Form and Fill up information and data.   Note: Farmers having 2 hectares or more of landholding shall pay the fuel & maintenance cost to the City Treasurer’s Office as per City Ordinance # 2020-357. Less than 2 hectares, payment is not required. | 1. Refer client to the attending Engineer-I | | None | 5 Minutes | *Engineer-I, Engineer-III* Agricultural & Biosystem Engineering Office |
| * 1. Set schedule for area inspection and area measurement for the services applied | | None | 5 Minutes | *Engineer-I Engineer-III* Agricultural & Biosystem Engineering Office |
| * 1. Inspect the area if arable, compute details of payment and issue Order of Payment. | | None | 2 Days  Depending on the location of the farm | *Engineer-I Engineer-III Engineer-IV Asst. City Agr’l. & Biosystem Engineer* Agricultural & Biosystem Engineering Office |

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| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. For More than 2 hectares, the farmer shall pay the required fees (as shown in tabulated matrix) at the City Treasurer’s Office and for less than 2 hectares, the farmer will wait for the schedule tractor operation for free. | 1. Receive payment and Issue Official Receipt. | For More than 2 hectares, Maintenance fee – PHP 400/ operation/ hectare | 5 Minutes | Cashier City Treasurer’s Office |
| 1. Present Official Receipt as proof of payment.   (Note: Receipt not needed for less than 2 hectares, only 2 hectares or more is needed) | 4. Affix Official Receipt Number and arrange schedule for operation with tractor operators. | None | 10 Minutes | *Admin. Aide*  Agricultural & Biosystem Engineering Office |
| 1. Observe the tractor operation | 5. Conduct tractor operations. | None | 6 Hours  Depending on the land area and terrain | *Tractor Operators* Agricultural & Biosystem Engineering Office |
| **TOTAL:** | | **Maintenance Fee  – PHP 400 /operation /hectare** | **2 Days, 6 Hours, 35 Minutes** |  |

City Ordinance. # 2020-357 requires farm area of 2 hectares or more to pay the Fuel & maintenance cost of an Agr’l. tractor.

* 1. **Rental of Water Pump and Other Agri-Equipment**

Farmer will apply at the Agricultural and Biosystem Engineering Office for the availment of Water Pump for temporary supply of water in agricultural production area as one of the mitigating measures against climate change for free of charge by the farmer and light agricultural equipment such as shredder and Corn sheller with its fuel including spare parts be shouldered by the farmer.

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| **Office or Division:** | | Agricultural & Biosystem Engineering Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | Farmer whose farm are located in the city | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Accomplished and approved Borrower’s Slip  (1 original) | | | Agricultural & Biosystem Engineering Office  Furtunato De Lara Hall, Motorpool Compound, Brgy. 22-A, Gingoog City | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client Log Book in the office lobby | 1. Give the Log Book to the client.   (Write name, address & purpose in the logbook.) | | None | 5 Minutes | *Public Assistance & Complaint Desk Officer* Agricultural & Biosystem Engineering Office |
| 1. Fill out the Borrower’s Slip | 1. Validate data entered in the borrower’s slip | | None | 5 Minutes | *Engineer-III Engineer- I* Agricultural & Biosystem Engineering Office |
| 1. Process Borrower’s Slip for Approval | 1. Recommend and endorse for approval (affix initial). | | None | 5 Minutes | *Engineer-III Engineer-IV Asst. City Agr’l. & Biosystem Engineer*  Agricultural & Biosystem Engineering Office |
| * 1. Approve Borrower’s Slip | |  | 4 Hours | *Asst. City Agr’l. & Biosystem Engineer* Agricultural & Biosystem Engineering Office  *City Administrator* City Mayor’s Office |
| * 1. Receive approved Borrower’s Slip | | None | 5 Minutes | *Engineer-III Engineer-IV* Agricultural & Biosystem Engineering Office |
| 4. Receive the unit. Per City Ordinance 2020-357, shoulder fuel operation and fuel to transport equipment.  Then, return the unit after use. | 1. Release the unit | | None | 5 Minutes | *Engineer-III Engineer-IV Asst. City Agr’l. Biosystem Engineer* Agricultural & Biosystem Engineering Office |
| **TOTAL:** | | | **None** | **4 Hours, 25 Minutes** |  |

* 1. **Issuance of Appointments - Regular**

Regular appointments and supporting documents issued to permanent, coterminous, and temporary employees of the Local Government Unit (LGU) of Gingoog City.

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| **Office or Division:** | City Mayor’s Office (CMO) – Human Resource Management Office (HRMO) | |
| **Classification:** | Multi-Stage Processing | |
| **Type of Transaction:** | G2C – Government to Citizen, G2G – Government to Government | |
| **Who may avail:** | Applicants for vacant regular positions in the City Government of Gingoog | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| **For Permanent/Coterminous/Temporary** | |  |
| * Application Letter (1 Original) | | Client |
| * Personal Data Sheet (PDS) (CS Form No. 212, Revised 2017) (3 Original) | | Civil Service Commission (CSC) Website [www.csc.gov.ph](http://www.csc.gov.ph) or at CMO-HRMO |
| * Position Description Form (PDF) (DBM-CSC Form No.1, Revised 2017) (3 Original) | | CMO-HRMO |
| * Authenticated Certificate of Eligibility/Rating/License  (2 Original) | | CSC/ Professional Regulation Commission (PRC)/ Land Transportation Office (LTO) |
| * Statement of Assets, Liabilities, and Net Worth (SALN)  (3 Original) | | CMO-HRD Division/CSC or Ombudsman Website |
| * Medical Certificate (CS Form No. 211 Revised 2018) (1 Original) | | City Health Office (CHO) |
| * PSA Birth Certificate (1 Original) | | Philippine Statistics Authority (PSA) |
| * PSA Marriage Contract (if married) (1 Original) | | PSA |
| * NBI Clearance (1 Original) | | National Bureau of Investigation (NBI) |
| * Transcript of Records/Scholastic Record/Academic Record (1 Certified True Copy) | | Last School Attended |
| * Documentary Stamp (1 set) | | Bureau of Internal Revenue (BIR) |
| **For Promotion, Reappointment, or Transfer involving movement from one department/agency to another and Reemployment** | | |
| * Individual Performance Commitment and Review (IPCR) in the last rating period | | Previous Department/Office Employed |
| * Clearance (CS Form No. 7, Revised 2008) | |  |
| * GSIS Membership Form (1 Original) | | CMO – HRMO |
| **For Promotion within same agency** | |  |
| * Individual Performance Commitment and Review (IPCR) in the last rating period | | Current Department/Office Employed |
| **For New Appointee** | |  |
| * GSIS Membership Form (1 Original) | | CMO – HRMO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| Vacant positions in the career service shall be published and posted in three (3) conspicuous places for a period of not less than fifteen (15) calendar Days for local government units pursuant to Section 80 (a) of Republic Act No. 7160. | | | | |
| * + Submit Application Letter and other documents showing credentials. | 1. Acceptance and review of applications | None | 3 Minutes | *Supervising Admin. Officer (HRMO IV)/ Human Resource Management Officer* CMO-HRMO |
| None | 1. Prepare list of candidates aspiring for the vacancy | None | 1 Hour | *Supervising Admin. Officer (HRMO IV)* CMO-HRMO |
| None | 1. Preparation of Comparative Assessment | None | 1 Hour | *Human Resource Management Officer, Human Resource Mngt. Officer III* CMO-HRMO |
| None | 1. Review and finalization of Comparative Assessment | None | 2 Hours | *Human Resource Management Officer, Human Resource Mngt. Officer III* CMO-HRMO |
| The Human Resource Merit Promotion and Selection Board (HRMPSB) deliberation or evaluation/screening of applicants shall not be made earlier than 15 calendar Days from the date of posting and publication of vacant positions, pursuant to Section 7 (a-12) Rule III Procedures in the Preparation of Appointments of Civil Service Commission (CSC) Memorandum Circular No. 14 series of 2018 or the 2017 Omnibus Rules on Appointments and Other Human Resource Actions, Revised July 2018. | | | | |
| None | 1. HRMPSB deliberation or evaluation/screening of applicants | None | 4 Hours | *Human Resource Merit Promotion and Selection Board (HRMPSB)  Human Resource Management Officer, Human Resource Mngt. Officer III* CMO-HRMO |
| None | 1. Preparation of HRMPSB Minutes of Meeting | None | 2 Hours | *Human Resource Management Officer, Human Resource Mngt. Officer III* CMO-HRMO |
| None | 1. Review and finalization of HRMPSB Minutes of Meeting | None | 30 Minutes | *Human Resource Management Officer, Human Resource Mngt. Officer III* CMO-HRMO |
| None | 1. Route the Minutes of Meeting and Comparative Assessment for signature of HRMPSB | None | 1 Day | *Admin. Aide I* CMO-HRMO |

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| None | 1. Prepare Appointment Form (CS Form No. 33-B, Revised 2018), Report on Appointments Issued (RAI) and other pertinent documents to be signed by the City Mayor, HRMO and City Accountant | None | 30 Minutes | *Supervising Admin. Officer (HRMO IV)* CMO-HRMO |
| None | 1. Review and sign the Appointment Form and other pertinent required documents | None | 1 Day | *Human Resource Management Officer* CMO-HRMO  *City Accountant* City Accountant’s Office  *City Mayor* Office of the City Mayor |
| None | 1. Inform newly hired and promoted employees to submit additional requirements. | None | 3 Minutes | *Supervising Admin. Officer (HRMO IV)* CMO-HRMO |
| 1. Submit other official documents as required for CSC submission and HR 201 file | 2. Receive and review documents as to its completeness. | None | 30 Minutes | *CMO-HRMO Staff* CMO-HRMO |
| None | * 1. Endorse copy of appointment and supporting documents to the Office of the City Accountant   2. Submit Appointment Forms, RAI and other pertinent documents to the CSC-Field Office at Cagayan de Oro City   3. Retain copies for HR 201 file | None | 1 Day | *Supervising Admin. Officer (HRMO IV)* CMO-HRMO |
| 3. Receive appointment along with other pertinent documents. | 3. After validation from the Civil Service Commission Region X, release a copy of the appointment along with other pertinent documents. | None | 5 Minutes | *Supervising Admin. Officer (HRMO IV)* CMO-HRMO |
| **TOTAL** | | **None** | **34 Days, 1 Hour 41 Minutes + CSC Region X Validation Period** |  |
| The Issuance of Appointments is qualified for multi-stage processing and covered under Section 80 (a) of Republic Act No. 7160, CSC Memorandum Circular No. 14 series of 2018 or the 2017 Omnibus Rules on Appointments and Other Human Resource Actions (Revised July 2018), and the City Government of Gingoog Merit Selection Plan. | | | | |

* 1. **Issuance of Appointments - Casual**

Casual employment under civil service rules is an employment status provided in Section 9(g), Rule IV of Civil Service Commission (CSC) MC No. 14, s. 2018 (2017 ORAOHRA, Revised July 2018), to wit: Casual - an appointment issued only for essential and necessary services where there is not enough regular staff to meet the demands of the service and for emergency cases and intermittent period not to exceed one year.

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| **Office or Division:** | | City Mayor’s Office (CMO) – Human Resource Management Office (HRMO) | | | | |
| **Classification:** | | Multi-Stage Processing | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen, G2G – Government to Government | | | | |
| **Who may avail:** | | Casual Employees of the City Government of Gingoog | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| * Personal Data Sheet (PDS) (CS Form No. 212, Revised 2017) (3 Original) | | | | Civil Service Commission (CSC) Website [www.csc.gov.ph](http://www.csc.gov.ph) or at CMO-HRMO | | |
| * For Driver and Heavy Equipment Operator, Authenticated Certificate of Driver’s License (1 Original) | | | | CSC/Professional Regulation Commission (PRC)/ Land Transportation Office (LTO) | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit required documents | 1. Receive and review the required documents. | | None | | 2 Minutes | *HRMO III* CMO-HRMO |
| None | 1. Prepare Plantilla of Casual Appointment (CS Form 34-D) and Report of Appointments Issued (RAI) | | None | | 30 Minutes | *HRMO III* CMO-HRMO |
| None | 1. Review the Plantilla of Casual Appointment (CS Form 34-D) and RAI | | None | | 10 Minutes | *Supervising Admin. Officer (HRMO IV)* CMO-HRMO |
| None | 1. Sign the Plantilla of Casual Appointment (CS Form 34-D) and RAI | | None | | 1 Day | *Human Resource Management Officer* CMO-HRMO  *City Accountant* City Accountant’s Office  *City Mayor* Office of the City Mayor |
| 2. Check and sign Appointment | 1. Notify casual employee and ask to sign the appointment. | | None | | 3 Minutes | *HRMO III* CMO-HRMO |
| None | * 1. Endorse copy of casual appointment to the Office of the City Accountant | | None | | 3 Minutes | *HRMO III* CMO-HRMO |
| None | * 1. Submit Casual Appointments, RAI and supporting documents to CSC-Field Office at CDO | | None | | 1 Day | *HRMO III* CMO-HRMO |
| 3. Receive a copy of the appointment. | 3. After validation from the CSC Region X, release a copy of the appointment. | | None | | 3 Minutes | *HRMO III* CMO-HRMO |
| **TOTAL** | | | **None** | | **2 Days, 51 Minutes + CSC - X  Validation Period** |  |

* 1. **PESO Certification for Jobseekers**  
     PESO Certification is issued for job applicants to private establishments.

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| --- | --- | --- | --- | --- |
| **Office or Division:** | Public Employment Services Office (PESO), City Mayor’s Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may avail:** | Job Applicants to private establishments | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| * Barangay Clearance (1 original) | | Barangay Hall of the Barangay where the Jobseeker is currently residing | | |
| * Accomplished Department of Labor and Employment (DOLE) Skills RegistrationSystem (SRS) Form   (1 original) | | PESO, 3rd Floor, City Hall | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Secure and fill out *DOLE Skills Registration System (SRS) Form* then submit it with the *Barangay Clearance* at the Public Employment Services Office (PESO), City Mayor’s Office, 3rd Floor, City Hall | 1. Provide *DOLE SRS Form* and guide client in filling it out 2. Receive the *Barangay Clearance* and Accomplished *DOLE SRS Form* 3. Prepare *PESO Certification* 4. Sign the *PESO Certification* 5. Issue the *PESO Certification* to the client | None | 20 Minutes | *PESO Staff* PESO, CMO |
|  |  | *DEMO I* PESO, CMO |
|  |  | *PESO Manager* PESO, CMO |
| 1. Accept the *PESO Certification* | 1. File a copy of the *Certification* and Accomplished *DOLE SRS Form* | None | 5 Minutes | *PESO Staff* PESO, CMO  *PESO Manager* PESO, CMO |
| **TOTAL:** | | **None** | **25 Minutes** |  |

* 1. **PESO Certification for Returning OFWs who did not finish their contract of employment**

PESO Certification is issued for Returning OFWs who did not finish their contract of employment.

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| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | Public Employment Services Office (PESO), City Mayor’s Office | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | |
| **Who may avail:** | Returning OFWs who did not finish their contract of employment | | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | | |
| * Employment Contract (1 photocopy) | | Manpower Agency | | | |
| * Passport/Visa (1 photocopy) | | Requesting Party, Department of Foreign Affairs | | | |
| * OWWA Referral (1 photocopy) | | Overseas Workers Welfare Administration (OWWA) | | | |
| * Overseas Employment Certificate (OEC) (1 photocopy) | | Philippine Overseas Employment Administration | | | |
| * Plane tickets (1 original) | | Ticketing agency | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the requirements to the Public Employment Services Office (PESO), City Mayor’s Office, 3rd Floor, City Hall | 1. Check the requirements and conduct interview | | None | 18 Minutes | *PESO Staff* PESO, CMO |
| 1. Prepare *PESO Certification* | |  |  | *DEMO I* PESO, CMO |
| 1. Sign the *PESO Certification* 2. Issue the *PESO Certification* | |  |  | *PESO Manager* PESO, CMO |
| 1. Accept the *PESO Certification* | 1. File a copy of the *Certification* along with the requirements | | None | 2 Minutes | *PESO Staff* PESO, CMO  *PESO Manager* PESO, CMO |
| **TOTAL:** | | | **None** | **20 Minutes** |  |

* 1. **Scholarship Contract Issuance**

Scholarship Contract are issued for students who are members of the Indigenous People (IP) group residing in Gingoog City.

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| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | IP Indigenous Higaonon Development Program, City Mayor’s Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | Students who are members of IP group residing in Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Certification (IP group member or lineage) (1 original) | | | Barangay Hall of the Barangay where the IP applicant is currently residing | | |
| * Biodata (1 original) | | | Requesting party/Client | | |
| * Latest Grades (1 photocopy) | | | School | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit Biodata, latest grades and *Certification* at the City Mayor’s Office, 2nd floor, City Hall | 1. Receive the Biodata, latest grades and *Certification* 2. Prepare the *Scholarship Contract* 3. Brief the client regarding the contract and ask him/her to sign on it | | None | 15 Minutes | *IP Staff* City Mayor’s Office |
| 1. Review and sign the *Scholarship Contract* | 1. Retrieve the *Scholarship Contract* and route for signing | | None | 10Minutes | *IP Staff* City Mayor’s Office |
| 1. Review and Sign the *Scholarship Contract* | | None | 1 Day | *City Mayor* Office of the City Mayor |
| 1. Review and notarized the *Scholarship Contract* | | None | 1 Day | *City Legal Officer* City Legal Office |
| 1. Issue the *Scholarship Contract* | | None | 2 Minutes | *IP Staff* City Mayor’s Office |
| 1. Accept and acknowledge receipt of the *Scholarship Contract* | 1. File a copy of the *Scholarship Contract* along with the requirements | | None | 5 Minutes | *IP Staff* City Mayor’s Office |
| **TOTAL:** | | | **None** | **2 Days, 32 Minutes** |  |

* 1. **Technical Vocational Education and Training Certification**

TESDA scholarship graduates may request for an issuance of a training certification if they have lost/damaged their original diplomas or may request it for whatever purpose it may serve them best.

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| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Manpower Development and Community Training Section (MCDTS),  City Mayor’s Office (CMO) | | | |
| **Classification:** | | Simple Transaction | | | |
| **Type of Transaction:** | | Government to Private Individual | | | |
| **Who may avail:** | | Technical Vocational Graduates | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Valid Identification Card | | | Schools/Government Agencies | | |
| * Birth Certificate - PSA Authenticated (1 photocopy) | | | Philippine Statistics Authority (PSA) | | |
| * Brgy. Certification/Clearance (1 original) | | | Barangay Hall | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Secure and fill out application for Technical Vocational Training Certification at the Manpower Development and Community Training Section (MCDTS),  City Mayor’s Office, 3rd Floor, City Hall | 1. Provide application form for Technical Vocational Training Certification and assist the client in filling it out. | | None | 25 Minutes | *Clerk I* MDCTS, CMO |
| 1. Submit filled-out application form along with the requirements | 1. Receive and review the requirements 2. Prepare and print the *Certification* 3. Review, affix initial and forward the document to Center Administrator for signature 4. Sign the *Certification* 5. Issue the *Certification* | | None | 15 Minutes | *Clerk I* MDCTS, CMO  *DEMO I* MDCTS, CMO  *Senior Manpower Development Officer* MDCTS, CMO |
| 1. Accept and acknowledge receipt of the *Certification* | 1. Record the *Certification* in the logbook | | None | 3 Minutes | *Clerk I* MDCTS, CMO |
| **TOTAL:** | | | **None** | **43 Minutes** |  |

* 1. **Provision of Administrative Case Investigation**

The City Legal Office is mandated to investigate or cause to be investigated any local official or employee for neglect or misconduct in the office and recommend appropriate action to the City Mayor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Legal Office (CLO) | | | |
| **Classification:** | | Highly Technical | | | |
| **Type of Transaction:** | | G2G – Government to Government,  G2C – Government to Citizen | | | |
| **Who may avail:** | | All (Any private party against regular employee or Aggrieved regular employee against a regular employee) | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Complaint Letter/Affidavit Complaint 2. Other supporting documents/paper relevant to the case | | | Client concerned | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the Letter complaint/affidavit complaint | 1. Receive the letter complaint/affidavit complaint | | None | 1 Day | *Assessment  Clerk II* City Legal Office |
| * 1. Forward the letter complaint/ affidavit complaint to the City Legal Officer for his information | | None | *Admin. Aide VI*  City Legal Office |
| 1.2 City Legal Officer assigns the complaint to the Acting Assistant City Legal Officer for appropriate action | | None | *City Legal Officer or*  *Acting Assistant City Legal Officer*  City Legal Office |
| 1. Receive the action by the City Legal Officer | 2. Release the action taken by the City Legal Officer | | None | 1 Day | *Admin. Aide VI*  City Legal Office |
| 1. For Preliminary Investigation: Submit the answer/counter affidavit | 3. Receive the answer/counter affidavit | | None | 5 Days | *Admin. Aide VI*  City Legal Office  *City Legal Officer or Acting Assistant City Legal Officer*  City Legal Office |
| 3.1 If probable cause exists, the matter will be set for hearing | | None |
| 3.2 If no probable cause exists, notify the parties that complaint has no basis thereby considered dismissed | | None |
| 1. For Formal Charge: Receive notification of hearing | 4. Both parties will be notified for hearing before the City Legal Officer and will be given the option to be represented or not by his/her lawyer during the hearing. | | None | 7 Days | *Assessment Clerk II*  *Admin. Aide VI*  *CLO*  *City Legal Officer or Acting Asst. Legal Officer*  City Legal Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None | * 1. The City Legal Officer will make recommendations and submit it to the City Mayor. | None | 3 Days | *City Legal Officer Or Acting Assistant City Legal Officer* City Legal Office |
| 1. Receive copy of the Order and the Resolution | 5. The City Mayor will make an Order based on the recommendation rendered by the City Legal Officer | None | 2 Days | *City Mayor*  City Mayor’s Office |
| 5.1 Parties are furnished with the copy of the Order and the Resolution | None | 1 Day | *Admin. Aide VI*  City Legal Office |
| **TOTAL:** | | **None** | **20 Days** |  |

**\*Processing Time is in accordance to Rule 4, Rule 5, Rule 6 and Section 34 of Rule 8 on 2017 Rule on Admin. Cases in the Civil Service (RACCS)**

**1.16. Provision of Free Legal Consultation/Service**

The City Legal Office is also mandated to provide/render free legal consultation to constituents, officials and employees.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Legal Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2G – Government to Government, G2C – Government to Citizen | | | |
| **Who may avail:** | | 1. Pauper litigants/residents of the community 2. Officials and employees of LGU- Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| None | | | None | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Register in the logbook | 1. Ask the Client to register in the logbook | | None | 2 Minutes | *Assessment Clerk II/ Admin. Aide VI*  City Legal Office |
| 1. Give brief background of the concern | 2.Conduct initial interview | | None | 5 Minutes | *Assessment Clerk II/*  *Admin. Aide VI*  City Legal Office |
| 2.1 Endorse client to the available lawyer | |
| 1. State the concern to the lawyer | 3. Discuss with the client on the legal implications of his/her concern | | None | 45 Minutes | *Acting Assistant City Legal Officer/*  *City Legal Officer*  City Legal Office |
| 1. Consider the opinion or advice | 4.Give the client his/her option and service | | None | 30 Minutes | *Acting Assistant City Legal Officer/ City Legal Officer* City Legal Office |
| **TOTAL:** | | | **None** | **1 Hour,  22 Minutes** |  |

* 1. **Provision of Document/s Available at the City Legal Office**

A communication or Request which comes from the different departments, national agencies/offices, barangays and any other offices and individuals requesting for documents available at the City Legal Office.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Legal Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2G – Government to Government, G2C – Government to Citizen | | | |
| **Who may avail:** | | Any individual and offices who need the service | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Letter Request for Document/s | | | Office or Individual concern | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit communication/ Letter Request | 1. Check and receive incoming communication/ Letter Request | | None | 2 Minutes | *Assessment Clerk II Admin. Aide VI* City Legal Office |
| 1. Receive file copy of communication | 1. Record communication in the logbook | | None | 5 Minutes | *Assessment Clerk II Admin. Aide V* City Legal Office |
| 2.1 If communication needs the approval of the City Legal Officer or the Acting Assistant City Legal Officer, forward same to the City Legal Officer/ Acting Assistant City Legal Officer | | None | 5 Minutes | *Assessment Clerk II*  *Admin. Aide VI*  City Legal Office |
| 2.2 If communication/Letter Request upon evaluation is not in connection or document/s not available, action taken is returned back to the requesting client their request letter | | None | 5 Minutes | *Acting Assistant City Legal officer*  *City Legal Officer*  City Legal Office |
| 1. Retrieval of the requested document/s | 1. Look for the document/s in the list of files | | None | 2 Days | *Assessment Clerk II*  *Admin. Aide VI*  City Legal Office |
| * 1. Look for the file in the filer indicated in the list of files | |
| 3.2 Present to the City Legal Officer or Acting Assistant City Legal Officer the document/s on the propriety/ preciseness on the request | |
| 1. Ask for the Retrieval of the requested document/s | 1. Note the recorded incoming communication in the logbook with corresponding signature of client | |  | 2 Minutes | *Assessment Clerk II*  City Legal Office |
| * 1. Record outgoing communication in the logbook | |  | 10 Minutes | *Assessment Clerk II*  *Admin. Aide VI* City Legal Office |
| * 1. Check attachments, if any. | |
| * 1. Deliver/disseminate outgoing communication | |  | 1 Hour | *Driver I* City Legal Office |
| **TOTAL:** | | | **None** | **2 Days,  1 Hour,  29 Minutes** |  |

* 1. **Rendition of Legal Opinion**

Under the Local Government Code, the City Legal Office is tasked to render legal opinions, as required by law, on all important legal questions referred by the Local Government Unit of Gingoog City, and to provide legal basis on matters and transaction where the city and its departments are concerned. It is also responsible to answer legal queries raised by the city’s constituents particularly on matters where the city and its officials are involved.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Legal Office | | | |
| **Classification:** | | Highly Technical | | | |
| **Type of Transaction:** | | G2G – Government to Government, G2C – Government to Citizen | | | |
| **Who may avail:** | | 1. All Departments/Offices of LGU-Gingoog City 2. Executive and Sangguniang Panlungsod and their members 3. Barangay Officials 4. Private person | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| None | | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit request for legal opinion | 1. Receive and record the letter request with corresponding supporting documents | | None | 2 Minutes | *Assessment Clerk II*  City Legal Office |
| 1.1 Forward the request to the City Legal Officer | | None | 1 Day | *Admin. Aide VI*  City Legal Office |
| 1. For MOA’s, Contracts, Deed of Sale, Deed of Usufruct, Position Papers | 1. Review the propriety of the documents | | None | 5 Days | *Acting Assistant City Legal Officer*  City Legal Office |
| 2.1 Research the legal basis and draft the opinion | | None | 5 Days |
| 2.2 Review the draft and its legal basis | | None | 2 Days | *City Legal Officer*  City Legal Office |
| 2.3 Sign the legal opinion/ communication | | None | 3 Hours |
| 3. Receive the legal opinion/ communication | 3. Release the legal opinion/ communication | | None | 30 Minutes | *Assessment Clerk II*  *Admin. Aide VI*  City Legal Office |
| **TOTAL:** | | | **None** | **13 Days,  3 Hours,  32 Minutes** |  |

* 1. **City Museum Tour**

City Museum attends to requests of students, visitors and guests for tour service to see the displayed cultural and heritage artifacts.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | City Museum and Archives | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C-Government to Citizen | | | | |
| **Who may avail:** | All | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Valid Identification Card (ID) for Students | | | School | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Pay entrance fee. For students, Present valid ID. | | 1. Welcomes guests 2. Accept payment and 3. Issue official receipt 4. Provide the logbook for Client to fill out | Students with valid ID  - PHP 10  Non-student  - PHP 20  Group Tour  - PHP 100  Family (Regardless of size) - PHP 50 | 2 Minutes | *Museum Staff* City Museum  *Museum*  *In-Charge* City Museum |
| 1. Fill out the logbook and follow instructions from the Museum staff | | 1. Tour the guests inside the museum and archives section 2. Provide Information 3. Answer inquiries | None | 1 Hour | *Museum Staff* City Museum  *Museum  In-Charge* City Museum |
| 1. 3. After the tour, write comments and suggestions in the logbook | | 1. Provide logbook to guests for their comments and suggestions | None | 2 Minutes | *Museum Staff* City Museum  *Museum  In-Charge* City Museum |
| **TOTAL:** | | | **Students with valid ID  - PHP 10**  **Non-student - PHP 20**  **Group Tour  - PHP 100**  **Family (Regardless of size)  - PHP 50** | **1 Hour, 4 Minutes** |  |

City Museum Fees are covered under City Ordinance No. 2015-279

* 1. **Borrowing or Photocopying of Library Books/Materials**

Library books may be borrowed or photocopied by students and guests.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Gingoog City Public Library | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C-Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Valid Identification Card (ID) | | | School, Government Institutions | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present valid ID and sign on the record book | 1. Provide the record book and ask the guest to sign on it | | None | 2 Minutes | *Library Staff*  *Librarian* City Library |
| 1. Search and hand in the book/material to be borrowed and valid ID | 1. Receive book and valid ID 2. Record the details of the book/material in the record book | | None | 7 Minutes | *Library Staff*  *Librarian* City Library |
| 1. Receive book/ material to be borrowed then Return borrowed book/material after use. | 1. Release the book/material being borrowed. Upon return, receive the returned book/material and mark the record book entry with “returned” and date when the book/material is returned then release the valid ID of the borrower. | | None | 5 Minutes | *Library Staff*  *Librarian* City Library |
| **TOTAL:** | | | **None** | **14 Minutes** |  |

* 1. **Search Learning Materials via Internet**

Students and clients may use the library computers for academic and research activities.

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| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Gingoog City Public Library | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C-Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Valid Identification Card (ID) | | | School, Government Institutions | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present valid ID and sign on the record book | 1. Provide the record book and ask the guest to sign on it | | None | 2 Minutes | *Library Staff, Librarian* City Library |
| 1. Proceed to use Computer | 1. Record the Time-In of the Client in using the Computer | | None | 5 Minutes | *Library Staff, Librarian* City Library |
| 1. Log off / Turn off Computer after use and inform library staff | 1. Record the Time-Out of the Client after using the Computer | | None | 2 Minutes | *Library Staff Librarian* City Library |
| **TOTAL:** | | | **None** | **9 Minutes** |  |

**CITY MAYOR’S OFFICE**

**Internal Services**

* 1. **Application for Leave**

Leave of absence is a right given to officials and employees not to report for work with or without pay as maybe provided by law and as the rules prescribe in the Civil Service Commission Omnibus Rules on Leave from the Omnibus Rules Implementing Book V of Executive Order No. 292 [The Revised Administrative Code of 1987].

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| --- | --- | --- |
| **Office or Division:** | City Mayor’s Office – Administrative and Records Section, Employee’s Respective Department/Office | |
| **Classification:** | Simple | |
| **Type of Transaction:** | G2G – Government to Government | |
| **Who may avail:** | Current Officials and Employees of the City Government of Gingoog | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| **For Vacation Leave (within Philippines) or Sick Leave of less than 5 consecutive Days** | | |
| * Application for Leave form (1 original) | | Client’s Respective Department/Office |
| **For Vacation Leave (Abroad)** | |  |
| * Approved Letter Request (1 original) | | Client |
| * Application for Leave form (1 original) | | Client’s Respective Department/Office |
| * Clearance from money and property liability (1 original) | | Client’s Respective Department/Office |
| **For Leave due to Gynecological Disorder** | |  |
| * Letter Request (1 original) | | Client |
| * Application for Leave form (1 original) | | Client’s Respective Department/Office |
| * Medical Certificate/ Medical abstract (1 original) | | Attending Physician |
| * Clearance from money and property liability (1 original) | | Client’s Respective Department/Office |
| **For Sick Leave of more than 5 consecutive Days** | | |
| * Application for Leave form (1 original) | | Client’s Respective Department/Office |
| * Medical Certificate/ Medical abstract (1 original) | | Attending Physician |
| **For Vacation Leave of more than 1 month** | |  |
| * Approved Letter Request (1 original) | | Client |
| * Application for Leave form (1 original) | | Client’s Respective Department/Office |
| * Clearance from money and property liability (1 original) | | Client’s Respective Department/Office |
| **For Terminal Leave** | |  |
| * Application for Leave form (1 original) | | Client’s Respective Department/Office |
| * Clearance from money and property liability (1 original) | | Client’s Respective Department/Office |
| **For Rehabilitation Leave** | |  |
| * Application for Leave form (1 original) | | Client’s Respective Department/Office |
| * Medical Certificate (1 original) | | Attending Physician |
| * Police Report (1 original) | | Police Station |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| **For VAWC Leave (maximum of 10 Days)** | | | | | |
| * Application for Leave form (1 original) | | | Client’s Respective Department/Office | | |
| * Medical Certificate (1 original) | | | Attending Physician | | |
| * Barangay Protection Order (BPO) (1 original) | | | Barangay where the case is filed | | |
| * Temporary/Permanent Order (TPO/PPO) (1 original) | | | Court/Judge | | |
| * Police Report (1 original) | | | Police Station | | |
| * CSWD Certification (1 original) | | | City Social Welfare and Development Office | | |
| **For Maternity (105 Days) or Paternity Leave (7 Days - applicable on first 4 deliveries)** | | | | | |
| * Application for Leave form (1 original) | | | Client’s Respective Department/Office | | |
| * Birth Certificate of the child (1 photocopy) | | | Local Civil Registry Office | | |
| * If married, Marriage Certificate (1 photocopy) | | | Local Civil Registry Office | | |
| * Medical Certificate (1 original) | | | Attending Physician | | |
| **For Special Privileged Leave (SPL) (maximum of 3 Days)** | | | | | |
| * Application for Leave form (1 original) | | Client’s Respective Department/Office | | | |
| **For Force Leave (5 Days mandatory)** | |  | | | |
| * + Application for Leave form (1 original) | | Client’s Respective Department/Office | | | |
| **For Solo Parent Leave (maximum of 7 Days)** | |  | | | |
| * Application for Leave form (1 original) | | Client’s Respective Department/Office | | | |
| * Solo Parent ID (1 photocopy) | | City Social Welfare and Development Office | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit requirements (depending on the type of Leave applied for) | 1. Receive and review the completeness of requirements then evaluate requirements based on the type of leave applied. | None | | 5 Minutes | *Admin. Staff* Employee’s Office  *Admin. Officer* Employee’s Office |
| 1. Check entries in the *Application of Leave* Form | 1. Generate the *Application for Leave* Form and hand it over to the client for verification | None | | 5 Minutes | *Admin. Staff* Employee’s Office  *Admin. Officer* Employee’s Office |
| None | * 1. Receive the said form and endorse it to the Department Head for recommending approval | None | | 2 Minutes | *Admin. Staff* Employee’s Office |
| None | * 1. Decide whether to Approve or Disapprove the Application based on the recommendation of the Administrative Officer | None | | 5 Minutes | *Department Head* Client’s Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Retrieve the approved *Application for Leave* form from the Department Head and endorse it to the Administrative and Records Section of the City Mayor’s Office for review of the application and Certification of Leave Credits   If disapproved, do not proceed to next step and inform the client immediately. If the client wishes to apply again, go back to Step 1 | None | 15 Minutes | *Admin. Staff/Messenger* Employee’s Office |
| None | 1. Review and record leave application upon validation | None | 5 Minutes | *Admin. Officer* City Mayor’s Office |
| None | 1. Certify Leave Credits and endorse the said form to the approving officer | None | 3 Minutes | *Admin. Officer* City Mayor’s Office |
| None | 1. Approve leave application based on the certification of the Administrative Officer and affix signature on the *Application for Leave* form | None | 5 Minutes | *CGADH/HRMO* City Mayor’s Office  *City Mayor* City Mayor’s Office |
| None | 1. Retrieve approved leave application with pertinent documents from the approving officer then file a copy of the said approved leave application | None | 3 Minutes | *Admin. Staff* City Mayor’s Office |
| 1. Receive the Approved *Application for Leave* | 1. Release employee’s copy of approved *Application for Leave* form. | None | 2 Minutes | *Admin. Staff* City Mayor’s Office |
| **TOTAL:** | | **None** | **50 Minutes** |  |

* 1. **Approval of Construction Contracts**

Infrastructure Projects are required to undergo Public Bidding to promote transparency in the procurement process.

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| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Bids and Awards Committee (BAC), City Mayor's Office (CMO) | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | |
| **Who may avail:** | | Offices/Departments of the City Government of Gingoog | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| * ABC Form (1 Original) | | | | City Engineer’s Office | |
| * Program of Works , Detailed Plan (1 Original) | | | | City Engineer’s Office | |
| * Certificate of Availability of Fund (1 Original) | | | | City Accountant’s Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit all the requirements to the BAC Office | 1. Receive and Log documents | | None | 5 Minutes | *Receiving Clerk* BAC, CMO |
| None | 1. Review and check pertinent documents. | | None | 5 Minutes | *BAC Secretariat*  BAC, CMO |
| None | 1. Conduct pre-procurement for 5 million and above transactions | | None | 1 Hour | *BAC-Secretariat, BAC-Member, TWG and END USER* |
| None | 1. Encode and Print Invitation to Bid, Notices of Pre-bid Conference and Bid Evaluation | | None | 1 Hour | *BAC Secretariat BAC Chairman* BAC, CMO |
| None | 1. Post to PhilGEPS | | None | 15 Minutes | *BAC Secretariat*  BAC, CMO |
| None | 1. Conduct Pre-bid conference (8th Day from posting to PHILGEPS) | | None | 1 Hour | *BAC-Secretariat, BAC-Member, TWG and END USER Optional: COA, Interested Bidders* |
| None | 1. Submission of Bids by bidders | | None | 20 Days | Bidders |
| None | 1. Bid Opening and Bid Evaluation | | None | 1 Hour | *BAC-Secretariat, BAC-Member, TWG and END USER, Bidders Optional: COA* |
| None | 1. Post-Qualification | | None | 2 Days | *BAC Office Personnel and TWG* |
| None | 1. Approval of Resolution/ Issuance of Notice of Award | | None | 5 Days | *BAC-Secretariat, BAC-Member, TWG, END USER and Head of the procuring entity (HOPE)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Post Notice of Award in the PHILGEPS website | None | 1 Hour | *BAC Secretariat BAC Chairman* BAC, CMO |
| None | 1. Prepare and process approval of Contract for Infrastructure Project. | None | 3 Days | *BAC Secretariat BAC Chairman BAC, CMO* |
| None | 1. Contract signing with the winning bidder | None | 30 Minutes | *BAC Secretariat Chairman* BAC, CMO |
| None | 1. Submit copy of Contract to Commission on Audit and City Engineers Office | None | 30 Minutes | *BAC Staffs* BAC, CMO |
| **TOTAL** | | **None** | **30 Days,  6 Hours,  25 Minutes** |  |

* 1. **Certification of Employment**

The Certificate of Employment is a document issued to former and current permanent and casual employees including job order workers of the City Government of Gingoog for whatever legal purpose it may serve.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | City Mayor’s Office (CMO) – Human Resource (HR) Division City Treasurer’s Office (CTO) | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2G – Government to Government G2C – Government to Citizen | | | | |
| **Who may avail:** | Former and Current Employees of the City Government of Gingoog | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Accomplished Request Form | | | City Mayor’s Office – Human Resource Division | | |
| 1. Official Receipt (OR) (1 Original) | | | City Treasurer’s Office (CTO) | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill-out Request form | | 1. Accepts and check the filled-out Request form. | None | 1 Minute | *HR Mngt. Asst.* City Mayor’s Office |
| None | | 1. Validate if the client was/is an employee of the City Government of Gingoog. Upon validation, instruct the client to pay the Certification Fee at the Cashier, CTO. | None | 5 Minutes | *HR Mngt. Asst.* City Mayor’s Office |
| 1. Proceed to the City Treasurer’s Office and pay the required fee. | | 1. Receive payment and issue OR. | None | 5 Minutes | *Cashier* City Treasurer’s Office |
| 1. Proceed to the City Mayor’s Office – HR Division and submit OR. | | 3. Receive OR and prepare the *Certificate of Employment*. Attach OR on the said Certificate. Then, forward the said Certificate to HR Mngt. Officer/s for review and/or certification. | None | 5 Minutes | *HR Mngt. Asst.* City Mayor’s Office |
| None | | 1. Review *Certificate of Employment* and affix initial upon verification. | None | 5 Minutes | *HRMO III* City Mayor’s Office |
| None | | 1. Certify/Affix signature on the said Certificate. | None | 5 Minutes | *CGADH I / HRMO* City Mayor’s Office |
| None | | 1. Retrieve the said *Certificate of Employment* from the CGADH I/HRMO. | None | 5 Minutes | *HR Mngt. Asst.* City Mayor’s Office |
| 1. Receive the *Certificate of Employment* | | 4. Release the *Certificate of Employment* to the client. | None | 2 Minutes | *HR Mngt. Asst.* City Mayor’s Office |
| **TOTAL** | | | **None** | **33 Minutes** |  |

* 1. **Certification of Oneness**

The Certificate of Oneness is a document issued to former and current permanent and casual employees including job order workers of the City Government of Gingoog for whatever legal purpose it may serve.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office or Division:** | City Mayor’s Office (CMO) – Human Resource (HR) Division City Treasurer’s Office (CTO) | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2G – Government to Government G2C – Government to Citizen | | | |
| **Who may avail:** | Former and Current Employees of the City Government of Gingoog | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| 1. Accomplished Request Form | | City Mayor’s Office – Human Resource Division | | |
| 1. Official Receipt (OR) (1 Original) | | City Treasurer’s Office (CTO) | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill-out Request form | 1. Accepts and check the filled-out Request form. | None | 1 Minute | *HR Mngt. Asst.* City Mayor’s Office |
| None | 1. Validate if the client was/is an employee of the City Government of Gingoog. Upon validation, instruct the client to pay the Certification Fee at the Cashier, CTO. | None | 5 Minutes | *HR Mngt. Asst.* City Mayor’s Office |
| 1. Proceed to the City Treasurer’s Office and pay the required fee. | 2. Receive payment and issue OR. | None | 5 Minutes | *Cashier* City Treasurer’s Office |
| 1. Proceed to the City Mayor’s Office – HR Division and submit OR. | 3. Receive OR and prepare the *Certificate of Oneness*. Attach OR on the said Certificate. Then, forward the said Certificate to HR Mngt. Officer/s for review and/or certification. | None | 5 Minutes | *HR Mngt. Asst.* City Mayor’s Office |
| None | * 1. Review *Certificate of Oneness* and affix initial upon verification. | None | 5 Minutes | *HRMO III* City Mayor’s Office |
| None | * 1. Certify/Affix signature on the said Certificate. | None | 5 Minutes | *CGADH I / HRMO* City Mayor’s Office |
| None | * 1. Retrieve the said *Certificate of Oneness* from the CGADH I/HRMO. | None | 5 Minutes | *HR Mngt. Asst.* City Mayor’s Office |
| 1. Receive the *Certificate of Oneness.* | 4. Release the *Certificate of Oneness* to the client. | None | 2 Minutes | *HR Mngt. Asst.* City Mayor’s Office |
| **TOTAL** | | **None** | **33 Minutes** |  |

* 1. **Certification of No Pending Administrative Case**

A certificate issued to the employee/s of the City Government of Gingoog that no pending case filed or have not been found guilty/convicted of any Admin. case filed against him/her before the City Legal Office for Mid-year and Year-end Bonus, retirement, and other related purposes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office or Division:** | City Legal Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2G – Government to Government | | | |
| **Who may avail:** | Regular Employees | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| Valid Identification Card (1 Photocopy) | | Employee concerned | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit Photocopy of the ID | 1. Receive the requirement and encode certificate | None | 10 Minutes | *Assessment Clerk II*  City Legal Office |
| * 1. For verification and initial by the record keeper | None | 5 Minutes | *Admin. Aide VI*  City Legal Office |
| 1.2 For signature of the City Legal Officer | None | 10 Minutes | *City Legal Officer*  City Legal Office |
| 2. Received the certificate | 2. Released the certificate | None | 2 Minutes | *Assessment Clerk II/*  *Admin. Aide VI*  City Legal Office |
| **TOTAL:** | | **None** | **27 Minutes** |  |

* 1. **Litigation of Cases**

The City Legal Office shall represent the interest of the city and its officials in the performance of their official functions on cases in courts and agencies where they are filed.

|  |  |  |
| --- | --- | --- |
| **Office or Division:** | City Legal Office | |
| **Classification:** | Highly Technical | |
| **Type of Transaction:** | G2C – Government to Citizen,  G2G – Government to Government | |
| **Who may avail:** | Primarily the LGU-Gingoog City and/or its official sued in their official capacity | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| 1. If defendant: Summon and copy of the complaint  2 If Plaintiff: Endorsement from particular office with appropriate documents to support claim | | Requesting Party or Endorsing Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit Summon and copy of the Complaint or Endorsement from particular office with appropriate documents to support claim | 1. Receive the summon and copy of complaint or Endorsement from particular office with appropriate documents to support claim. | In accordance with the Court computation | 10 Minutes | *Assessment Clerk II* City Legal Office |
| * 1. Check the completeness of documents submitted |
| 1. Wait for the release of the legal documents and/or notification from handling lawyer | 2. Evaluate and review the documents whether the interest of the city is involved. | None | 2 Days | *City Legal Officer*  City Legal Office |
| * 1. If NOT, return the documents to the client/sender | None | 10 Minutes | *Assessment Clerk II Admin. Aide VI* City Legal Office |
| * 1. Evaluate the documents and study the propriety and legal basis | None | 5 Days | *Acting Assistant City Legal Officer/ City Legal Office* City Legal Office |
| * 1. Secure and draft answer/ summon/ subpoena/ pleadings, or draft the affidavit of persons involved in the complaint | None | 10 Day | *Admin. Aide VI*  *Acting Assistant/ City Legal Officer*  City Legal Office |
|  | * 1. Draft the complaint/answer of the said case | None | 1 Day | *Assigned Handling Lawyer* City Legal Office |
| 2.5 Review and note down comments and recommendations | None | 1 Day | *City Legal Officer*  City Legal Office |
| 2.6 Finalize the summon/ subpoena/pleadings including the correction and recommendations made by the City Legal Officer | None | 1 Hour | *Acting Assistant City Legal Officer*  City Legal Office |
| * 1. Approve the Final Summon/Subpoena/ Pleadings/answer | None | 1 Hour | *City Legal Officer*  City Legal Office |
| 2.8 File the complaint/answer to the proper court | None | *Admin. Aide VI*  City Legal Office |
| **TOTAL:** | | **In accordance with the court computation** | **19 Days,  2 Hours,  20 Minutes** |  |

\*Processing Time is only up to the filing of the complaint/answers to the proper court, because this service is governed by the Rules of Court and other applicable laws, rules and regulations. The steps and cost vary depending on the nature and complexity of the case.

* 1. **Litigation of Eminent Domain**

The City of Gingoog, like any other local government units, has the power of eminent domain to expropriate private property of public use or purpose for the welfare of its constituents upon payment of just compensation of the property affected. This power is resorted through the City Legal Office which is tasked to file the Complaint for Expropriation before the appropriate court, when the owner/s or any interested parties of the properties refused to sell his/her rights and interests over the property subject *of the expropriation.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Legal Office | | | |
| **Classification:** | | Highly Technical | | | |
| **Type of Transaction:** | | G2G – Government to Government, G2C – Government to Citizen | | | |
| **Who may avail:** | | City Mayor’s Office, Sangguniang Panlungsod | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1. Lot Title | | | | Lot Owner | |
| 1. Sketch Plan of the area to be expropriated | | | | City Engineer’s Office | |
| 1. Tax Declaration | | | | Lot Owner/City Assessor’s Office | |
| 1. SP Resolution authorizing the City Mayor to expropriate | | | | Sangguniang Panlungsod | |
| 1. Availability of funds for the purpose | | | | City Treasurer’s Office | |
| 1. Other pertinent documents as may be required | | | |  | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit request for expropriation with complete documents | 1. Received the request and checked the documents attached | | In accordance with the court’s computation | 10 Minutes | *Assessment Clerk II* City Legal Office |
| 1. If lacking, notify department concern | | None | *Admin. Aide VI* City Legal Office |
| 1. Study the propriety rationale and the legal implication of the expropriation | | None | 7 Days | *Acting Assistant City Legal Officer/*  *City Legal Officer*  City Legal Office |
| 1. 1.4 Draft the complaint of expropriation | | None | 10 Days |
| 1. Review and note down comments and recommendations | | None | 1 Day | *City Legal Officer*  City Legal Office |
| 1. Finalize the complaint of expropriation | | None | 1 Day | *Acting Assistant City Legal Officer/ City Legal Officer* City Legal Office |
| 1. File the complaint to the proper court | | None | 1 Hour | *Admin. Aide VI* City Legal Office |
| **TOTAL:** | | | **In accordance with the court computation** | **19 Days,  1 Hour,  10 Minutes** |  |

\*Processing Time is only up to the filing of the complaint/answers to the proper court, because this service is governed by the Rules of Court and other applicable laws, rules and regulations. The steps and cost vary depending on the nature and complexity of the case.

* 1. **Provision of Legal Aide: Legal Opinion, Contract Review, Comment, Recommendation and Other Communication**

The particular service aims to provide other offices (within the Gingoog City Government) with legal opinion, contract review, revise or modify, as the case may be, all contracts referred by LGU – Gingoog City, as required by law, to make the same conform with existing laws and applicable government rules and regulations, and/or to prepare such contracts when so requested in appropriate cases, and other issuances/communications which will serve as basis in the performance of their governmental function.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Legal Office | | | |
| **Classification:** | | Highly Technical | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | |
| **Who may avail:** | | 1. All Departments/Offices of LGU-Gingoog City 2. Executive and Sangguniang Panlungsod and their members 3. Barangay Officials | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1. Letter request specifying the issue to be resolved 2. Office recommendation (for legal opinion only) 3. Original copy of the contract (for contract review only) | | | | Requesting party or Endorsing Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the Letter request with corresponding supporting documents | 1. Receive the letter request with corresponding supporting documents | | None | 10 Minutes | *Assessment* *Clerk II*  City Legal Office |
| 1.1 Check the completeness of documents submitted | |
| 1. Wait for the release of requested legal aide | 1. Attach white/routing slip to the document | | None | 2 Minutes | *Assessment Clerk II*  City Legal Office |
| * 1. Indicate the name of handling lawyer in the attached white/routing slip | | None | 2 Minutes | *Assessment* *Clerk II*  City Legal Office |
| * 1. Evaluate and study the document | | None | 7 Days | *Assigned Handling Lawyer*  City Legal Office |
| * 1. Draft appropriate legal document | |
| * 1. Review and note down comments and recommendations | | None | 1 Day | *City Legal Officer*  City Legal Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Finalize the legal document including the corrections and recommendations made by the City Attorney. | None | 1 Day | *Acting Assistant City Legal Officer/ Assigned Handling Lawyer*  City Legal Office |
| * 1. Approved the final legal document | None | 1 Day | *City Legal Officer*  City Legal Office |
| 2.8 Record the outgoing document in the logbook | None | 5 Minutes | *Assessment Clerk II*  City Legal Office |
| 2.9 Assign messenger to deliver the Final Legal Document to concern parties and/or endorsing office | None | 5 Minutes | *Assessment Clerk II*  City Legal Office |
| 1. Sign the logbook or file copy | 3. Assist receiving party in the signing of logbook or file copy | None | 30 Minutes | *Assessment Clerk II/*  *Admin. Aide VI*  City Legal Office |
| 1. Receive the file copy of the Legal Documents (Opinion, Contract and comments and recommendation) | 4. Release the file copy of Legal Documents (Opinion, Contract with Comments and Recommendation) to concerned parties and/or endorsing office | None | 30 Minutes | *Assessment Clerk II*  *Admin. Aide VI*  City Legal Office |
| **TOTAL:** | | **None** | **10 Days, 1 Hour,  24 Minutes** |  |

* 1. **Service Record Issuance**

The Service Record is a document issued to former and current permanent and casual employees of the City Government of Gingoog for whatever legal purpose it may serve.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office or Division:** | Respective Department/Office City Mayor’s Office (CMO) – Human Resource (HR) Division City Treasurer’s Office (CTO) | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2G – Government to Government G2C – Government to Citizen | | | |
| **Who may avail:** | Former and Current Employees of the City Government of Gingoog | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| 1. Accomplished Request Form | | City Mayor’s Office – Human Resource Division | | |
| 1. Official Receipt (OR) (1 Original) | | City Treasurer’s Office (CTO) | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill out and submit Request Form to the frontline desk. | 1. Accept and check the filled-out the request form. Forward the request form to the Administrative Aide. | None | 2 Minutes | *Receiving Clerk* Client’s Respective Office |
| None | 1. Validate if the client was/is an employee of the City Government of Gingoog. Upon validation, instruct the client to pay the Certification Fee. | None | 5 Minutes | *Admin. Aide* Client’s Respective Office |
| 2. Proceed to the City Treasurer’s Office and pay the required fee.  \* There are offices which have their own cashier. The client may pay the required fee at the cashier of the respective office. | 2. Receive payment and issue OR. | None | 5 Minutes | *Cashier* Respective Office/ City Treasurer’s Office |
| 3. Proceed to the respective office and submit OR. | 3. Receive OR and prepare the *Service Record*. Attach OR on the said Certificate. | None | 5 Minutes | *Administrative Officer* Client’s Respective Office |
| None | * 1. Forward the Service Record to the City Mayor’s Office – Human Resource Division for review and verification | None | 15 Minutes | *Messenger* Client’s Respective Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Receive and review the Service Record. Affix initial upon verification. Forward to the CGADH I/ HRMO for certification. | None | 10 Minutes | *HRMO Staff* City Mayor’s Office |
| None | * 1. Certify/Affix signature on the *Service Record*. | None | 5 Minutes | *CGADH I/HRMO* City Mayor’s Office |
| None | * 1. Forward the *Service Record* to the Office of the City Administrator. | None | 5 Minutes | *Admin. Aide* City Mayor’s Office |
| None | * 1. Affix signature on the *Service Record*. | None | 5 Minutes | *City Administrator* |
| None | * 1. Forward the *Service Record* to CMO-HRD and contact Admin. Officer of the client’s respective office. | None | 5 Minutes | *Admin. Aide* City Mayor’s Office |
| None | * 1. Retrieve the Service Record from CMO-HRD | None | 15 Minutes | *Messenger* Client’s Respective Office |
| 4. Receive the *Service Record.* | 4. Release the *Service Record* to the client. | None | 2 Minutes | *HR Mngt. Asst.* Respective Office |
| **TOTAL** | | **None** | **1 Hour, 19 Minutes** |  |

**SANGGUNIANG PANLUNGSOD**

**External Services**

* 1. **Provision of Resolutions/ and/or City/Appropriations Ordinance,   
     Public Documents and Certified Copies of Documents**

Provide information, guidance and assistance to the general public regarding the requested documents under the custody of the Sangguniang Panlungsod (SP).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Sangguniang Panlungsod Office - Records Division,, City Treasurer’s Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen  G2B – Government to Business  G2G – Government to Government | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Accomplished Request Form (1 original) | | | Frontline Desk, SP Ground Floor | | |
| 1. Official Receipt (OR) | | | Frontline Desk, SP Ground Floor | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill out the Request Form and submit the accomplished Request Form to the frontline desk | 1. Provide the Request Form | | None | 2 Minutes | Frontline Desk SP Office |
| 1. Evaluate the accomplished Request Form | | None | 2 Minutes | *Board Sec. II Board Sec. IV* Minutes & Journal Division, SP Office |
| 1. Search and retrieve the requested documents from the Records Division | | None | 1 Hour | *Admin. Aide II Bookbinder I DEMO II* Records Division,SP Office |
| 1. Inform the client to pay the secretary’s fee | | None | 2 Minutes | Frontline Desk SP Office |
| 2. Pay the Secretary’s fee (certification) and receive OR | 2. Accept payment and turn over payment to CTO and secure Official Receipt  Give OR to the client. | | PHP 50 per set | 20 Minutes | *SP designate*  *SP Office*  *Cashier* Cashier Division,CTO |
| 3. Present OR | 3. Generate copies of the requested documents | | None | 10 Minutes | *Admin. Aide III Records Division, SP Office* |
| 3.1. Certify produced copies as true copies from the original | | None | 10 Minutes | *Adm. Aide II Bookbinder I* Records Division,SP Office |
| 4. Acknowledge receipt of the requested documents by signing the logbook | 4. Record in the logbook and release the certified true copies of requested documents | | None | 2 Minutes | *Bookbinder I*  *Adm. Aide III* Records Division, SP Office |
| **TOTAL:** | | | **PHP 50 per set** | **1 Hour,  48 Minutes** |  |

**2.2. Consultancy Regarding Proper Formulation of Resolutions, Barangay Problems Needing Legislation of Filing Administrative Cases against Barangay Officials**

This service is provided to guide the general public on how to formulate resolutions and/or barangay problems that need legislation on filing administrative case against any barangay officials.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Minutes & Journal Division, Sangguniang Panlungsod Office | | | |
| **Classification:** | | Simple, Complex | | | |
| **Type of Transaction:** | | G2C – Government to Citizen  G2B – Government to Business  G2G – Government to Government | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1. Letter of Request addressed to the SP Secretary (1 original, 1 photocopy) | | | | Requesting Party | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit Letter of Request to the frontline desk | 1. Receive the Letter of Request | | None | 2 Minutes | *Legis. Staff Asst. I*  *Frontline Desk*  SP Office |
| 1.1. Evaluate the Letter of Request | | None | 3 Minutes | *Board Sec. II*  *Board Sec. IV*  Minutes & Journal Division, SP Office |
| 2. Proceed to the office of the SP Secretary for consultation | 2. Guide the client to the office of the SP Secretary | | None | 2 Minutes | *Legis. Staff Asst. I*  *Frontline Desk*  SP Office |
| 2.1. Attend to the client’s request | | None | 5 Minutes | *SP Secretary*  Minutes & Journal Division, SP Office |
| 3. Receive consultation | 3. Provide consultation | | None | 5 Minutes  *(or more, depending on the nature of the matter being consulted)* | *SP Secretary*  Minutes & Journal Division,  SP Office |
| **TOTAL:** | | | **None** | **17 Minutes (or more depending on the nature of the matter being consulted)** |  |

**2.3. Issuance of Certification of Bond for Accountable Barangay Officials**

Issue certified true copies of Certificate of Bond for accountable barangay officials.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Records Division, Sangguniang Panlungsod Office | | | |
| **Classification:** | | Simple, Complex | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Accomplished Request Form (1 original) | | | Frontline Desk, SP Ground Floor | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill out the Request Form and submit the accomplished Request Form to the frontline desk | 1. Provide the Request Form | | None | 2 Minutes | *Frontline Desk* SP Office |
| 1.1. Evaluate/Assess on the rationality of request | | None | 3 Minutes | *Steno. Rep. IV Board Sec. II Board Sec. IV* Minutes & Journal Division,SP Office |
| 1.2. Inform and issue Order of Payment for certification’s fee | | None | 3 Minutes | *Board Sec. IV SP Secretary* Minutes & Journal Division, SP Office |
| 2. Proceed to City Treasurer’s Office (CTO) to pay the certification fee | 2. Accept payment and issue Official Receipt (OR) | | PHP100 | 10 Minutes | *Cashier* Cashier Division,City Treasurer’s Office |
| 3. Present OR | 3. Check OR | | None | 5 Minutes | *ECET I Board Sec. II* Records Division,SP Office |
| 3.1. Prepare the Certification of Bond | | None | 10 Minutes | *Records Officer II* Records Division,SP Office |
| 3.2. Certify/Affix official seal and should be signed by the SP Secretary | | None | 5 Minutes | *Bookbinder I Adm. Aide IIILLSA III* Records Division,SP Office |
| 4. Acknowledge receipt of the requested documents by signing the logbook | 4. Provide logbook to record acknowledgement of receipt of requested documents | | None | 5 Minutes | *Bookbinder I*  *Adm. Aide III*  Records Division,  SP Office |
| 4.1. Record in the logbook and release the copies of requested documents | | None | 2 Minutes | *Bookbinder I Adm. Aide III* Records Division,SP Office |
| **TOTAL:** | | | **PHP 100** | **45 Minutes** |  |

**2.4. Issuance of Certificate of Accreditation of NGOs/POs**

To issue a Certificate of Accreditation to all accredited NGOs/Pos

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Records Division, Sangguniang Panlungsod Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen  G2B – Government to Business  G2G – Government to Government | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Accomplished Request Form (1 original) | | | Frontline Desk, SP Ground Floor | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill out the Request Form and submit accomplished Request Form to the frontline desk | 1. Provide Request Form | | None | 2 Minutes | *Frontline Desk*  SP Office |
| 1.1. Evaluate Request Form | | None | 2 Minutes | *Frontline Desk*  SP Office |
| 1.2. Inform and issue Order of Payment for certification’s fee | | None | 3 Minutes | *Adm. Aide III*  *Board Sec. II*  Records Division,  SP Office |
| 2. Proceed to City Treasurer’s Office (CTO) to pay the certification fee | 2. Accept payment and issue Official Receipt (OR) | | PHP50 | 10 Minutes | *Cashier*  Cashier Division,  CTO |
| 3. Present OR | 3. Check OR | | None | 2 Minutes | *Adm. Aide III*  *Board Sec. II*  Records Division,  SP Office |
| 3.1. Prepare the Certificate of Accreditation | | None | 10 Minutes | *ECET I*  *Board Sec. II*  Records Division,  SP Office |
| 3.2. Certify/Affix official seal and should be signed by the SP Member | | None | 3 Days | *Bookbinder I*  *Adm. Aide III*  Records Division,  SP Office |
| 4. Acknowledge receipt of the requested documents by signing the logbook | 4. Provide logbook to record acknowledgement of receipt of requested documents | | None | 3 Minutes | *Adm. Aide III*  *LLSA III*  Records Division,  SP Office |
| 4.1. Record in the logbook and release the requested documents | | None | 3 Minutes | *Adm. Aide II*  *LLSA III*  Records Division,  SP Office |
| **TOTAL:** | | | **PHP 50** | **3 Days,  35 Minutes** |  |

**3.1. Agri-Fishery Consultation Services**

**CITY AGRICULTURIST’S OFFICE**

**External Services**

Agri-Fishery Consultation is provided to Farmers, Fisherfolks, Women, Youth and Farmers Association of Gingoog City on updated technology for Agri-Fishery Sector and Regulatory Function specifically on fishing operation and its implication to the marine ecosystem as well as regulatory requirements on the registration and renewal of permits/licenses pursuant to RA 10654.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Agriculturist Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | Farmers, Fisherfolks, Women, Youth, Farmers Association of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| None | | | None | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client Log Book in the office lobby | 1. Give the Log Book to the client (write name, address & purpose in the logbook) | | None | 5 Minutes | *Public Assistance & Complaint Desk Officer*  City Agriculturist Office |
| 1. Ask for consultation services for Agri-Fishery | 1. Refer client to the attending Agriculturist/ Aquaculturist for consultation | | None | 5 Minutes | *Agricultural Extension Worker (AEW)*  *Senior Agriculturist*  *Supervising Agriculturist*  City Agriculturist Office |
| 1. Take note, apply and receive technical assistance | 1. Provide basic data and information, observation/ analysis to client and recommendation on what to do and the manner of doing/applying | | None | 20 Minutes | *Agricultural Extension Worker (AEW)*  *Senior Agriculturist*  *Supervising Agriculturist*  City Agriculturist Office |
| **TOTAL:** | | | **None** | **30 Minutes** |  |

* 1. **Permit to operate Fishing and Fisherfolk ID Issuance**

Municipal Fisherfolk License Certificate is a pre-requisite for the issuance of Mayor’s Special Permit per City Ordinance No. 2021-385. Municipal Fisherfolk License is issued to a Filipino Citizen and a resident of Gingoog City who is operating a fishing boat with less than 3 gross tonnage operating within the Gingoog Municipal Waters.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Agriculturist Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | Fisherfolks of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Barangay Certification (1 original) | | | Barangay where the fisherfolk resides | | |
| 1. Community Tax Certificate (current year) (1 Photocopy) | | | City Treasurer’s Office, City Hall Complex  Ground Floor, Brgy. 22-A, Gingoog City | | |
| 1. Barangay Fisheries and Aquatic Resources Management Council (BFARMC) Certification (1 original) | | | Barangay Fisherfolk Leader where fisherfolk resides | | |
| 1. Documentary Stamps | | | Bureau of Internal Revenue or City Treasurer’s Office, Gingoog City | | |
| 1. 1”x1” Photo for Fisherfolk ID | | | Photo Studio | | |
| 1. Official Receipt (1 original) | | | City Treasurer’s Office, City Hall Complex  Ground Floor, Brgy. 22-A, Gingoog City | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in Client’s Logbook in the lobby | 1. Request Client to fill-up Logbook with name, address and purpose | | None | 5 Minutes | *Public Assistance and Complaint Desk Officer*  City Agriculturist Office |
| 1. Request for Billing Statement | 2. Receive and check compliance of documentary requirements submitted by client.   * 1. Assess Payment and issue Order of Payment. | | None | 1 Minute | *Aquaculture Technician*  *Aquaculturist I*  *Aquaculturist II*  City Agriculturist Office |
| 1. Proceed to the City Treasurer’s Office; Present Order of Payment and pay the required fees. | 3. Receive payment along with the Order of Payment and issue Official Receipt (OR). | | Table No. 3.2 | 20 Minutes | *Cashier* City Treasurer’s Office |
| 1. Proceed to City Agriculturist Office and submit requirements | 4. Checks Official Receipt for License Fees paid by client. | | None | 1 Minute | *Aquaculture Technician*  *Aquaculturist I*  *Aquaculturist II*  City Agriculturist Office |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** | |
| None | * 1. Prepare Fishing License Certificate stating about the technicalities in using the specific fishing operation and its implications to the marine ecosystem pursuant to RA 10654. | None | 5 Minutes | | *Senior Aquaculturist*  City Agriculturist  Office |
| 1. Sign on the Fishing License Certificate then claim the Special Permit and Fisherfolk ID | 5. Request client to sign on the Fishing License Certificate to confirm allegiance as to the proper fishing operation and management.  5.1. Release duly approved Special Permit and duly signed Fisherfolk ID | None | 1 Hour | | *Senior Aquaculturist*  City Agriculturist  Office |
| **TOTAL:** | | **Table No. 3.2** | **1 Hour,  32 Minutes** | |  |

**Table No. 3.2**

|  |  |
| --- | --- |
| **Particulars** | **Fees to be paid** |
| 1. Fisherfolks: |  |
| 1. Owner | 25.00 |
| 1. Crew | 10.00/person |
| 1. Fishing Boat: |  |
| 1. Non-motorized | 10.00/person |
| 1. Pump boat (motorized) |  |
| 1. 2.5 HP | 20.00 |
| 1. 5.5 HP – 10 HP | 30.00 |
| 1. 10.5 HP – 10 HP | 50.00 |
| 1. 18.5 HP – 30 HP | 100.00 |
| 1. Above 30 HP | 200.00 |
| 1. Fishing Net: |  |
| 1. Drift/Bottom Set Gill Net | 50.00/net |
| 1. Panti Net | 40.00 |
| 1. Stationary Bagnet | 500.00 |
| 1. Double/Triple Net | 50.00 |
| 1. Scoop Net | 20.00 |
| 1. Seine Net | 15.00 |
| 1. Hook and Line |  |
| 1. Longline | 25.00/unit |
| 1. Simple handline (bundak) | 15.00/unit |
| 1. Jigger | 20.00/unit |
| 1. Multiple (paranghi/pahawin) | 25.00/unit |
| 1. Other Gears |  |
| 1. Fish Pot (bobo) | 50.00 |
| 1. Fish Shelter | 100.00/unit |
| 1. Other Traps | 20.00/ |

* 1. **Philippine Crop Insurance Corporation (PCIC) Farmers Application**

To ensure that various programs and projects funded and implemented by the Local Government Unit of Gingoog City are sustainable for Crop Production Yield Enhancement, the farmer recipients are required to apply crops insurance so that costs incurred may be replenished in case failure of production occurs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Agriculturist Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | Farmers, Fisherfolks, Women and Youth | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| None | | | None | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in Client’s Logbook in the lobby | 1. Request client to fill up logbook with name, address and purpose. | | None | 5 Minutes | *Public Assistance & Complaint Desk Officer*  City Agriculturist Office |
| 2. Ask for application for Crop Insurance from the assigned Agricultural Extension Worker (AEW) and fill up the form. | 2. Check the form  submitted, ask  the requirements  for Crops  Insurance  application and  forward the  documents to the  PCIC Office,  Region 10 | | None | 20 Minutes | *Assigned PCIC AEW*  *Senior Agriculturist*  City Agriculturist Office |
| **TOTAL:** | | | **None** | **25 Minutes** |  |

* 1. **Registry System for Basic Sector in Agriculture (RSBSA) Registration**

Through a Memorandum issued by the Department of Agriculture, all farmers, farm workers, fisherfolks and agri youths must be included in the National Registry System. In connection to this Memorandum, the City Agriculture Office encouraged all the involved individuals, to be registered as one of the major requirements for availment of National and Local Programs and Projects assistance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Agriculturist Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | Fisherfolk and Farmers | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| None | | | None | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in Client’s Logbook in the lobby. | 1. Request client to fill up logbook with name, address and purpose. | | None | 5 Minutes | *Public Assistance & Complaint Desk Officer*  City Agriculturist Office |
| 2. Ask, fill up and submit the RSBSA Form to the In-charge | 2. Evaluate the RSBSA Form submitted, ask the requirements needed and encode the information obtained to the system. | | None | 20 Minutes | *In-charge of RSBSA*  *Senior Agriculturist*  City Agriculturist Office |
| * 1. Forward the accomplished RSBSA Form to CAFC Chairman and City Agriculturist to affix their signatures. | | None | 1 Day | *In-charge of RSBSA*  *Senior Agriculturist*  City Agriculturist Office |
| * 1. Cut the enrolment client’s copy (lower part of form) and return it to client. | | None | 5 Minutes | *In-charge of RSBSA*  *Senior Agriculturist*  City Agriculturist Office |
|  | * 1. Endorse the upper part of form to the Department of Agriculture, Region 10 for Registry System Inclusion | | None | 1 Day | *In-charge of RSBSA*  *Senior Agriculturist*  City Agriculturist Office |
| **TOTAL:** | | | **None** | **2 Days,  30 Minutes** |  |

* 1. **Sale of Seedlings**

Sexually and asexually propagated seedlings of assorted fruit trees, including the micropropagation of tissue cultured banana plantlets will be made available to interested farmers, increase potential production area, farmers productivity and income.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Agriculturist Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | Farmers, Fisherfolks, Women, Youth, various Organizations, National & Local Offices, Cooperatives in Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| None | | | None | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client Log Book in the office lobby | 1. Give the Log Book to the client (write name, address & purpose in the logbook) | | None | 5 Minutes | *Public Assistance & Complaints Desk Officer*  City Agriculturist Office |
| 1. Inquire seedlings for sale. | 1. Inform client the available seedlings and issue billing order | | None | 5 Minutes | *City Plant Nursery*  *In-charge*  City Agriculturist Office |
| 1. Pay the required fees at the City Treasurer’s Office | 3. Receive order of payment   * 1. Issue Official Receipt | | Sexually propagated  – PHP 10/ seedling  Asexually propagated – PHP 15/ seedling | 10 Minutes | *Cashier*  City Treasurer’s Office |
| 1. Return to the City Agriculturist’s Office and present Official Receipt as proof of payment | 4. Receive and record Official Receipt Number and release the seedlings | | None | 10 Minutes | *Livelihood*  *In-charge*  City Agriculturist Office |
| **TOTAL:** | | | **Sexually propagated  – PHP 10/ seedling**  **Asexually propagated – PHP 15/ seedling** | **30 Minutes** |  |

* 1. **Seeds Dispersal**

Provision of assorted vegetables to individual household, identified communal garden and Gulayan sa Paaralan in 79 barangays of Gingoog City.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office or Division:** | City Agriculturist Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may avail:** | All Farmers and Fisherfolks of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| None | | None | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client Log Book in the office lobby | 1. Give the Log Book to the client (write name, address & purpose in the logbook) | None | 5 Minutes | *Agricultural Extension Worker (AEW)*  *Public Assistance & Complaint Desk Officer*  City Agriculturist Office |
| 1. Inquire available vegetable seeds for dispersal. | 1. Refer client to the In-charge of Seeds Dispersal | None | 5 Minutes | *Seeds Dispersal*  *In-charge*  City Agriculturist Office |
| 1. Affix/Sign in the logbook for release | 1. Release the seeds | None | 15 Minutes | *Agricultural Extension Worker (AEW)*  *Public Assistance & Complaint Desk Officer*  City Agriculturist Office |
| **TOTAL:** | | **None** | **25 Minutes** |  |

* 1. **Technical Assistance on Pest and Diseases Control**

Provision of Technical Assistance and Pesticides to prevent the widespread of Pest and Disease Incidence under the Crop Protection Program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Agriculturist Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All farmers of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| None | | | None | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client Log Book in the office lobby. | 1. Give the Log Book  to the client (write  name, address &  purpose in the  logbook). | | None | 5 Minutes | *Public Assistance & Complaint Desk Officer*  City Agriculturist Office |
| 1. Ask for technical assistance/ services | 2. Refer client to Agricultural Extension Worker (AEW) or Project In-charge | | None | 5 Minutes | *Agricultural Extension Worker (AEW)*  *Senior Agriculturist*  City Agriculturist Office |
| 2.1. Evaluate Pest Control Employed and coach Pesticide Management | | None | 15 Minutes | *Agricultural Extension Worker*  *Senior Agriculturist*  City Agriculturist Office |
| * 1. Set schedule of actual pest surveillance and recommend pest management and control based on findings/observation of incurred damage of the plant | | None | 30 Minutes | *Agricultural Extension Worker*  *Senior Agriculturist*  City Agriculturist Office |
| **TOTAL:** | | | **None** | **55 Minutes** |  |

* 1. **Technical and Extension Services for Agri-Fishery Sector**

Render Technical Assistance to walk-in clients.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Agriculturist Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | Fisherfolks, Farmers, Youth, Womens (RIC) and Farmers Association of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| None | | | None | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client Log Book in the office lobby | 1. Request Client to fill-up Log Book (write name, address & purpose in the logbook) | | None | 5 Minutes | *Public Assistance & Complaint Desk Officer*  City Agriculturist Office |
| 2. Seek Information | 1. Refer client to the attending Agricultural Extension Worker (AEW’s) | | None | 5 Minutes | *Agricultural Extension Worker (AEW)*  *Senior Agriculturist*  *Supervising Agriculturist*  City Agriculturist Office |
| * 1. Interview the client and render technical services needed on the agreed schedule | | None | 30 Minutes | *Agricultural Extension Worker (AEW)*  *Senior Agriculturist*  *Supervising Agriculturist*  City Agriculturist Office |
| * 1. Conduct field visitation | | None | 1 Day | *Agricultural Extension Worker (AEW)*  *Senior Agriculturist*  *Supervising Agriculturist*  City Agriculturist Office |
| * 1. Attach report and submit report to Section Chief/ Supervising Agriculturist | | None | 5 Minutes | *Agricultural Extension Worker (AEW)*  *City Agriculturist Office* |
| 1. Accomplish Client Satisfaction Form | 3. Check Client Satisfaction Form and file | | None | 5 Minutes | *Agricultural Extension Worker (AEW)*  *Senior Agriculturist*  *Supervising Agriculturist*  City Agriculturist Office |
| **TOTAL:** | | | **None** | **1 Day,  50 Minutes** |  |

* 1. **Tilapia Fingerlings Dispersal**

The Tilapia fingerlings are dispersed to farmers of Gingoog City in order to provide seedlings for Tilapia Culture as an alternative source of protein in Rural and Hinterland residents where supply of fresh fishes are not readily available.

The Tilapia Fingerlings and other aquatic products are not readily available.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Agriculturist Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | Fisherfolk and Farmers | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Tilapia Fingerlings Request Form | | | City Agriculture Office  Motorpool Compound, Brgy. 22-A, Gingoog City | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in Client’s Logbook in the lobby. | 1. Request client to fill up logbook with name, address and purpose. | | None | 5 Minutes | *Public Assistance & Complaint Desk Officer*  City Agriculturist Office |
| 2. Fill up the Tilapia Fingerlings Request Form | 2. Review form | | None | 1 Minute | *Aquaculture Technician*  *Aquaculturist I*  *Aquaculturist II*  City Agriculturist Office |
| 2.1. Set schedule with client to validate area for proposed tilapia fishpond.  2.2. End of Client’s Transaction  2.3. Fill up Client Satisfaction Form (CSF) | | None | 2 Days | *Aquaculture Technician*  *Aquaculturist I*  *Aquaculturist II*  City Agriculturist Office |
| 3. Claim Tilapia Fingerlings | 3.1. Inform Client of Schedule of Dispersal | | None | 1 Hour | *Aquaculture Technician*  *Aquaculturist I*  *Aquaculturist II*  City Agriculturist Office |
| 3.2. Request client to sign acknowledgment receipt | | None | 1 Hour | *Aquaculture Technician*  *Aquaculturist I*  *Aquaculturist II*  City Agriculturist Office |
| **TOTAL:** | | | **None** | **2 Days, 2 Hours, 6 Minutes** |  |

**4.1. Issuance of Certified True Copy of Tax Declaration, Certificates of**

**CITY ASSESSOR’S OFFICE**

**External Services**

**Landholding/No Landholding; with/no Improvement**

A certified True Copy of Tax Declaration and other certifications are issued upon client’s request as compliance requirement on any legal transactions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office or Division:** | Assessment Records Division, City Assessor’s Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2B – Government to Business, G2C – Government to Citizen | | | |
| **Who may avail:** | Taxpayer or Real Property Owner / Any person with owner’s consent  (e.g. Family members, Relatives, Real Property Broker, Lawyer) | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| 1. Name of Property Owner | | Property owner | | |
| 1. Lot Number of the property | | Department of Environment and Natural Resources/ Department of Agrarian Reform | | |
| 1. Government Issued Identification Card of the Owner | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS,  Pag-IBIG | | |
| 1. If not the owner:   Special Power of attorney (SPA) or authorization and Valid I.D.  If heirs: Birth Certificate or;  Affidavit of heirship  If purchased: Notarized Deed of Sale  (Implementation of RA 10173 – Data Privacy Act of 2012) | | Property owner  PSA, LCR  Law Firm  Seller, Buyer, Law Firm | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, give details and purpose. Present Order of Payment then pay required fees. | 1. Provide logbook and refer to the concerned Division | None | 3 Minutes | *Public Assistance & Complaints Desk Officer (PACD)* City Assessor’s Office |
| * 1. Attend to the request, interview client, and verify records. Issue Order of Payment | None | 10 Minutes | *Assessment Clerk II*  City Assessor’s Office |
| * 1. Receive payment & Issue Official Receipt | Certification  - PHP 50.00  Documentary Stamp  - PHP 30.00 | 3 Minutes | *Cashier*  City Assessor’s Office |
| 1. Submit Official Receipt to the attending employee. | 1. Receive Official receipt, and then generate copy of the requested document. | None | 8 Minutes | *Assessment Clerk II* City Assessor’s Office |
| None | 2.1 Review and sign the requested document | None | 4 Minutes | *Local Assessment Operations Officer II (LAOO II), LAOO IV* City Assessor’s Office |
| 1. Receive the certified copy of Tax Declaration or other requested documents | 1. Record in the logbook & release the document | None | 2 Minutes | *Assessment Clerk II*  City Assessor’s Office |
| **TOTAL:** | | **PHP 80.00** | **30 Minutes** |  |

**4.2. Issuance of Land History**

Land History is issued to any person or entity other than the property owner. This contains history of transaction from the time it was declared for the first time up to the present.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Assessment Records Division, City Assessor’s Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2B – Government to Business, G2C – Government to Citizen | | | |
| **Who may avail:** | | Taxpayer or Real Property Owner / Any person with owner’s consent (e.g. Family members, Relatives, Real Property Broker, Lawyer) | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1. Name of Property Owner | | | | Property owner | |
| 1. Lot Number of the property | | | | DENR/DAR | |
| 1. Government Issued Identification Card of the Owner | | | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG | |
| 1. If not the owner:   Special Power of attorney (SPA) or authorization and Valid I.D.  If heirs:  Birth Certificate or;  Affidavit of heirship  If purchased:  Notarized Deed of Sale  (Implementation of RA 10173 – Data Privacy Act of 2012) | | | | Property owner  PSA, LCR  Law Firm  Seller, Buyer, Law Firm | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, give details and purpose. Present Order of Payment then pay required fees. | 1. Provide logbook and refer to the concerned Division. | | None | 3 Minutes | *PACD Officer* City Assessor’s Office |
| * 1. Attend to the request, interview client, and verify records. Issue Order of Payment. | | None | 10 Minutes | *Assessment Clerk II* City Assessor’s Office |
| 1.2 Receive payment and issue Official Receipt. | | Certification – PhP 50.00  Documentary Stamp  – PhP 30.00 | 3 Minutes | *Cashier*  City Assessor’s Office |
| 1. Submit Official Receipt to the attending employee. | 1. Receive Official receipt, do the research & trace backing. Generate copy of the requested document. | | None | 3 Days | *Assessment Clerk II* |
| None | * 1. Review and sign the requested document | | None | 3 Minutes | *LAOO II, LAOO IV* City Assessor’s Office |
| 3. Receive the copy of Land History. | 1. Record in the logbook & release the document. | | None | 2 Minutes | *Assessment Clerk II*  City Assessor’s Office |
| **TOTAL:** | | | **PHP 80.00** | **3 Days, 21 Minutes** |  |

**4.3. Annotation/Cancellation of Mortgage, Levy, Bail Bond, Other Liens and Encumbrances**

Additional notes or critical information annotated into the face of the original copy of Tax Declaration.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | Assessment Records Division, City Assessor’s Office | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2B – Government to Business, G2C – Government to Citizen | | | | |
| **Who may avail:** | Taxpayer or Real Property Owner / Any person with owner’s consent  (e.g. Family members, Relatives, Real Property Broker, Lawyer) | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1. Discharge of Mortgage (1 photocopy) | | | | Concerned Bank | |
| 1. Certificate of Redemption (1 photocopy) | | | | City Treasurer’s Office | |
| 1. Released/Cancellation of Real Estate Mortgage (1 photocopy) | | | | Pag-IBIG Mutual Development Fund | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form and present documents to be annotated/ cancelled. Present Order of Payment then pay required fees. | | 1. Provide logbook and refer to the concerned Division. | None | 3 Minutes | *PACD Officer* City Assessor’s Office |
| 1.1 Attend to the request, interview client, and verify records. Issue Order of Payment. | None | 10 Minutes | *Assessment Clerk II* City Assessor’s Office |
| 1.2 Receive payment & Issue Official Receipt. | See Table No. 4.3 | 3 Minutes | *Cashier* City Assessor’s Office |
| 1. Submit Official Receipt to the attending employee. | | 1. Receive Official receipt & cause annotation/ cancellation. | None | 13 Minutes | *Assessment Clerk II* City Assessor’s Office |
| None | | 2.1 Review and sign the requested document | None | 4 Minutes | *LAOO II, LAOO IV* City Assessor’s Office |
| 1. Receive the annotated document. | | 1. Record in the logbook & release the document. | None | 2 Minutes | *Assessment Clerk II* City Assessor’s Office |
| **TOTAL:** | | | **See Table No. 4.3** | **35 Minutes** |  | |

Annotation/Cancellation of Mortgage, Levy, Bail bond, other liens and Encumbrances is covered under City Ordinance No. 2015-279 (Revenue Code of the City of Gingoog).

**Table No. 4.3**

|  |  |
| --- | --- |
| Mortgage: |  |
| 10,000 below | PHP 50.00 |
| 10,000-100,000 | PHP 150.00 |
| 100,000-500,000 | PHP 350.00 |
| 500,000-1M | PHP 500.00 |
| 1M and above | PHP 1,000.00 |
| Cancellation: | PHP 50.00 |

**4.4. Issuance of Digitized Sketch Plan and Vicinity Map**

Sketch Plan of a land parcel shows the lot’s shape, boundaries, area and the declared owner. Vicinity Maps illustrate a particular lot’s location in the locality or neighborhood.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Tax Mapping Division, City Assessor’s Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2B – Government to Business  G2C – Government to Citizen | | | |
| **Who may avail:** | | Taxpayer or Real Property Owner / Any person with owner’s consent (e.g. Family members, Relatives, Real Property Broker, Lawyer) | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Name of Property Owner | | | Property owner | | |
| 1. Lot Number of the property | | | DENR/DAR | | |
| 1. Government Issued Identification Card | | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG | | |
| 1. If not the owner:   Special Power of attorney (SPA) or authorization and Valid I.D.  If heirs: Birth Certificate or;  Affidavit of heirship  If purchased: Notarized Deed of Sale  (Implementation of RA 10173 – Data Privacy Act of 2012) | | | Property owner  PSA, LCR  Law Firm  Seller, Buyer, Law Firm | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, give details of request as to lot number, location, declarant. | 1. Provide logbook and refer to the concerned Division. | | None | 3 Minutes | *PACD Officer* City Assessor’s Office |
| 1.1. Attend to the request, interview client, and verify records. Issue Order of Payment. | | None | 5 Minutes | *Data Entry Machine Operator II (DEMO II), Tax Mapper II* City Assessor’s Office |
| 2. Present Order of Payment then pay required fees. | 2. Receive payment & Issue Official Receipt. | | For Sketch Plan – PhP 50.00 /parcel  For Vicinity Map – PhP 130.00 | 3 Minutes | *Cashier* City Assessor’s Office |
| 3. Submit Official Receipt to the attending employee. | 3. Receive Official receipt and prepare the Sketch Plan/ Vicinity Map. | | None | 13 Minutes | *DEMO II,*  *Tax Mapper II* |
| None | * 1. Review and sign Sketch Plan/ Vicinity Map. | | None | 4 Minutes | *Tax Mapper IV*  City Assessor’s Office |
| 4. Receive the copy of Sketch Plan/ Vicinity Map | 1. Record in the logbook & release the document. | | None | 2 Minutes | *DEMO II, Tax Mapper II* City Assessor’s Office |
| **TOTAL:** | | | **For Sketch Plan – PhP 50.00 /parcel**  **For Vicinity Map – PhP 130.00** | **30 Minutes** |  |

**4.5. Photocopying of Technical Description, Approved Plan, Tax Map**

Technical Descriptions & Approved Plans are Tax Mapping records which show the bearings and all the surveying details of a land parcel. Photocopies of which are requested in aid of relocation, subdivision, consolidation surveys.

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| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Tax Mapping Division, City Assessor’s Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2B – Government to Business  G2C – Government to Citizen | | | |
| **Who may avail:** | | Taxpayer or Real Property Owner / Any person with owner’s consent (e.g. Family members, Relatives, Real Property Broker, Lawyer) | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Name of Property Owner | | | Property owner | | |
| 1. Lot Number of the property | | | DENR/DAR | | |
| 1. Government Issued Identification Card | | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS,  Pag-IBIG | | |
| 1. If not the owner:   Special Power of attorney (SPA) or authorization and Valid I.D.  If heirs:  Birth Certificate or;  Affidavit of heirship  If purchased:  Notarized Dead of Sale  (Implementation of RA 10173 – Data Privacy Act of 2012) | | | Property owner  PSA, LCR  Law Firm  Seller, Buyer, Law Firm | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, give details and purpose. | 1. Provide logbook and refer to the concerned Division. | | None | 3 Minutes | *PACD Officer*  City Assessor’s Office |
| 1.1 Attend to the request, interview client, and verify records. Issue Order of Payment. | | None | 10 Minutes | *DEMO II,*  *Tax Mapper II* |
| 2. Present Order of Payment then pay required fees. | 2. Receive payment & Issue Official Receipt. | | PhP 50.00 | 3 Minutes | *Cashier*  City Assessor’s Office |
| 1. Submit Official Receipt to the attending employee. | 3. Perform photocopying or escort client to a private photocopying establishment for the Approved Subdivision Plan. | | None | 12 Minutes | *DEMO II,*  *Tax Mapper II*  City Assessor’s Office |
| 1. Receive the photocopy of the document. | 4. Record in the logbook & release the document. | | None | 2 Minutes | *DEMO II, Tax Mapper II* City Assessor’s Office |
| **TOTAL:** | | | **PHP 50** | **30 Minutes** |  |

**4.6. Issuance of Tax Declaration for Land, Building, Machinery, Improvements, Transfer of Ownership and Transfer of Subdivision/ Consolidation**

Issuance of Tax Declaration of new owner of real property.

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| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Assessor’s Office - Property Appraisal Division | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2C – Government to Citizen  G2B – Government to Business | | | |
| **Who may avail:** | | Taxpayer; Real Property Owners and Stakeholders | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1. Tax Clearance (current year) (1 Photocopy) | | | | City Treasurer’s Office | |
| 1. Deed of Conveyance (2 photocopies copies duly registered by the Registry of Deeds) | | | | Property owner | |
| 1. Land Title (1 Certified Photocopy) | | | | Registry of Deeds | |
| 1. Approved Subdivision Plan with Technical Description  (if portion only) (1 Photocopy) | | | | Private Geodetic Engineer | |
| 1. Transfer Tax receipt with CTO assessment computation   (1 Photocopy) | | | | City Treasurer’s Office | |
| 1. BIR Certificate Authorizing Registration (1 Photocopy) | | | | Bureau of Internal Revenue | |
| 1. Sworn Statement of Market Value (2 Original Copies) | | | | City Assessor’s Office | |
| 1. Authorization letter or Special Power of Attorney from the property owner (if representative) (1 Photocopy) | | | | Land Owner, Notary Public | |
| 1. Inspection Fee Official Receipt: (1 Photocopy) | | | | City Assessor’s Office - Cashier | |
| 1. Government Issued Identification Card of the Owner or Representative (1 Photocopy) | | | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG | |
| 1. Request Form (1 Original) | | | | City Assessor’s Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, present complete requirements for transfer of ownership. | 1. Provide logbook and refer to the concerned Division | | None | 3 Minutes | *PACD Officer*  City Assessor’s Office |
| 1.1 Attend to the request, interview and evaluate the documents. If complete, receive and record request in the Log book. Issue Order of Payment for Inspection Fee. | | None | 45 Minutes | *LAOO II*  *LAOO III*  City Assessor’s Office |

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| 1. Present Order of Payment then pay required fees. | 2. Receive payment and Issue Official Receipt (OR). | For residential land, building and agricultural land with an area of 5 hectares below - PHP 100.00/ parcel  For area of more than 5 hectares  - PHP 200.00/ parcel | 3 Minutes | *Cashier*  City Assessor’s Office |
| 1. Submit Official Receipt | 3. Receive OR, then forward request to the Division Head | None | 2 Minutes | *LAOO II LAOO II* City Assessor’s Office |
| None | 1. Review and Indorse request to the Asst. City Assessor | None | 5 Minutes | *LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Review and Approve request | None | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Forward to the City Assessor for Final instruction | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1. Preparation of Field Map and KML overlay with Google Map | None | 30 Minutes | *DEMO II Tax Mapper II* City Assessor’s Office |
| 1. Coordinate with the Appraiser and Field Verifier | 4. Verification/ Inspection of property and submission of report | None | 1 Day | *Tax Mapper III LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Review and signature of Field Investigation Report | None | 30 Minutes | *LAOO III LAOO IV*  City Assessor’s Office |
| None | 1. Conform Field Investigation Report in the Tax Map | None | 5 Minutes | *Tax Mapper II Tax Mapper III Tax Mapper IV* City Assessor’s Office |
| None | 1. Review and examine Report | None | 1 Hour | *LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Countersign Field Investigation Report | None | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Approval and Signature of Field Investigation Report | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1. Computation of Market Value and Assessment in the FAAS | None | 45 Minutes | *Tax Mapper III LAOO III* City Assessor’s Office |
| None | 1. Assigning of Property Index Number and sketching in the FAAS | None | 30 Minutes | *DEMO II Tax Mapper II Tax Mapper IV*  City Assessor’s Office |
| None | 1. FAAS review and signature | None | 5 Minutes | *LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Record in the logbook and forward to the Assessment Records Division | None | 5 Minutes | *DEMO I*  City Assessor’s Office |
| None | 1. Assign Tax Declaration Number and Record in the Record of Assessment/ carry over annotation | None | 45 Minutes | *LAOO II*  City Assessor’s Office |
| None | 1. Transcribe/ update data entry in the TMCR | None | 1 Hour | *Tax Mapper III Tax Mapper IV* City Assessor’s Office |
| None | 1. Review FAAS by the Assessment and Standard Examination Division | None | 1 Hour | *LAOO II LAOO IV*  City Assessor’s Office |
| None | 1. Crosscheck and review FAAS | None | 10 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Approval and final signature of FAAS | None | 10 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1. Encode FAAS / Entry in the Data base | None | 20 Minutes | *Data Encoder* City Assessor’s Office |
| None | 1. Check encoded and printed Tax Declaration | None | 1 Hour | *LAOO II LAOO IV* City Assessor’s Office |
| None | 1. Crosscheck and Review printed Tax Declaration and Countersign | None | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Approval and Signature of Tax Declaration | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| 1. Receive Owner’s Copy of Tax Declaration and Notice of Assessment | 5. Record in the logbook and release Tax Declaration and Notice of Assessment | None | 10 Minutes | *LAOO II LAOO IV* City Assessor’s Office |
| **TOTAL:** | | **For residential land, building and agricultural land with an area of 5 hectares below - PHP 100.00/ parcel**  **For area of more than 5 hectares  - PHP 200.00/ parcel** | **2 Days,  1 Hour,  33 Minutes** |  |

**4.7. Declaration of New/Undeclared Properties**

Issuance of Tax Declaration of the Newly Discovered/Undeclared Properties.

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| **Office or Division:** | City Assessor’s Office - Property Appraisal Division | |
| **Classification:** | Complex | |
| **Type of Transaction:** | G2C – Government to Citizen  G2B – Government to Business | |
| **Who may avail:** | Taxpayer; Real Property Owners and Stakeholders | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| **For Land declared for the first time for untitled property:** | | |
| 1. Approved survey plan with technical description (1 Photocopy) | | DENR/DAR |
| 1. Certification from CENRO stating among others that the land is within the alienable and disposable area (1 Photocopy) | | DENR |
| 1. Affidavit of Ownership and Sworn Statement declaring the market value of real property  (1 Photocopy) | | Notary Public |
| 1. A certification from barangay Captain that the declarant is present possessor and occupant of the land (1 Original) | | Barangay Captain |
| 1. Certification from the NCIP that the land is not covered by CADC/CADT (1 Photocopy) | | National Commission for Indigenous People |
| 1. Government Issued Identification Card of the Owner or Representative (1 Photocopy) | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG |
| 1. Inspection Fee Official Receipt (1 Photocopy) | | City Assessor’s Office - Cashier |
| 1. Request Form (1 Original) | | City Assessor’s Office |
| If transacted by representative:   1. Authorization Letter (1 Photocopy) | | Land owner |
| **For Land declared for the first time for Titled property:** | | |
| 1. Free patent, homestead or miscellaneous application (1 Certified Photocopy) | | DENR/DAR |
| 1. Land Title (1 Certified Photocopy) | | Registry of Deeds |
| 1. Approved survey plan (1 Photocopy) | | DENR |
| 1. Government Issued Identification Card of the Owner or Representative (1 Photocopy) | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG |
| 1. Inspection Fee Official Receipt (1 Photocopy) | | City Assessor’s Office - Cashier |
| 1. Request Form (1 Original) | | City Assessor’s Office |
| If transacted by representative:   1. Authorization Letter (1 Photocopy) | | Land owner |

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| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **For Building declared for the first time:** | | |  | |
| 1. Building Permit and floor plan (1 Photocopy | | | City Engineer’s Office | |
| 1. Certificate of Occupancy (1 Photocopy) | | | City Engineer’s Office | |
| 1. Sworn Statement of the Market Value of the Bldg. (2 Original) | | | City Assessor’s Office | |
| 1. Field Report (1 Original) | | | City Assessor’s Office | |
| 1. Government Issued Identification Card of the Owner or Representative(1 Photocopy) | | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG | |
| 1. Inspection Fee Official Receipt (1 Photocopy) | | | City Assessor’s Office - Cashier | |
| 1. Request Form (1 Original) | | | City Assessor’s Office | |
| If transacted by representative:   1. Authorization Letter (1 Photocopy) | | | Land owner | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, present complete requirements for the declaration of the property. Present Order of Payment then pay required fees. Submit Official Receipt to the attending employee. | 1. Provide logbook and refer to the concerned Division | None | 3 Minutes | *PACD Officer*  City Assessor’s Office |
| * 1. Attend to the request, interview and evaluate the documents. If complete, receive and record request in the Log book. Issue Order of Payment for Inspection Fee | None | 45 Minutes | *LAOO II*  *LAOO III*  City Assessor’s Office |
| 1.2 Receive payment and Issue Official Receipt | For residential land, building and agricultural land with an area of 5 hectares below - PHP 100.00/ parcel  For area of more than 5 hectares  - PHP 200.00/ parcel | 3 Minutes | *Cashier*  City Assessor’s Office |
| 1.3 Receive Official receipt, then forward request to the Division Head | None | 2 Minutes | *LAOO II*  *LAOO III*  City Assessor’s Office |
| None | 1.4 Review and Indorse request to the Asst. City Assessor | None | 5 Minutes | *LAOO III LAOO IV* City Assessor’s Office |
| None | 1.5 Approve request | None | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1.6 Forward to the City Assessor for Final instruction | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1.7 Preparation of Field Map and KML overlay with Google Map | None | 30 Minutes | *DEMO II*  *Tax Mapper II*  City Assessor’s Office |
| 1. Provide guide or access to the property for the Appraiser and field verifier | 2. Verification/ Inspection of property and submission of report | None | 1 Day | *Tax Mapper III*  *LAOO III/IV*  City Assessor’s Office |
| None | 1. Review and signature of Field Investigation Report | None | 30 Minutes | *LAOO III/IV*  City Assessor’s Office |
| None | 1. Conform Field Investigation Report in the Tax Map | None | 5 Minutes | *Tax Mappers* City Assessor’s Office |
| None | 1. Review and examine Report by the Assessment Standards and Examination Division | None | 1 Hour | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| None | 1. Countersign Field Investigation Report | None | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Approval and Signature of Field Investigation Report | None | 5 Minutes | *Asst. City Assessor*  *City Assessor* City Assessor’s Office |
| None | 1. Computation of Market Value and Assessment in the FAAS | None | 45 Minutes | *LAOO III*  *Tax Mapper III*  City Assessor’s Office |
| None | 1. Assigning of Property Index Number and sketching in the FAAS | None | 30 Minutes | *DEMO II*  *Tax Mappers*  City Assessor’s Office |
| None | 1. FAAS review and signature | None | 5 Minutes | *LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Record in the logbook and forward to Assessment Records Division | None | 5 Minutes | *DEMO I*  City Assessor’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Assign Tax Declaration Number and Record in the Record of Assessment | None | 45 Minutes | *LAOO II* City Assessor’s Office |
| None | 1. Transcribe/ update data entry in the TMCR | None | 1 Hour | *Tax Mapper II Tax Mapper IV* City Assessor’s Office |
| None | 1. Review FAAS by the Assessment and Standard Examination Division | None | 1 Hour | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| None | 1. Crosscheck and review FAAS | None | 10 Minutes | *Asst. City Assessor*  City Assessor’s Office |
| None | 1. Approval and Final signature of FAAS | None | 10 Minutes | *Asst. City Assessor*  *City Assessor*  City Assessor’s Office |
| None | 1. Encode FAAS/ Entry in the Database | None | 20 Minutes | *Data Encoder*  City Assessor’s Office |
| None | 1. Check encoded and printed Tax Declaration | None | 1 Hour | *LAOO III/IV*  City Assessor’s Office |
| None | 1. Crosscheck and Review printed Tax Declaration and Countersign | None | 5 Minutes | *Asst. City Assessor*  City Assessor’s Office |
| None | 1. Approval and Signature of Tax Declaration | None | 5 Minutes | *Asst. City Assessor*  *City Assessor*  City Assessor’s Office |
| 1. Receive Owners Copy of Tax Declaration and Notice of Assessment | 3. Record in the logbook and release Tax Declaration and Notice of Assessment | None | 10 Minutes | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| **TOTAL:** | | **For residential land, building and agricultural land with an area of 5 hectares below-**  **PHP 100.00/ parcel**  **For area of more than 5 hectares -**  **PHP 200.00/ parcel** | **2 Days,  1 Hour,  33 Minutes** |  |

**4.8. Reclassification of Assessment of Real Properties**

Issuance of Tax Declaration based on the new property classification.

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| **Office or Division:** | | City Assessor’s Office - Property Appraisal Division | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2C – Government to Citizen  G2B – Government to Business | | | |
| **Who may avail:** | | Taxpayer; Real Property Owners and Stakeholders | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1. Tax Clearance (current year) (1 Photocopy) | | | | City Treasurer’s Office | |
| 1. CLUP Certification (1 Photocopy) | | | | City Planning and Development Office | |
| 1. Authorization Letter (if transacted by representative)   (1 Original) | | | | Land owner | |
| 1. Inspection Fee Official Receipt (1 Photocopy) | | | | City Assessor’s Office - Cashier | |
| 1. Government Issued Identification Card of the Owner or Representative (1 Photocopy) | | | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG | |
| 1. Request Form (1 Original) | | | | City Assessor’s Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, present complete requirements for the reclassification of the property. Present Order of Payment then pay required fees. Submit Official Receipt to the attending employee. | 1. Provide logbook and refer to the concerned Division | | None | 3 Minutes | *PACD Officer*  City Assessor’s Office |
| 1.1 Attend to the request, interview and evaluate the documents. If complete, receive and record request in the Log book. Issue Order of Payment for Inspection Fee. | | None | 45 Minutes | *LAOO II*  *LAOO III*  City Assessor’s Office |
| 1.2 Receive payment and Issue Official Receipt | | For residential land, building and agricultural land with an area of 5 hectares below - PHP 100/ parcel  For area of more than 5 hectares  - PHP 200/ parcel | 3 Minutes | *Cashier*  City Assessor’s Office |
| None | 1.3 Receive Official Receipt, then forward request to the Division Head | | None | 2 Minutes | *LAOO II*  *LAOO III*  City Assessor’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1.4 Review and Indorse request to the Asst. City Assessor | None | 5 Minutes | | *LAOO III LAOO I* City Assessor’s Office |
| None | 1.5 Approve request | None | 5 Minutes | | *Asst. City Assessor* City Assessor’s Office |
| None | 1.6 Forward to the City Assessor for Final instruction | None | 5 Minutes | | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1.7 Preparation of Field Map and KML overlay with Google Map | None | 30 Minutes | | *DEMO II*  *Tax Mapper II*  City Assessor’s Office |
| 2. Provide guide or access to the property for the Appraiser and field verifier. | 2. Verification/ Inspection of property and submission of report | None | 1 Day | | *Tax Mapper III LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Review and signature of Field Investigation Report | None | 30 Minutes | | *LAOO III*  *LAOO IV*  City Assessor’s Office |
| None | 1. Conform Field Investigation Report in the Tax Map | None | 5 Minutes | | *Tax Mapper II Tax Mapper III Tax Mapper IV* City Assessor’s Office |
| None | 1. Review and examine Report by the Assessment Standards and Examination Division | None | 1 Hour | | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| None | 1. Countersign Field Investigation Report | None | 5 Minutes | | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Approval and Signature of Field Investigation Report | None | 5 Minutes | | *Asst. City Assessor*  *City Assessor* City Assessor’s Office |
| None | 1. Computation of Market Value and Assessment in the FAAS | None | 45 Minutes | | *LAOO III*  *Tax Mapper III*  City Assessor’s Office |
| None | 1. Assigning of Property Index Number and sketching in the FAAS | None | 30 Minutes | | *DEMO II Tax Mapper II Tax Mapper III Tax Mapper IV* City Assessor’s Office |
| None | 1. FAAS review and signature | None | 5 Minutes | | *LAOO III LAOO IV* City Assessor’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Record in the logbook and forward to Assessment Records Division | None | | 5 Minutes | | *DEMO I*  City Assessor’s Office |
| None | 1. Assign Tax Declaration Number and Record in the Record of Assessment | None | | 45 Minutes | | *LAOO II*  City Assessor’s Office |
| None | 1. Transcribe/ update data entry in the TMCR | None | | 1 Hour | | *Tax Mapper II Tax Mapper IV* City Assessor’s Office |
| None | 1. Review FAAS | None | | 1 Hour | | *LAOO II LAOO IV* City Assessor’s Office |
| None | 1. Crosscheck and review FAAS | None | | 10 Minutes | | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Approval and Final signature of FAAS | None | | 10 Minutes | | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1. Encode FAAS/ Entry in the Database | None | | 20 Minutes | | *Data Encoder*  City Assessor’s Office |
| None | 1. Check encoded and printed Tax Declaration | None | | 1 Hour | | *LAOO II LAOO IV* City Assessor’s Office |
| None | 1. Crosscheck and Review printed Tax Declaration and Countersign | None | | 5 Minutes | | *Asst. City Assessor*  City Assessor’s Office |
| None | 1. Approval and Signature of Tax Declaration | None | | 5 Minutes | | *Asst. City Assessor City Assessor* City Assessor’s Office |
| 3. Receive Owners Copy of Tax Declaration and Notice of Assessment | 3. Record in the logbook and release Tax Declaration and Notice of Assessment | None | | 10 Minutes | | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| **TOTAL:** | | **For residential land, building and agricultural land with an area of 5 hectares below - PHP 100.00/ parcel**  **For area of more than 5 hectares  - PHP 200.00/ parcel** | | **2 Days,  1 Hour,  33 Minutes** | |  |

* 1. **Reassessment of Real Property due to physical change and Correction of erroneous data entry of the Tax Declaration**

Issuance of Tax Declaration to reflect physical change of the property or to correct erroneous data entry of the Tax Declaration.

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| **Office or Division:** | | City Assessor’s Office - Property Appraisal Division | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2C – Government to Citizen  G2B – Government to Business | | | |
| **Who may avail:** | | Taxpayer; Real Property Owners and Stakeholders | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1. Tax Clearance (current year) (1 Photocopy) | | | | City Treasurer’s Office | |
| 1. Barangay Certification | | | | Barangay Captain, Barangay Hall | |
| 1. Authorization Letter (if transacted by representative) (1 Original) | | | | Land owner | |
| 1. Inspection Fee Official Receipt (1 Photocopy) | | | | City Assessor’s Office - Cashier | |
| 1. Government Issued Identification Card of the Owner or Representative (1 Photocopy) | | | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG | |
| 1. Request Form (1 Original) | | | | City Assessor’s Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, present complete requirements for the reassessment of the property. Present Order of Payment then pay required fees. Submit Official Receipt to the attending employee. | 1. Provide logbook and refer to the concerned Division | | None | 3 Minutes | *PACD Officer*  City Assessor’s Office |
| * 1. Attend to the request, interview and evaluate the documents. If complete, receive and record request in the Log book. Issue Order of Payment for Inspection Fee | | None | 45 Minutes | *LAOO II*  *LAOO III*  City Assessor’s Office |
| * 1. Receive payment and Issue Official Receipt | | For residential land, building and agricultural land with an area of 5 hectares below - PHP 100.00/ parcel  For area of more than 5 hectares  - PHP 200.00/ parcel | 3 Minutes | *Cashier*  City Assessor’s Office |
| None | * 1. Receive Official receipt, then forward request to the Division Head | | None | 2 Minutes | *LAOO II*  *LAOO III*  City Assessor’s Office |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1.4. Review and Indorse request to the Asst. City Assessor | | None | 5 Minutes | *LAOO III LAOO IV* City Assessor’s Office |
| None | 1.5. Approve request | | None | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1.6. Forward to the City Assessor for Final instruction | | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1.7. Preparation of Field Map and KML overlay with Google Map | | None | 30 Minutes | *DEMO II*  *Tax Mapper II*  City Assessor’s Office |
| 2. Provide guide or access to the property for the Appraiser and field verifier. | 2. Verify/ Inspect the property and submit report | | None | 1 Day | *Tax Mapper III LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Review and signature of Field Investigation Report | | None | 30 Minutes | *LAOO III*  *LAOO IV*  City Assessor’s Office |
| None | 1. Conform Field Investigation Report in the Tax Map | | None | 5 Minutes | *Tax Mapper II Tax Mapper III Tax Mapper I* City Assessor’s Office |
| None | 1. Review and examine Report by the Assessment Standards and Examination Division | | None | 1 Hour | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| None | 1. Countersign Field Investigation Report | | None | 5 Minutes | *Asst. City Assessor*  City Assessor’s Office |
| None | 1. Approval and Signature of Field Investigation Report | | None | 5 Minutes | *Asst. City Assessor*  *City Assessor*  City Assessor’s Office |
| None | 1. Computation of Market Value and Assessment in the FAAS | | None | 45 Minutes | *LAOO III*  *Tax Mapper III*  City Assessor’s Office |
| None | 1. Assigning of Property Index Number and sketching in the FAAS | | None | 30 Minutes | *DEMO II Tax Mapper II Tax Mapper III Tax Mapper IV* City Assessor’s Office |
| None | 1. FAAS review and signature | | None | 5 Minutes | *LAOO II LAOO I* City Assessor’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Record in the logbook and forward to Assessment Records Division | None | 5 Minutes | *DEMO I*  City Assessor’s Office |
| None | 1. Assign Tax Declaration Number and Record in the Record of Assessment | None | 45 Minutes | *LAOO II*  City Assessor’s Office |
| None | 1. Transcribe/ update data entry in the TMCR | None | 1 Hour | *Tax Mapper II*  *Tax Mapper IV* |
| None | 1. Review FAAS by the Assessment and Standard Examination Division | None | 1 Hour | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| None | 1. Crosscheck and review FAAS | None | 10 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Approval and Final signature of FAAS | None | 10 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1. Encode FAAS/ Entry in the Database | None | 20 Minutes | *Data Encoder*  City Assessor’s Office |
| None | 1. Check encoded and printed Tax Declaration | None | 1 Hour | *LAOO II LAOO I* City Assessor’s Office |
| None | 1. Crosscheck and Review printed Tax Declaration and Countersign | None | 5 Minutes | *Asst. City Assessor*  City Assessor’s Office |
| None | 1. Approval and Signature of Tax Declaration | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| 3. Receive Owners Copy of Tax Declaration and Notice of Assessment | 3. Record in the logbook and release Tax Declaration and Notice of Assessment | None | 10 Minutes | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| **TOTAL:** | | **For residential land, building and agricultural land with an area of 5 hectares below - PHP 100.00/ parcel**  **For area of more than 5 hectares  - PHP 200.00/ parcel** | **2 Days,  1 Hour,  33 Minutes** |  |

* 1. **Transfer of Lot Ownership from City Government**

Issuance of Tax Declaration to property which is previously owned by the City Government.

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| **Office or Division:** | | City Assessor’s Office - Property Appraisal Division | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2C – Government to Citizen  G2B – Government to Business | | | |
| **Who may avail:** | | Taxpayer; Real Property Owners and Stakeholders | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Tax Clearance (current year) (1 Photocopy) | | | | City Treasurer’s Office | |
| Deed of Conveyance:  BL Form 400-A (1 Photocopy)  BL Form 700-2A (1 Photocopy)  Certification of Lot Status (1 Photocopy)  CLUP Certification (1 Photocopy)  Brgy. Certification as actual occupant (1 Photocopy)  Certification that the lot are not under court litigation (1 Photocopy) | | | | DENR  DENR  DENR  CPDO  Barangay Captain, Barangay Hall  Office of the Clerk of Court | |
| Transfer Tax receipt with CTO assessment form (1 Photocopy) | | | | City Treasurer’s Office | |
| Sworn Statement of Market Value (2 Original) | | | | City Assessor’s Office | |
| Authorization letter or Special Power of Attorney from the property owner (if representative) (1 Photocopy) | | | | Land Owner, Notary Public | |
| Inspection Fee Official Receipt (1 Photocopy) | | | | City Assessor’s Office - Cashier | |
| Government Issued Identification Card of the Owner or Representative (1 Photocopy) | | | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG | |
| Request Form (1 Original) | | | | City Assessor’s Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, present complete requirements for the transfer of ownership of the property. Present Order of Payment then pay required fees. Submit Official Receipt to the attending employee. | 1. Provide logbook and refer to the concerned Division | | None | 3 Minutes | *PACD Officer* City Assessor’s Office |
| 1. Attend to the request, interview and evaluate the documents. If complete, receive and record request in the Log book. Issue Order of Payment for Inspection Fee | | None | 45 Minutes | *LAOO II*  *LAOO III*  City Assessor’s Office |
| 1. Receive payment and Issue Official Receipt | | PHP 100 /parcel | 3 Minutes | *Cashier* City Assessor’s Office |
| 1. Receive Official receipt, then forward request to the Division Head | | None | 2 Minutes | *LAOO II LAOO II* City Assessor’s Office |
| None | 1. Review and Indorse request to the Asst. City Assessor | | None | 5 Minutes | *LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Approve request | | None | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward to the City Assessor for Final instruction | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1. Preparation of Field Map and KML overlay with Google Map | None | 30 Minutes | *DEMO II Tax Mapper II* City Assessor’s Office |
| 2. Provide guide or access to the property for the Appraiser and field verifier | 2. Verification/ Inspection of property and submission of report | None | 1 Day | *Tax Mapper III LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Review and signature of Field Investigation Report | None | 30 Minutes | *LAOO III LAOO IV* City Assessor’s Office |
| None | 1. Conform Field Investigation Report in the Tax Map | None | 5 Minutes | *Tax Mapper II Tax Mapper III Tax Mapper IV* City Assessor’s Office |
| None | 1. Review and examine Report by the Assessment Standards and Examination Division | None | 1 Hour | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| None | 1. Countersign Field Investigation Report | None | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Approval and Signature of Field Investigation Report | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1. Computation of Market Value and Assessment in the FAAS | None | 45 Minutes | *LAOO III Tax Mapper III* City Assessor’s Office |
| None | 1. Assigning of Property Index Number and sketching in the FAAS | None | 30 Minutes | *DEMO II Tax Mapper II Tax Mapper III Tax Mapper IV* City Assessor’s Office |
| None | 1. FAAS review and signature | None | 5 Minutes | *LAOO III LAOO I* City Assessor’s Office |
| None | 1. Record in the logbook and forward to Assessment Records Division | None | 5 Minutes | *DEMO I*  City Assessor’s Office |
| None | 1. Assign Tax Declaration Number and Record in the Record of Assessment | None | 45 Minutes | *LAOO II*  City Assessor’s Office |
| None | 1. Transcribe/ update data entry in the TMCR | None | 1 Hour | *Tax Mapper II Tax Mapper IV* City Assessor’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Review FAAS by the Assessment and Standard Examination Division | None | 1 Hour | *LAOO II LAOO IV* City Assessor’s Office |
| None | 1. Crosscheck and review FAAS | None | 10 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1. Approval and Final signature of FAAS | None | 10 Minutes | *Asst. City Assessor*  *City Assessor*  City Assessor’s Office |
| None | 1. Encode FAAS/ Entry in the Database | None | 20 Minutes | *Data Encoder*  City Assessor’s Office |
| None | 1. Check encoded and printed Tax Declaration | None | 1 Hour | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| None | 1. Crosscheck and Review printed Tax Declaration and Countersign | None | 5 Minutes | *Asst. City Assessor*  City Assessor’s Office |
| None | 1. Approval and Signature of Tax Declaration | None | 5 Minutes | *Asst. City Assessor*  *City Assessor*  City Assessor’s Office |
| 3. Receive Owners Copy of Tax Declaration and Notice of Assessment | 3. Record in the logbook and release Tax Declaration and Notice of Assessment | None | 10 Minutes | *LAOO II*  *LAOO IV*  City Assessor’s Office |
| **TOTAL:** | | **PHP 100.00 /parcel** | **2 Days,  1 Hour,  33 Minutes** |  |

* 1. **Cancellation of Assessment Records**

Cancellation of Tax Declarations to Buildings which are no longer existing and dismantled/pulled-out machineries

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| **Office or Division:** | | City Assessor’s Office - Property Appraisal Division | | | | |
| **Classification:** | | Complex | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen  G2B – Government to Business | | | | |
| **Who may avail:** | | Taxpayer; Real Property Owners and Stakeholders | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| 1. Tax Clearance (current year) (1 Photocopy) | | | | City Treasurer’s Office | | |
| 1. Certification (1 Original) | | | | Barangay Captain, Barangay Hall | | |
| 1. Authorization Letter (if transacted by representative)  (1 Original) | | | | Land owner | | |
| 1. Inspection Fee Official Receipt (1 Photocopy) | | | | City Assessor’s Office - Cashier | | |
| 1. Government Issued Identification Card of the Owner or Representative (1 Photocopy) | | | | LTO, BIR, GSIS, Post Office, DFA, PSA, SSS, Pag-IBIG | | |
| 1. Request Form (1 Original) | | | | City Assessor’s Office | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Approach the office front liner and sign in the client logbook. Fill out request form, present complete requirements for the cancellation of the Tax Declaration. Present Order of Payment then pay required fees. Submit Official Receipt to the attending employee. | 1. Provide logbook and refer to the concerned Division | | None | | 3 Minutes | *PACD Officer* City Assessor’s Office |
| 1.1 Attend to the request, interview and evaluate the documents. If complete, receive and record request in the log book. Issue Order of Payment for Inspection Fee | | None | | 45 Minutes | *LAOO II LAOO III* City Assessor’s Office |
| 1.2 Receive payment and Issue Official Receipt | | PHP 100 /unit | | 3 Minutes | *Cashier* City Assessor’s Office |
| 1.3 Receive Official receipt, then forward request to Division Head | | None | | 2 Minutes | *LAOO II LAOO III* City Assessor’s Office |
| None | 1.4 Review and Indorse request to the Asst. City Assessor | | None | | 5 Minutes | *LAOO III LAOO IV* City Assessor’s Office |
| None | 1.5 Approve request | | None | | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 1.6 Forward to City Assessor for Final instruction | | None | | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 1.7 Prepare the Field Map and KML overlay with google Map | | None | | 30 Minutes | *DEMO II Tax Mapper II* City Assessor’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 2. Provide guide or access to the property for the Appraiser and field verifier | 2. Verify/ Inspect the property and submit report | None | 1 Day | *Tax Mapper III LAOO III LAOO IV* City Assessor’s Office |
| None | 2.1 Review and signature of Field Investigation Report | None | 30 Minutes | *LAOO III LAOO IV* City Assessor’s Office |
| None | 2.2 Conform Field Investigation Report in the Tax Map | None | 5 Minutes | *Tax Mapper II Tax Mapper III Tax Mapper IV* City Assessor’s Office |
| None | 2.3 Review and examine Report by the Assessment Standards and Examination Division | None | 10 Minutes | *LAOO II LAOO IV* City Assessor’s Office |
| None | 2.4 Countersign Field Investigation Report | None | 5 Minutes | *Asst. City Assessor* City Assessor’s Office |
| None | 2.5 Approval and Signature of Field Investigation Report | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| None | 2.6 Prepare Notice of Cancellation of Assessment | None | 5 Minutes | *LAOO III*  City Assessor’s Office |
| None | 2.7 Review Notice of Cancellation and signature | None | 5 Minutes | *LAOO III LAOO I* City Assessor’s Office |
| None | 2.8 Record to logbook and forward to Assessment Records Division | None | 5 Minutes | *DEMO I*  City Assessor’s Office |
| None | 2.9 Encode and Print Notice of Cancellation | None | 10 Minutes | *LAOO II LAOO IV* City Assessor’s Office |
| None | 2.10 Crosscheck, review and initial Notice of Cancellation | None | 5 Minutes | *Asst. City Assessor*  City Assessor’s Office |
| None | 2.11 Approval and Final Signature of Notice of Cancellation | None | 5 Minutes | *Asst. City Assessor City Assessor* City Assessor’s Office |
| 3. Receive Copy of Cancellation | 3. Release Copy of Cancellation | None | 5 Minutes | *LAOO II LAOO IV* City Assessor’s Office |
| **TOTAL:** | | **PHP 100.00 /unit** | **1 Day,  3 Hours,  13 Minutes** |  |

**CITY ACCOUNTANT’S OFFICE,  
CITY BUDGET OFFICE, &**

**CITY TREASURER’S OFFICE**

**External Services**

1. **Payment of Construction Contracts** 
   * 1. **Advance Billing of Construction Contracts**

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| **Office or Division:** | | City Engineer's Office, City Accountants Office, City Budget Office, City Treasurer's Office, City Mayor’s Office, City Administrator’s Office | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2B – Government to Business | | | |
| **Who may avail:** | | Contractors of Infrastructure Projects | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1. Approved letter request for advance payment. *(1 Original)* | | | | Contractor | |
| 1. Individual project program proposal /program of work. | | | | Contractor | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit all the requirements at the City Engineer's Office | 1. Receive documents. | | None | 5 Minutes | *Receiving Clerk*  City Engineer’s Office |
| None | 1. Compilation of the complete Documents based on checklist of requirements. | | None | 30 Minutes | *Engineer I*  City Engineer’s Office |
| None | 1. Prepare and attached CAFOA & Disbursement Voucher. | | None | 15 Minutes | *Project Engineer* City Engineer’s Office |
| None | 1. Approval of CAFOA and Disbursement Voucher | | None | 45 Minutes | *City Engineer*  City Engineer’s Office |
| None | 1. Forward all documents to the City Budget Office | | None | 10 Minutes | *Messenger*  City Engineer’s Office |
| None | 1. Receive documents From the City Engineer's Office and record in the logbook, input transaction to eBudget System and assign control number. | | None | 5 Minutes | *Receiving Clerk*  City Budget Office |
| None | 1. Control CAFOA as to existence of appropriation and update records in the eBudget System. | | None | 5 Minutes | *Budgeting Assistant*  City Budget Office |
| None | 1. Forward controlled CAFOA to Admin Officer for checking and initial. | | None | 5 Minutes | *Budget Officer IV*  City Budget Office |
| None | 1. Certify CAFOA as to the existence of appropriation. | | None | 5 Minutes | *City Budget Officer*  City Budget Office |
| None | 1. Return certified CAFOA to releasing clerk | | None | 5 Minutes | *Administrative Aide*  City Budget Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Update transaction status of CAFOA as "out" in the eBudget System | None | | 5 Minutes | *Administrative Aide*  City Budget Office |
| None | 1. Forward documents to the City Treasurer's Office | None | | 5 Minutes | *Administrative Aide*  City Budget Office |
| None | 1. Receive documents From the City Budget Office and record in the logbook | None | | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | 1. Certify CAFOA as to availability of Funds. | None | | 5 Minutes | *City Treasurer*  City Treasurer’s Office |
| None | 1. Forward documents to the City Accountant's Office | None | | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | 1. Receive and record documents from the City Treasurer's Office. | None | | 5 Minutes | *Receiving Clerk*  City Accountant’s Office |
| None | 1. Examine and evaluate the completeness and propriety of supporting documents | None | | 1 Hour | *Asst. City Accountant / Management and Audit Analyst I*  City Accountant’s Office |
| None | 1. Post claim to individual ledger | None | | 5 Minutes | *Supervising Administrative Officer*  City Accountant’s Office |
| None | 1. Post to Fund Control Ledgers and Prepare the Journal Entry | None | | 5 Minutes | *Supervising Administrative Officer*  City Accountant’s Office |
| None | 1. Assign control number to CAFOA | None | | 5 Minutes | *Accounting Clerk*  City Accountant’s Office |
| None | 1. Review and certify the Disbursement voucher and CAFOA, together with the approval of the journal entry | None | | 15 Minutes | *Asst./City Accountant*  City Accountant’s Office |
| None | 1. Record and forward Disbursement Voucher to the City Mayor's Office/ City Administrator’s Office for Approval. | None | | 5 Minutes | *Releasing Clerk*  City Accountant’s Office |
| None | 1. Receive and record documents from the City Accountant's Office. | None | | 5 Minutes | *Receiving Clerk*  Office of the City Administrator  *Receiving Clerk*  Office of the City Mayor |

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| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Approval of Disbursement Voucher | None | | 1 Day | *City Administrator*  Office of the City Administrator  *City Mayor*  Office of the City Mayor |
| None | 1. Forward documents to City Treasurers Office. | None | | 5 Minutes | *Releasing Clerk*  Office of the City Administrator  *Releasing Clerk*  Office of the City Mayor |
| None | 1. Received and record documents from City Mayor's/ City Administrator’s Office in the logbook. | None | | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | 1. Certification of Disbursement Voucher | None | | 5 Minutes | *City Treasurer*  City Treasurer’s Office |
| None | 1. Forward Documents to Cashier for check preparation. | None | | 5 Minutes | *Cashier IV*  City Treasurer’s Office |
| None | 1. Approval of Check by the City Treasurer | None | | 5 Minutes | *City Treasurer*  City Treasurer’s Office |
| None | 1. Forward Documents and check to City Mayor's / City Administrator’s Office. | None | | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | 1. Receive and record documents and check from the City Treasurer's Office. | None | | 5 Minutes | *Receiving Clerk*  Office of the City Administrator  *Receiving Clerk*  Office of the City Mayor |
| None | 1. Approval of Check by the City Mayor or authorized representative. | None | | 1 Day | *City Administrator*  Office of the City Administrator  *City Mayor*  Office of the City Mayor |
| None | 1. Forward documents and approved check to City Accountant's Office. | None | | 5 Minutes | *Releasing Clerk*  Office of the City Administrator  *Releasing Clerk*  Office of the City Mayor |

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| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Receive and record documents and approved check from City Mayor's/ City Administrator’s Office in the logbook. | None | | 5 Minutes | *Receiving Clerk*  City Accountant’s Office |
| None | 1. Prepare TAX Certificate and Accountant's Advice. | None | | 15 Minutes | *Accounting Clerk*  City Accountant’s Office |
| None | 1. Approval of TAX Certificate and Accountant's Advice. | None | | 5 Minutes | *Asst./City Accountant*  City Accountant’s Office |
| None | 1. Record and forward documents to the City Treasurer's Office. | None | | 5 Minutes | *Releasing Clerk*  City Accountant’s Office |
| None | 1. Receive and record documents from City Accountant's Office in the logbook. | None | | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| 1. Present ID and Receive Check Payment | 1. Ask for valid identification card of payee and validate. | None | | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| 1. Issue Official Receipt and sign logbook | 1. Ask for Official Receipt from Contractor and release check. | None | | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| **TOTAL** | | **None** | | **2 Days,  5 Hours, 45 Minutes** |  |

* + 1. **Partial Billing of Construction Contracts**

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| **Office or Division:** | | City Engineer's Office, City Accountants Office, City Budget Office, City Treasurer's Office, City Mayor’s Office, City Administrator’s Office, City Planning and Development Office. | | | | |
| **Classification:** | | Complex | | | | |
| **Type of Transaction:** | | G2B – Government to Business | | | | |
| **Who may avail:** | | Contractors of Infrastructure Projects | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | | **WHERE TO SECURE** | |
| * Letter request of contractor for inspection. *(Original)* | | | | | Contractor | |
| * Individual project program proposal /program of work. | | | | | Contractor | |
| * Pictures of work accomplished (before, during and after ) | | | | | Contractor | |
| * As-staked plan and quantity computations (for FAP and nationally funded projects) | | | | | Contractor | |
| * Certificate of materials quality control assurance test results ( if applicable) | | | | | Contractor | |
| * 10% retention or retention money bond for progress billings below 50% completion. | | | | | Contractor | |
| * Request for Variation / Change Order by the Contractor (if Applicable) | | | | | Contractor | |
| * Contractor's Own Risk (If implementation is ahead of schedule) | | | | | Contractor | |
| * Approved Variation / Change Order by the HOPE.(If Applicable) | | | | | City Engineer’s Office | |
| * Endorsement of Variation / Change Order to COA (If Applicable) | | | | | City Engineer’s Office | |
| * Suspension Order (if applicable) | | | | | City Engineer’s Office | |
| * Resume Order (If applicable) | | | | | City Engineer’s Office | |
| * Extension Order (If Applicable) | | | | | City Engineer’s Office | |
| * CPMEC Report (50 % Completion and above) | | | | | City Planning and Development Office | |
| * BAC DOCUMENTS (If no prior claim of mobilization) | | | | | Bids and Awards Committee (BAC) | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| 1. Submit all the requirements to the City Engineer's Office | 1. Receive documents and forward to the Inspectorate Team. | | None | 5 Minutes | | *Receiving Clerk*  City Engineer’s Office |
| None | 1. Conduct Inspection | | None | 4 Hours | | *Inspectorate Team* City Engineer’s Office |
| None | 1. Prepare and Issue Inspection Report | | None | 20 Minutes | | *Inspectorate Team* City Engineer’s Office |
| None | 1. Validation and approval of *Contractor's Statement Of Work Accomplished* | | None | 4 Hours | | *Project Engineer* City Engineer’s Office |
| None | 1. Prepare and Issue *Statement of Time Elapsed and Percentage of Work Accomplished* | | None | 30 Minutes | | *Project Engineer* City Engineer’s Office |

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| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign Monthly Certificate of Payment | | 2. Prepare and Issue *Monthly Certificate of Payment.* | None | 30 Minutes | *Project Engineer* City Engineer’s Office |
| None | | * 1. Compilation of the complete Documents based on checklist of requirements. | None | 45 Minutes | *Engineer I*  City Engineer’s Office |
| None | | 1. Prepare and attach Certificate of Appropriation, Funds, and Obligation of Allotment (CAFOA) and Disbursement Voucher. | None | 30 Minutes | *Project Engineer* City Engineer’s Office |
| None | | 1. Approval of CAFOA and Disbursement Voucher | None | 45 Minutes | *City Engineer* City Engineer’s Office |
| None | | 1. Forward all documents to the City Budget Office | None | 10 Minutes | *Messenger* City Engineer’s Office |
| None | | 1. Receive documents From the City Engineer's Office and record in the logbook, input transaction to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk*  City Budget Office |
| None | | 1. Control CAFOA as to existence of appropriation and update records in the eBudget System. | None | 5 Minutes | *Budgeting Assistant*  City Budget Office |
| None | | 1. Forward controlled CAFOA to Admin Officer for checking and initial. | None | 5 Minutes | *Budget Officer IV*  City Budget Office |
| None | | 1. Certify CAFOA as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer*  City Budget Office |
| None | | 1. Return certified CAFOA to releasing clerk | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | | 1. Update transaction status of CAFOA as "out" in the eBudget System | None | 5 Minutes | *Administrative Aide*  City Budget Office |
| None | | 1. Forward documents to the City Treasurer's Office | None | 5 Minutes | *Administrative Aide*  City Budget Office |
| None | | 1. Receive documents From the City Budget Office and record in the logbook | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | 1. Certify CAFOA as to availability of Funds. | | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |

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| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | | 1. Retrieve CAFOA and forward it with pertinent documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | | 1. Receive and record documents from the City Treasurer's Office. | None | 5 Minutes | *Receiving Clerk*  City Accountant’s Office |
| None | | 1. Examine and evaluate the completeness and propriety of supporting documents | None | 1 Hour | *Asst. City Accountant / Management and Audit Analyst I* City Accountant’s Office |
| None | | 1. Post claim to individual ledger | None | 5 Minutes | *Supervising Administrative Office* City Accountant’s Office |
| None | | 1. Post to Fund Control Ledgers and Prepare the Journal Entry | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | | 1. Assign control number to CAFOA | None | 5 Minutes | *Accounting Clerk* City Accountant’s Office |
| None | | 1. Review and certify the Disbursement voucher and CAFOA, together with the approval of the journal entry | None | 15 Minutes | *Asst./City Accountant*  City Accountant’s Office |
| None | | 1. Record and forward the disbursement Voucher to the City Mayor's Office/ City Administrator’s Office for approval. | None | 5 Minutes | *Releasing Clerk*  City Accountant’s Office |
| None | | 1. Receive and record documents from the City Accountant's Office. | None | 5 Minutes | *Receiving Clerk* Office of the City Administrator  *Receiving Clerk* Office of the City Mayor |
| None | | 1. Approval of Disbursement Voucher | None | 1 Day | *City Administrator* Office of the City Administrator  *City Mayor* Office of the City Mayor |
| None | | 1. Forward documents to City Treasurers Office. | None | 5 Minutes | *Releasing Clerk* Office of the City Administrator  *Releasing Clerk* Office of the City Mayor |
| None | | 1. Received and record the documents from City Mayor's/ City Administrator’s Office. | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | | 1. Certification of Disbursement Voucher | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward the said documents to Cashier for check preparation. | | None | 2 Minutes | *Cashier IV* City Treasurer’s Office |
| None | 1. Prepare Check | | None | 3 Minutes | *Cashier IV* City Treasurer’s Office |
| None | 1. Approval of Check by the City Treasurer | | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward the check and pertinent documents to the City Mayor's or City Administrator’s Office. | | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | 1. Receive and record documents and check from the City Treasurer's Office. | | None | 5 Minutes | *Receiving Clerk* Office of the City Administrator  *Receiving Clerk* Office of the City Mayor |
| None | 1. Approval of Check by the City Mayor or authorized representative. | | None | 1 Day | *City Administrator* Office of the City Administrator  *City Mayor* Office of the City Mayor |
| None | 1. Forward documents and approved check to City Accountant's Office. | | None | 5 Minutes | *Releasing Clerk* Office of the City Administrator  *Releasing Clerk* Office of the City Mayor |
| None | 1. Receive and record the approved check and pertinent documents. | | None | 5 Minutes | *Receiving Clerk* City Accountant’s Office |
| None | 1. Prepare TAX Certificate and Accountant's Advice. | | None | 15 Minutes | *Accounting Clerk* City Accountant’s Office |
| None | 1. Approval of TAX Certificate and Accountant's Advice. | | None | 5 Minutes | *Asst./City Accountant*  City Accountant’s Office |
| None | 1. Record and forward documents to the City Treasurer's Office. | | None | 5 Minutes | *Releasing Clerk*  City Accountant’s Office |
| None | 1. Receive and record documents from City Accountant's Office | | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| 1. Present ID. | 1. Ask for valid identification card of payee and validate. | | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| 1. Issue Official Receipt and receive Check. | 1. Ask for Official Receipt from Contractor and release check. | | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| **TOTAL** | | | **None** | **3 Days,  7 Hours,  35 Minutes** |  |

* + 1. **Final Billing of Construction Contracts**

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| **Office or Division:** | | City Engineer's Office, City Accountants Office, City Budget Office, City Treasurer's Office, City Mayor’s Office, City Administrator’s Office, City Planning and Development Office. | | | | |
| **Classification:** | | Complex | | | | |
| **Type of Transaction:** | | G2B – Government to Business | | | | |
| **Who may avail:** | | Contractors of Infrastructure Projects | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | | **WHERE TO SECURE** | |
| * Letter request of contractor for inspection. *(Original)* | | | | | Contractor | |
| * Pictures of work accomplished (before, during and after ) | | | | | Contractor | |
| * As-staked plan and quantity computations (for FAP and nationally funded projects) | | | | | Contractor | |
| * Certificate of materials quality control assurance test results  (if applicable) | | | | | Contractor | |
| * Contractor’s Statement of Work Accomplished | | | | | Contractor | |
| * Contractor’s Affidavit | | | | | Contractor | |
| * Warranty Security either of the following:  1. 5% cash warranty (Deductible from their final billing based on contract) 2. 10 % Bank Guarantee | | | | |  | |
| * Request for Variation/Change Order (if Applicable) | | | | | Contractor | |
| * Contractor's Own Risk (If implementation is ahead of schedule) | | | | | Contractor | |
| * Approved Variation / Change Order by the HOPE.(If Applicable) | | | | | City Engineer’s Office | |
| * Endorsement of Variation / Change Order to COA (If Applicable) | | | | | City Engineer’s Office | |
| * Suspension Order (if applicable) | | | | | City Engineer’s Office | |
| * Resume Order (If applicable) | | | | | City Engineer’s Office | |
| * Extension Order (If Applicable) | | | | | City Engineer’s Office | |
| * CPMEC Report (50 % Completion and above) | | | | | City Planning and Dev’t. Office | |
| * BAC DOCUMENTS (If no prior claim of mobilization) | | | | | Bids and Awards Committee (BAC) | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| 1. Submit all the requirements to the City Engineer's Office | 1. Receive documents. | | None | 5 Minutes | | *Receiving Clerk*  City Engineer’s Office |
| None | 1. Conduct Inspection | | None | 4 Hours | | *Inspectorate Team* City Engineer’s Office |
| None | 1. Prepare and Issue *Final Inspection Report* | | None | 20 Minutes | | *Inspectorate Team* City Engineer’s Office |
| None | 1. Validation and approval of *Contractor's Statement Of Work Accomplished* | | None | 4 Hours | | *Project Engineer* City Engineer’s Office |
| None | 1. Prepare and Issue *Statement of Time Elapsed and Percentage of Work Accomplished* | | None | 30 Minutes | | *Project Engineer* City Engineer’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign Monthly *Certificate of Payment* | 1. Prepare and Issue *Monthly Certificate of Payment.* | None | 30 Minutes | *Project Engineer* City Engineer’s Office |
| None | * 1. Compilation of the complete Documents based on checklist of requirements. | None | 45 Minutes | *Engineer I*  City Engineer’s Office |
| None | 1. Prepare and attach Certificate of Appropriation, Funds, and Obligation of Allotment (CAFOA) and Disbursement Voucher. | None | 30 Minutes | *Project Engineer* City Engineer’s Office |
| None | 1. Approval of CAFOA and Disbursement Voucher | None | 45 Minutes | *City Engineer* City Engineer’s Office |
| None | 1. Forward all documents to the City Budget Office | None | 10 Minutes | *Messenger* City Engineer’s Office |
| None | 1. Receive documents From the City Engineer's Office and record in the logbook, input transaction to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | 1. Control CAFOA as to existence of appropriation and update records in the eBudget System. | None | 5 Minutes | *Budgeting Assistant*  City Budget Office |
| None | 1. Forward controlled CAFOA to Admin Officer for checking and initial. | None | 5 Minutes | *Budget Officer IV*  City Budget Office |
| None | 1. Certify CAFOA as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer*  City Budget Office |
| None | 1. Return certified CAFOA to releasing clerk | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Update transaction status of CAFOA as "out" in the eBudget System | None | 5 Minutes | *Administrative Aide*  City Budget Office |
| None | 1. Forward documents to City Treasurer's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Receive documents from the City Budget Office and record transaction in the logbook | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | 1. Certify CAFOA as to availability of Funds. | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Receive and record documents from the City Treasurer's Office. | None | 5 Minutes | *Receiving Clerk*  City Accountant’s Office |
| None | 1. Examine and evaluate the completeness and propriety of supporting documents | None | 1 Hour | *Asst. City Accountant / Management and Audit Analyst I* City Accountant’s Office |
| None | 1. Post claim to individual ledger | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Post to Fund Control Ledgers and Prepare the Journal Entry | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Assign control number to CAFOA | None | 5 Minutes | *Accounting Clerk* City Accountant’s Office |
| None | 1. Review and certify the Disbursement voucher and CAFOA, together with the approval of the journal entry | None | 15 Minutes | *Asst./City Accountant*  City Accountant’s Office |
| None | 1. Record and forward Disbursement Voucher to the City Mayor's Office for Approval. | None | 5 Minutes | *Releasing Clerk*  City Accountant’s Office |
| None | 1. Receive and record documents from the City Accountant's Office. | None | 5 Minutes | *Receiving Clerk* Office of the City Administrator  *Receiving Clerk* Office of the City Mayor |
| None | 1. Approval of Disbursement Voucher | None | 1 Day | *City Administrator* Office of the City Administrator  *City Mayor* Office of the City Mayor |
| None | 1. Forward documents to City Treasurers Office. | None | 5 Minutes | *Releasing Clerk* Office of the City Administrator  *Releasing Clerk* Office of the City Mayor |
| None | 1. Received and record documents from the City Mayor's Office or City Administrator’s Office | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | 1. Certification of Disbursement Voucher | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward Documents to Cashier for check preparation. | None | 5 Minutes | *Cashier IV*  City Treasurer’s Office |
| None | 1. Approval of Check by the City Treasurer | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward Documents and check to City Mayor's/ City Administrator’s Office. | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| None | 1. Receive and record documents and check from the City Treasurer's Office. | None | 5 Minutes | *Receiving Clerk*  Office of the City Administrator  *Receiving Clerk* Office of the City Mayor |
| None | 1. Approval of Check by the City Mayor or authorized representative. | None | 1 Day | *City Administrator* Office of the City Administrator  *City Mayor* Office of the City Mayor |
| None | 1. Forward documents and approved check to City Accountant's Office. | None | 5 Minutes | *Releasing Clerk* Office of the City Administrator  *Releasing Clerk* Office of the City Mayor |
| None | 1. Receive and record documents and approved check from City Mayor's Office in the logbook. | None | 5 Minutes | *Receiving Clerk*  City Accountant’s Office |
| None | 1. Prepare TAX Certificate and Accountant's Advice. | None | 15 Minutes | *Accounting Clerk* City Accountant’s Office |
| None | 1. Approval of TAX Certificate and Accountant's Advice. | None | 5 Minutes | *Asst./City Accountant* City Accountant’s Office |
| None | 1. Record and forward documents to the City Treasurer's Office. | None | 5 Minutes | *Releasing Clerk*  City Accountant’s Office |
| None | 1. Receive and record documents from City Accountant's Office in the logbook. | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| 1. Present ID and Receive Check Payment | 1. Ask for valid identification card of payee and validate. | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| 1. Issue Official Receipt and sign logbook | 1. Ask for Official Receipt from Contractor and release check. | None | 5 Minutes | *Administrative Aide I*  City Treasurer’s Office |
| **TOTAL** | | **None** | **3 Days,  7 Hours,  35 Minutes** |  |

* 1. **Procurement of Goods (below 1 Million)**

The LGU procurement of goods worth below One (1) Million Pesos will be done through the use of Alternative Methods of Procurement under Republic Act 9184 of the Government Procurement Reform Act.

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| **Office or Division:** | | | City Accountants Office  Bids and Awards Committee  City Treasurer's Office  City Mayor's Office  City Budget Office | | | |
| **Classification:** | | Complex | | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | | |
| **Who may avail:** | | Offices/Departments of the City Government of Gingoog | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| * Purchase Request (4 original A4 size) | | | | End-User: Offices/Departments of the City Government of Gingoog | | |
| * Project Procurement Management Plan (PPMP)  (1 original) | | | | End-User: Offices/Departments of the City Government of Gingoog | | |
| * Additional requirement for Events and Production: Program Design (1 original) | | | | End-User: Offices/Departments of the City Government of Gingoog | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit all the requirements to the BAC Office | 1. Receive documents and record Purchase Request (PR). | | | None | 5 Minutes | *Receiving Clerk* BAC, CMO |
| None | * 1. Review and check if the Purchase Request (PR) is in line with the Annual Procurement Plan (APP) | | | None | 15 Minutes | *BAC Secretariat*  BAC, CMO |
| None | * 1. Control Purchase Request by providing PR number. | | | None | 5 Minutes | *BAC Staff* BAC, CMO |
| None | * 1. Forward PR to City Budget Office for Certification and approval. | | | None | 5 Minutes | *BAC Staff* BAC, CMO |
| None | * 1. Receive PR from the Bids and Awards Committee. | | | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | * 1. Control PR as to existence of appropriation and update records in the eBudget System. | | | None | 5 Minutes | *Budgeting Assistant*  City Budget Office |
| None | * 1. Check PR and affix initial. | | | None | 5 Minutes | *Budget Officer IV*  City Budget Office |
| None | * 1. Certification of PR by City Budget Officer | | | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | * 1. Return certified PR together with pertinent documents to releasing clerk | | | None | 5 Minutes | *Administrative Aide* City Budget Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Update transaction status of PR as "out" in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | * 1. Forward PR to City Treasurer's Office | None | 5 Minutes | *Administrative Aide I* City Budget Office |
| None | * 1. Receive PR from the City Budget Office. | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | * 1. Forward documents to City Treasurer for certification of availability of funds | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | * 1. Certify availability of funds and sign PR | None | 5 Minutes | *City Treasurer* City Treasurer's Office |
| None | * 1. Forward PR to City Accountant's Office | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | * 1. Receive PR from the City Treasurer's Office | None | 5 Minutes | *Receiving Cler* City Accountant's Office |
| None | * 1. Record and forward documents to City Accountant | None | 5 Minutes | *Accounting Clerk* City Accountant's Office |
| None | * 1. Review and approve/sign PR. | None | 5 Minutes | *City Accountant* City Accountant's Office |
| None | * 1. Forward PR to City Mayors Office | None | 5 Minutes | *Releasing Clerk* City Accountant's Office |
| None | * 1. Receive PR from the Accountant's Office | None | 5 Minutes | *Receiving Clerk* Office of the City Mayor |
| None | * 1. Forward documents to City Mayor for approval. | None | 5 Minutes | *CMO Staff* Office of the City Mayor |
| None | * 1. Approval of the City Mayor | None | 5 Minutes | *City Mayor* Office of the City Mayor |
| None | * 1. Forward PR to BAC | None | 5 Minutes | *Releasing Clerk* Office of the City Mayor |
| None | * 1. Receive approved PR and record it on the log book | None | 5 Minutes | *Receiving Clerk* BAC, CMO |
| None | * 1. Encode/ Print Request for Quotation | None | 45 Minutes | *BAC Staff* BAC, CMO |
| None | * 1. Post 50k above transactions to PhilGEPS | None | 15 Minutes | *BAC Secretariat* BAC, CMO |
| None | * 1. Canvassing of Items. | None | 3 Days | *BAC Staffs* BAC, CMO |
| None | * 1. Open Sealed Request For Quotation (RFQ) | None | 15 Minutes | *BAC Secretariat & Chairman* BAC, CMO |
| None | * 1. Prepare and process of Abstract, Minutes of meeting, Resolution & Notice of Award | None | 3 Days | *BAC Secretariat & Chairman* BAC, CMO |
| None | * 1. Post Notice of Award in the PHILGEPS website for 50k transactions | None | 15 Minutes | *BAC Secretariat & Chairman* BAC, CMO |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Prepare and process approval of Purchase Order and CAFOA. | None | 1 Hour | *BAC Staff* BAC, CMO |
| None | * 1. Forward CAFOA together with the PO to End -User for signature of CAFOA only. | None | 10 Minutes | *BAC Staff* BAC, CMO |
| None | * 1. Forward PO and End-user signed CAFOA to City Budget Office. | None | 5 Minutes | *BAC Staff* BAC, CMO |
| None | * 1. Receive documents From the Bids and Awards Committee and record in the logbook, input transaction to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | * 1. Control CAFOA and PO as to existence of appropriation and update records in the eBudget System. | None | 5 Minutes | *Budgeting Assistant* City Budget Office |
| None | * 1. Check PO together with the CAFOA and affix initial. | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | * 1. Certify CAFOA and PO as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | * 1. Return certified CAFOA together with pertinent documents to releasing clerk | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | * 1. Update transaction status of CAFOA as "out" in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | * 1. Forward documents to the City Treasurer's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | * 1. Receive documents From the City Budget Office and record in the logbook | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | * 1. Certify CAFOA as to availability of Funds. | None | 5 Minutes | *City Treasurer* City Treasurer's Office |
| None | * 1. Forward documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | * 1. Receive and record documents from the City Treasurer's Office. | None | 5 Minutes | *Receiving Clerk* City Accountant’s Office |
| None | * 1. Examine and evaluate the completeness and propriety of supporting documents | None | 15 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | * 1. Post claim to individual ledger | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Post to Fund Control Ledgers | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | * 1. Assign control number to CAFOA and PO | None | 5 Minutes | *Accounting Clerk* City Accountant’s Office |
| None | * 1. Review and certify P.O and CAFOA | None | 15 Minutes | *Asst./City Accountant*  City Accountant’s Office |
| None | * 1. Record and forward P.O and CAFOA to Bids and Awards Committee | None | 5 Minutes | *Releasing Clerk* City Accountant’s Office |
| None | * 1. Received and record documents from City Accountant’s office. | None | 5 Minutes | *Receiving Clerk* BAC, CMO |
| None | * 1. Served Purchase Order to winning bidder. | None | 3 Days | *BAC Staff* BAC, CMO |
| 1. Receive a copy of approved Purchased Order | 1. Submit Copy of Purchase Order to Commission on Audit, General Services Office and End-User | None | 30 Minutes | *Accounting Clerk* City Accountant’s Office |
| **TOTAL** | | **None** | **9 Days,  7 Hours,  15 Minutes** |  |

* 1. **Procurement of Goods (1 Million and above)**

The LGU procurement of goods worth One (1) Million Pesos and are required to undergo Public Bidding to promote transparency in the procurement process.

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| **Office or Division:** | | City Accountants Office  Bids and Awards Committee  City Treasurer's Office  City Mayor's Office  City Budget Office | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | |
| **Who may avail:** | | Offices/Departments of the City Government of Gingoog | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Purchase Request (4 original A4 size) | | | End-User / Offices/Departments of the City Government of Gingoog | | |
| * Project Procurement Management Plan (PPMP) (1 original) | | | End-User / Offices/Departments of the City Government of Gingoog | | |
| * Additional requirement for Events and Production: Program Design (1 original) | | | End-User / Offices/Departments of the City Government of Gingoog | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit all the requirements to the BAC Office | 1. Receive documents and record Purchase Request (PR). | | None | 5 Minutes | *Receiving Clerk* BAC, CMO |
| None | 1. Review and check if the Purchase Request (PR) is in line with the Annual Procurement Plan (APP) | | None | 15 Minutes | *BAC Secretariat*  BAC, CMO |
| None | 1. Control Purchase Request by providing PR number. | | None | 5 Minutes | *BAC Staff* BAC, CMO |
| None | 1. Forward PR to City Budget Office for Certification and approval. | | None | 5 Minutes | *BAC Staff* BAC, CMO |
| None | 1. Receive PR from the Bids and Awards Committee. | | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | 1. Control PR as to existence of appropriation and update records in the eBudget System. | | None | 5 Minutes | *Budgeting Assistant*  City Budget Office |
| None | 1. Check PR and affix initial. | | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | 1. Certification of PR by City Budget Officer | | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | 1. Return certified PR together with pertinent documents to releasing clerk | | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Update transaction status of PR as "out" in the eBudget System | | None | 5 Minutes | *Administrative Aide* City Budget Office |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward PR to City Treasurer's Office | | None | 5 Minutes | *Administrative Aide I* City Budget Office |
| None | 1. Receive PR from the City Budget Office. | | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | 1. Forward documents to City Treasurer for certification of availability of funds | | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | 1. Certify availability of funds and sign PR | | None | 5 Minutes | *City Treasurer* City Treasurer's Office |
| None | 1. Forward PR to City Accountant's Office | | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | 1. Receive PR from the City Treasurer's Office | | None | 5 Minutes | *Receiving Clerk* City Accountant's Office |
| None | 1. Record and forward documents to City Accountant for review and approval | | None | 5 Minutes | *Accounting Clerk* City Accountant's Office |
| None | 1. Sign PR by the City Accountant. | | None | 5 Minutes | *City Accountant* City Accountant's Office |
| None | 1. Forward PR to City Mayors Office | | None | 5 Minutes | *Releasing Clerk* City Accountant's Office |
| None | 1. Receive PR from the Accountant's Office | | None | 5 Minutes | *Receiving Clerk* Office of the City Mayor |
| None | 1. Forward documents to City Mayor for approval. | | None | 5 Minutes | *CMO Staff* Office of the City Mayor |
| None | 1. Approval of the City Mayor | | None | 5 Minutes | *City Mayor* Office of the City Mayor |
| None | 1. Forward PR to BAC | | None | 5 Minutes | *Releasing Clerk* Office of the City Mayor |
| None | 1. Receive approved PR and record it on the log book | | None | 5 Minutes | *Receiving Clerk* BAC, CMO |
| None | * 1. Conduct pre-procurement for 2 million and above transactions | | None | 1 Hour | *BAC-Secretariat, BAC-Member, TWG and END USER* |
| None | * 1. Encode/ Print Invitation to Bid, Notices of Pre-bid Conference and Bid Evaluation | | None | 1 Hour | *BAC Staff* BAC, CMO |
| None | * 1. Post to PhilGEPS | | None | 15 Minutes | *BAC Secretariat* BAC, CMO |
| None | * 1. Conduct Pre-bid conference  ( 8th Day from posting) | | None | 1 Hour | *BAC-Secretariat, BAC-Member, TWG and END USER Optional: COA, Interested Bidders* |
| None | * 1. Period of Submission of Bids by bidders | | None | 20 Days | *Bidders* |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Bid Opening and Bid Evaluation (21st Day from posting) | None | 1 Hour | *BAC-Secretariat, BAC-Member, TWG and END USER, Bidders Optional: COA* |
| None | 1. Post Qualification | None | 2 Days | *BAC Office Personnel and TWG* |
| None | 1. Prepare and process of Abstract, Minutes of meeting, Resolution & Notice of Award | None | 5 Days | *BAC Secretariat & Chairman* BAC, CMO |
| None | 1. Post Notice of Award in the PHILGEPS website | None | 15 Minutes | *BAC Secretariat & Chairman* BAC, CMO |
| None | 1. Prepare and process approval of Purchase Order and CAFOA. | None | 1 Hour | *BAC Staff* BAC, CMO |
| None | 1. Forward CAFOA together with the PO to End -User for signature of CAFOA only. | None | 10 Minutes | *BAC Staff* BAC, CMO |
| None | 1. Forward PO and End-user signed CAFOA to City Budget Office. | None | 5 Minutes | *BAC Staff* BAC, CMO |
| None | 1. Receive documents From the Bids and Awards Committee and record in the logbook, input transaction to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | 1. Control CAFOA and PO as to existence of appropriation and update records in the eBudget System. | None | 5 Minutes | *Budgeting Assistant* City Budget Office |
| None | 1. Check PO together with the CAFOA and affix initial. | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | 1. Certify CAFOA and PO as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | 1. Return certified CAFOA together with pertinent documents to releasing clerk | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Update transaction status of CAFOA as "out" in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Forward documents to the City Treasurer's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Receive documents From the City Budget Office and record in the logbook | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | 1. Certify CAFOA as to availability of Funds. | None | 5 Minutes | *City Treasurer* City Treasurer's Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide* City Treasurer's Office |
| None | 1. Receive and record documents from the City Treasurer's Office. | None | 5 Minutes | *Receiving Clerk* City Accountant’s Office |
| None | 1. Examine and evaluate the completeness and propriety of supporting documents | None | 15 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Post claim to individual ledger | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Post to Fund Control Ledgers | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Assign control number to CAFOA and PO | None | 5 Minutes | *Accounting Clerk* City Accountant’s Office |
| None | 1. Review and certify P.O and CAFOA | None | 15 Minutes | *Asst./City Accountant*  City Accountant’s Office |
| None | 1. Record and forward P.O and CAFOA to Bids and Awards Committee | None | 5 Minutes | *Releasing Clerk* City Accountant’s Office |
| None | 1. Received and record documents from City Accountant’s office. | None | 5 Minutes | *Receiving Clerk* BAC, CMO |
| None | 1. Served Purchase Order to winning bidder | None | 3 Days | *BAC Staff* BAC, CMO |
| 1. Receive a copy of approved Purchased Order | 2. Submit Copy of Purchase Order to Commission on Audit ,General Services Office and End-User | None | 30 Minutes | *Accounting Clerk* City Accountant’s Office |
| **TOTAL** | | **None** | **30 Days,  10 Hours, 15 Minutes** |  |

* 1. **Payment of Goods**

The payment of LGU procured goods will be done under Republic Act 9184 of the Government Procurement Reform Act.

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| **Office or Division:** | City Accountants Office  Bids and Awards Committee  City Treasurer's Office  City Mayor's Office  City Budget Office  City General Services Office | | | | |
| **Classification:** | Complex | | | | |
| **Type of Transaction:** | G2G – Government to Government | | | | |
| **Who may avail:** | Supplier | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| * Charge Invoice or Sales Invoice | | | Supplier | |
| * Approved Purchase Order | | | Bids and Awards Committee | |
| * For Motor Vehicles- LTO Official Receipt (OR) and Certificate of Registration (CR) (1 Certified true copies) | | | Supplier | |
| * Warranty Certificates (1 Original) (If applicable) | | | Supplier | |
| * Attendance sheet (1 original) (If applicable) | | | Supplier | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** | |
| 1. Supplier Deliver Procured Goods, Issue Delivery Receipts and Charge Invoice or Sales Invoice | 1. Receive and validate Charge Invoice or Sales Invoice. | None | 5 Minutes | *GSO Staff* General Services Office  *Supply Officer III* General Services Office | |
| None | 1. Inspect the delivered goods if it is in accordance to the specification and exact quantity stated in the approved Purchase Order. | None | 1 Hour | *GSO Staff* General Services Office  *Technical Working Group* | |
| None | 1. Prepare the following Acceptance and Inspection Report (AIR), Request Issuance Slip (RIS), Acknowledgement Receipt of Equipment (ARE)/ Inventory Custodian Slip (ICS). | None | 2 Hours | *GSO Staff* General Services Office | |

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| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Approval of Acceptance and Inspection Report (AIR) | None | | 4 Hours | *Technical Working Group  General Services Officer* General Services Office |
| None | 1. Submit copies of Approved Acceptance and Inspection Report together with the related requirements to Commission on Audit and secure 2 copies with COA received stamp | None | | 15 Minutes | *GSO Staff* General Services Office |
| None | 1. GSO personnel deliver and issue items to End User or to office concerned | None | | 1 Hour | *GSO Staffs* General Services Office |
| None | 1. End-user receives item and approves Request Issuance Slip (RIS), Acknowledgement Receipt of Equipment (ARE)/ Inventory Custodian Slip (ICS) | None | | 10 Minutes | *End-User or Office-Concerned* |
| None | 1. Review and compilation of additional requirements. | None | | 10 Minutes | *Supply Officer III* General Services Office |
| None | 1. Prepare Disbursement Voucher. | None | | 10 Minutes | *GSO Staff* General Services Office |
| None | 1. Review of Disbursement Voucher | None | | 10 Minutes | *Supply Officer III* General Services Office |
| None | 1. Process Disbursement Voucher for End-user Approval. | None | | 30 Minutes | *GSO Staff* General Services Office |
| None | 1. Forward End-user approved Disbursement Voucher together with the attached documents to Bids and Awards Committee. | None | | 5 Minutes | *GSO Staff* General Services Office |
| None | 1. Receives and record voucher on the log book. | None | | 5 Minutes | *Receiving Clerk* BAC, CMO |
| None | 1. Compilation of related documents based on Checklist of requirements. | None | | 1 Hour | *BAC Staff* BAC, CMO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward Disbursement Voucher together with the attached documents to City Budget Office. | None | 5 Minutes | *BAC Staff* BAC, CMO |
| None | 1. Receive documents from the Bids and Awards Committee and record in the logbook, input transaction to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | 1. Control Disbursement Voucher as to existence of appropriation and update records in the eBudget System. | None | 5 Minutes | *Budgeting Assistant*  City Budget Office |
| None | 1. Check documents and affix initial. | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | 1. Certify Disbursement Voucher as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | 1. Return certified Disbursement Voucher to releasing clerk. | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Update transaction status of Disbursement Voucher as "out" in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Forward documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Receive and record documents from the City Budget Office. | None | 5 Minutes | *Receiving Clerk* City Accountant’s Office |
| None | 1. Examine and evaluate the completeness and propriety of supporting documents | None | 1 Hour | *Asst. City Accountant / Management and Audit Analyst I* City Accountant’s Office |
| None | 1. Post claim to individual ledger | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Post to Fund Control Ledgers and Prepare the Journal Entry | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Assign control number to Disbursement Voucher | None | 5 Minutes | *Accounting Clerk* City Accountant’s Office |
| None | 1. Review and certify the Disbursement voucher and CAFOA, together with the approval of the journal entry | None | 15 Minutes | *Asst./City Accountant*  City Accountant’s Office |
| None | 1. Record and forward Disbursement Voucher to the City Mayor's Office for Approval. | None | 5 Minutes | *Releasing Clerk* City Accountant’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Receive and record documents from the City Accountant's Office. | None | 5 Minutes | *Receiving Clerk* Office of the City Administrator  *Receiving Clerk* Office of the City Mayor |
| None | 1. Review and approval of Disbursement Voucher | None | 2 Hours | *City Administrator* Office of the City Administrator  *City Mayor* Office of the City Mayor |
| None | 1. Forward documents to City Treasurers Office. | None | 5 Minutes | *Releasing Clerk* Office of the City Administrator  *Releasing Clerk* Office of the City Mayor |
| None | 1. Received documents from City Mayor's Office and record the said transaction in the logbook. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| None | 1. Certification of Disbursement Voucher | None | 5 Minutes | *City Treasurer* City Treasurer's Office |
| None | 1. Forward Documents to Cashier for check preparation. | None | 5 Minutes | *Cashier IV* City Treasurer's Office |
| None | 1. Approval of Check by the City Treasurer | None | 5 Minutes | *City Treasurer* City Treasurer's Office |
| None | 1. Forward Documents and check to City Mayor's Office. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| None | 1. Receive and record documents and check from the City Treasurer's Office. | None | 5 Minutes | *Receiving Clerk* Office of the City Administrator  *Receiving Clerk* Office of the City Mayor |
| None | 1. Approval of Check by the City Mayor or authorized representative. | None | 2 Hours | *City Administrator* Office of the City Administrator  *City Mayor* Office of the City Mayor |
| None | 1. Forward documents and approved check to City Accountant's Office. | None | 5 Minutes | *Releasing Clerk* Office of the City Administrator  *Releasing Clerk* Office of the City Mayor |
| None | 1. Receive and record documents and approved check from City Mayor's Office in the logbook. | None | 5 Minutes | *Receiving Clerk* City Accountant's Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Prepare TAX Certificate and Accountant's Advice. | None | 15 Minutes | *Accounting in-charge* City Accountant's Office |
| None | 1. Approval of TAX Certificate and Accountant's Advice. | None | 5 Minutes | *Asst./ City Accountant* City Accountant's Office |
| None | 1. Forward the Accountants Advice to LandBank and secure 2 copies with received stamp. | None | 5 Minutes | *Administrative Aide*  City Accountant's Office |
| None | 1. Record and forward documents to the City Treasurer's Office. | None | 5 Minutes | *Releasing Clerk* City Accountant's Office |
| None | 1. Receive and record documents from City Accountant's Office in the logbook. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| 2. Present ID and Receive Check Payment | 2. Ask for valid identification card of payee and validate. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| 3. Issue Official Receipt, sign logbook and sign Disbursement Voucher | 3. Ask for Official Receipt from Supplier and release check. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| **TOTAL** | | **None** | **2 Days,  2 Hours,  35 Minutes** |  |

**CITY ACCOUNTANT’S OFFICE,  
CITY BUDGET OFFICE, &**

**CITY TREASURER’S OFFICE  
Internal Services**

* 1. **Cash Advance for Local Travel**

A cash advance is granted to employees who have an official travel in the Philippines. A cash advance shall be reported on and liquidated as soon as the purpose for which it was given has been served. No additional cash advance shall be allowed to any official or employee unless the previous cash advance given to him is first settled or a proper accounting thereof is made.

The specific rules and regulations on the granting, utilization and liquidation of cash advances are provided for under Commission on Audit (COA) Circular No. 97-002 dated February 10, 1997, as amended by COA Circular No. 2006-005 dated July 13, 2006.

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| **Office or Division:** | | City Budget Office (CBO) City Accountant’s Office (CAO)  City Treasurer’s Office (CTO) City Mayor’s Office (CMO) or Office of the City Administrator | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | |
| **Who may avail:** | | Current Officials and Employees of the City Government of Gingoog | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Certificate of Appropriation, Funds, and Obligation of Allotment (CAFOA) (4 Original) | | | Employee’s Office | | |
| Disbursement Voucher (1 Original) | | | Employee’s Office | | |
| Office Order/Travel Order/Memorandum (1 Original) | | | Employee’s Office | | |
| Invitation/Communication Letter (1 Photocopy) | | | Host or Sponsoring Agency/Organization | | |
| Approved Itinerary of Travel (Appendix A) (1 Original) | | | Employee’s Office | | |
| Such considered necessary in the auditorial review | | | Offices/Agencies/Individuals Concerned | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for cash advance and submit approved memorandum with invitation letter | * + - 1. Verify Memorandum with Invitation Letter and prepare CAFOA, Disbursement Voucher, and Itinerary of Travel (Appendix A) | | None | 15 Minutes | *Administrative Staff* Employee’s Office |
| None | 1. Verify CAFOA, Disbursement Voucher, Itinerary of Travel (Appendix A) and other pertinent documents | | None | 5 Minutes | *Administrative Officer* Employee’s Office |
| None | 1. Affix signature on the CAFOA, Disbursement Voucher, and Itinerary of Travel (Appendix A) | | None | 10 Minutes | *Department Head* Employee’s Office |
| None | 1. Forward the pertinent documents to the City Budget Office for the certification of existence of appropriations | | None | 15 Minutes | *Processor/Messenger* Employee’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Receive the documents and record in the logbook, input transaction to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | 1. Control CAFOA as to existence of appropriation and update records in the eBudget System. Forward controlled CAFOA to Budget Officer IV for checking and initial. | None | 5 Minutes | *Budgeting Assistant* City Budget Office |
| None | 1. Check and affix initial on the CAFOA and forward it with the attached pertinent documents to the City Budget Officer | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | 1. Certify CAFOA as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | 1. Return certified CAFOA to releasing clerk | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Update transaction status of CAFOA as "out” in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Forward documents to the City Treasurer's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Receive documents from the City Budget Office and forward it to the City Treasurer for certification | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | 1. Certify CAFOA as to availability of Funds | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | 1. Receive documents from the City Treasurer’s Office and input transaction in the system then forward it for auditing | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Examine and evaluate the completeness and propriety of supporting documents | None | 15 Minutes | *Administrative Officer II* City Accountant’s Office  *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Post claim to individual ledgers | None | 5 Minutes | *Administrative Officer II* City Accountant’s Office |
| None | 1. Post to Fund Control Ledgers and prepare the journal entry | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Assign control number to CAFOA | None | 4 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Review and certify the disbursement voucher and approve the journal entry | None | 3 Minutes | *City Accountant* City Accountant’s Office |
| None | 1. Forward disbursement voucher with pertinent documents to the CMO for approval | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Receive documents and record the transaction in the logbook | None | 5 Minutes | *Administrative Aide* City Mayor’s Office |
| None | 1. Affix signature on the disbursement voucher | None | 5 Minutes | **For 50,000 and below:** *City Government Asst. Dept. Head I/HRMO*  **Above 50,000 and below 1 Million:** *City Administrator* |
| None | 1. Forward the said documents to the CTO | None | 5 Minutes | *CMO Staff* City Mayor’s Office |
| None | 1. Receive documents and record the transaction in the logbook | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Forward to the City Treasurer for approval of release of payment | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Affix signature on the disbursement voucher for release of payment | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward documents to the Cash Division for preparation of check | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Prepare check per approved disbursement voucher | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward the check with the pertinent documents to the City Treasurer | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Affix signature on the check | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward the check with pertinent documents to the City Mayor’s Office and ask the receiver to sign on the logbook upon receipt | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Receive check with pertinent documents and sign on the logbook | None | 5 Minutes | *CMO Staff* City Mayor’s Office |
| None | 1. Affix signature on the check | None | 5 Minutes | **For 50,000 and below:** *City Government Asst. Dept. Head I/HRMO*  **Above 50,000 and below 1 Million:**  *City Administrator* |
| None | 1. Forward to the City Accountant’s Office for the preparation of Accountant’s advice | None | 5 Minutes | *CMO Staff* City Mayor’s Office |
| None | 1. Receive check and other pertinent documents and record the transaction in the logbook and forward to another Accounting staff for the preparation of Accountant’s advice | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Prepare Accountant’s advice | None | 10 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Check and verify Accountant’s advice then Forward Accountant’s Advice to the City Accountant | None | 10 Minutes | *Supervising Administrative Officer*  City Accountant’s Office |
| None | 1. Affix signature on the Accountant’s advice | None | 5 Minutes | City Accountant City Accountant’s Office |
| None | 1. Submit the Accountant’s advice to the Landbank of the Philippines and retain 2 copies with received stamp from Landbank of the Philippines | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward the Accountant’s advice along with other pertinent documents to the CTO | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Receive check and other pertinent documents for release | None | 2 Minutes | *Administrative Aide II* City Treasurer’s Office |
| 2. Proceed to Window 6 of the Cashier’s Division and inquire availability of check. If check is available, present Valid Identification Card. | 1. If check is available, ask for valid identification card of payee and validate. | None | 2 Minutes | *Cashier I* City Treasurer’s Office  *Supervising Administrative Officer* City Treasurer’s Office |
| 3. Receive check and affix signature on the disbursement voucher acknowledging the receipt of check. | 1. Release check and ask the employee to affix signature on the disbursement voucher acknowledging the receipt of check. | None | 2 Minutes | *Cashier I* City Treasurer’s Office  *Supervising Administrative Officer* City Treasurer’s Office |
| **TOTAL:** | | **None** | **4 Hours, 13 Minutes** |  |

* 1. **Certification of Availability of Funds**

This certificate is issued to various offices under the City Government of Gingoog and other National Government Agencies (NGAs) within the jurisdiction of the latter for requests of information regarding available funds allocated to their respective offices. This certificate is a requirement for requests for re-alignment/re-appropriation and for bidding purposes.

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| **Office or Division:** | | City Accountant’s Office  City Treasurer’s Office (CTO) City Mayor’s Office (CMO) | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | |
| **Who may avail:** | | Department/Office of the City Government of Gingoog and NGAs | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| None | | | Not Applicable | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit request letter. | 1. Receive the letter request and forward it to the Financial Audit and Control Section. | | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Prepare the certificate and forward it to the City Accountant. | | None | 10 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Sign the certificate of Availability of Funds | | None | 5 Minutes | *City Accountant* City Accountant’s Office |
| None | 1. Forward the Certificate to the CTO | | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Receive the Certificate and deliver it to the City Treasurer for signatory | | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Affix Signature on the Certificate | | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward the Certificate to the CMO | | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Receive the Certificate and forward it to the City Administrator | | None | 5 Minutes | *Office of the City Administrator Staff* |
| None | 1. Affix signature on the Certificate on behalf of the City Mayor | | None | 5 Minutes | *City Administrator* Office of the City Administrator |
| None | 1. Forward the *Certificate* back to the City Accountant’s Office | | None | 5 Minutes | *Office of the City Administrator Staff* |
| 1. Claim the certificate | 1. Receive the *Certificate* from the Office of the City Administrator and release it to the client. | | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| **TOTAL** | | | **None** | **1 Hour** |  |

* 1. **Certification of Net Take Home Pay**

Certificate of Net Take Home Pay is a document that contains an employee's monthly total earnings, breakdown and total of monthly deductions and summary of net salary received during the month. This certificate is requested by government employees for loan application purposes.

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| **Office or Division:** | | City Accountant’s Office – Administrative and Support Services Division | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | |
| **Who may avail:** | | Current Employees of the City Government of Gingoog | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Official Receipt (1 Original) | | | | City Treasurer’s Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Make request by signing in the logbook. | 1. Advise client to proceed to the City Treasurer’s Office and pay the Certification fee | | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| 1. Proceed to the City Treasurer’s Office and pay the Certification Fee | 1. Receive payment and Issue *Official Receipt* (OR) | | PHP 50.00 | 5 Minutes | *Cashier* City Treasurer’s Office |
| 1. Present OR | 1. Receive OR and generate the *Certificate of Net Take Home Pay*. | | None | 10 Minutes | *Administrative Aide II* City Accountant’s Office |
| * 1. Review and sign the *Certificate of Net Take Home Pay*. | | None | 5 Minutes | *City Accountant* City Accountant’s Office |
| 1. Claim the certificate. | 1. Release the said certificate to the client. | | None | 5 Minutes | *Administrative Aide II* City Accountant’s Office |
| **TOTAL** | | | **PHP 50.00** | **30 Minutes** |  |

* 1. **Clearance from Money and Property Accountabilities**

Clearance from Money and Property Accountabilities is issued to employees who will be transferring and retiring (terminal leave) and required for those who apply for vacation leave outside Philippines, maternity leave, rehabilitation leave, and gynecological leave.

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| **Office or Division:** | | Respective Office/Department, City Treasurer’s Office, City Accountant’s Office, General Services Office, Office of the City Mayor | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | | |
| **Who May Avail:** | | Employees of the City Government of Gingoog | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| Official Receipt (OR) (1 Original) | | | City Treasurer’s Office – Business Permits and License Division | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill-out the *Clearance* form and submit to the immediate supervisor. | 1. Provide a *Clearance* form and check if the employees have any accountabilities in the respective office. Then, endorse the said form to the Department Head. | | | None | 5 Minutes | *Immediate Supervisor of the employee* Client’s Office |
| None | * 1. Affix signature in the Clearance form. | | | None | 5 Minutes | *Department Head* Client’s Office |
| 2. Receive the *Clearance* form. | 1. Retrieve the *Clearance* form and advice client to pay the Certification fee. | | | None | 2 Minutes | *Administrative Staff* Client’s Office |
| 1. Pay the required fee. | 3. Receive payment and issue an Official Receipt | | | PHP 50.00 | 5 Minutes | *LRCO I* City Treasurer’s Office |
| 1. Attach OR on the *Clearance* form and submit it to the Admin. Officer of the City Treasurer’s Office.   If there is any, pay existing obligation as to real property tax, cashier division and business and license division. Present Official Receipt to the assigned officer for payment. | 4. Check the validity of the OR and forward the *Clearance* form with attached OR to the concerned divisions or employees for verification as to employee’s existing obligation due for settlement. | | | None | 1 Minute | *Administrative Officer* City Treasurer’s Office |
| * 1. CASH DIVISION – The division chief checks any existing obligation of the requesting employee. If found none, the division chief signs the clearance. In case obligations exist, employee is required to settle the account. Upon presentation of official receipt, division chief signs the clearance. | | | None | 5 Minutes | *Cashier IV* City Treasurer’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| In case obligations exist, employee is required to settle the account. | * 1. LAND TAX DIVISION - The division chief checks any existing obligation of the requesting employee. If found none, the division chief signs the clearance. In case obligations exist, employee is required to settle the account. Upon presentation of official receipt, division chief signs the clearance. | None  If any, unpaid taxes. | 5 Minutes | *Local Revenue Collections Officer IV*  City Treasurer’s Office |
| In case obligations exist, employee is required to settle the account. | * 1. TREASURY AND OPERATIONS REVIEW DIVISION- The division chief checks any existing obligation of the requesting employee. If found none, the division chief signs the clearance. In case obligations exist, employee is required to settle the account. Upon presentation of official receipt, division chief signs the clearance. | None | 5 Minutes | *Local Treasury Operations Officer IV*  City Treasurer’s Office |
| In case obligations exist, employee is required to settle the account. | * 1. If the client is a Revenue Collector, check any existing obligation of the requesting employee as to remittances and accountable forms requisition. If found none, sign the clearance. In case obligations exist, employee is required to settle the account. Upon presentation of official receipt, signs the clearance. | None | 10 Minutes | *Local Treasury Operations Officer IV* City Treasurer’s Office |
| None | * 1. After all division chiefs concerned certified the clearance, forward the *Clearance* to the City Treasurer for approval. | None | 2 Minutes | *Administrative Aide* City Treasurer’s Office |
| None | * 1. City Treasurer approve and sign the clearance based on the certification of the division chiefs. | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 5. Receive the Clearance and sign the logbook to acknowledge receipt. | 5. Retrieve the Clearance from the City Treasurer and release it to the requesting employee and ask the client to sign the logbook to acknowledge receipt of clearance | None | 5 Minutes | *Administrative Officer V* City Treasurer’s Office |
| 6. Proceed to the City Accountant’s Office and submit the Clearance form. If there are any existing obligations, comply with them. | 6. Received the Clearance form and forward it to employee in-charge. | None | 2 Minutes | *Accounting Staff* City Accountant’s Office |
| 6.1. Check if the client is cleared as to bank loans and affix signature in the *Clearance* form upon verification. | None | 5 Minutes | *Administrative Aide II* City Accountant’s Office |
| 6.2. Check if the client is cleared as to Account and affix signature in the *Clearance* form upon verification. | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| 6.3. Check if the client is cleared as to suspension and affix signature in the *Clearance* form upon verification. | None | 5 Minutes | *Asst. City Accountant* City Accountant’s Office |
| 6.4. Check the clearance and affix signature in the *Clearance* form upon confirmation. | None | 5 Minutes | *City Accountant* City Accountant’s Office |
| 7. Receive the Clearance and sign the logbook to acknowledge receipt. | 7. Retrieve the *Clearance* form from the City Accountant and release it to the requesting employee and ask the client to sign the logbook to acknowledge receipt of clearance | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| 8. Proceed to the City General Services Office and submit the *Clearance* form.  If there are any existing obligations, comply with them. | 8. Receive the Clearance form and forward it to the Supply Officer. | None | 2 Minutes | *Receiving Clerk* General Services Office |
| 8.1. Check as to any existing obligations. If found none, affix initial on the Clearance and forward it to the City General Services Officer for signature.  If there are existing obligations, inform the client immediately to comply with the existing obligations. | None | 5 Minutes | *Supply Officer* General Services Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 8.2. Check if the Clearance is certified by the Supply Officer then affix signature. | None | 5 Minutes | *City General Services Officer* General Services Office |
| 9. Receive the Clearance and sign the logbook to acknowledge receipt. | 9. Retrieve the *Clearance* form from the City General Services Officer and release it to the requesting employee and ask the client to sign the logbook to acknowledge receipt of clearance. | None | 5 Minutes | *Clerk* General Services Office |
| 10. Proceed to the Office of the City Mayor for Certification | 10. Receive the Clearance form, check for the completeness and forward it to the City Mayor for certification | None | 2 Minutes | *CMO Staff* Office of the City Mayor |
| None | 10.1. Check the clearance and affix signature on the Clearance upon verification. | None | 5 Minutes | *City Mayor* Office of the City Mayor |
| 11. Receive the *Clearance* and sign the logbook to acknowledge receipt. | 11. Retrieve the accomplished *Clearance* form from the City Mayor and release it to the requesting employee and ask the client to sign the logbook to acknowledge receipt of *Clearance*. | None | 5 Minutes | *Clerk* General Services Office |
| **TOTAL** | | **None** | **1 Hour, 41 Minutes** |  |
| **TOTAL if the client is a Revenue Collector** | | **None** | **1 Hour, 51 Minutes** |  |

* 1. **Monetization of Leave Credits**

Officials and employees in the career and non-career service whether permanent, temporary, casual, or coterminous, who have accumulated fifteen (15) Days of vacation leave credits shall be allowed to monetize a minimum of ten (10) Days: Provided, that at least five (5) Days is retained after monetization and provided further that a maximum of thirty (30) Days may be monetized in a given year; as specified in Section 22 of the Omnibus Rules on Leave.

Moreover, sick leave credits may be monetized if an employee has no available vacation leave credits, in accordance with the general rule under Section 23 of the Omnibus Rules on Leave, that vacation leave credits must be exhausted first before sick leave credits maybe used.

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| **Office or Division:** | City Mayor’s Office (CMO) – Administrative and Records Section, City Budget Office, City Accountant’s Office, City Treasurer’s Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2G – Government to Government | | | |
| **Who may avail:** | Current Employees of the City Government of Gingoog | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| Certificate of Appropriation, Funds, and Obligation of Allotment (CAFOA) (4 Original) | | | Client’s Office | |
| Disbursement Voucher (1 Original) | | | Client’s Office | |
| Approved Leave Application (2 Original) | | | City Mayor’s Office | |
| Approved Letter Request (2 Original) | | | Client | |
| **Additional Requirements depending on the purpose of monetization as stated in the Letter Request:** | | | | |
| If in case of health, medical and hospital needs - Clinical Abstract/medical procedures to be undertaken (1 Original) | | | Physician | |
| If in case of need for financial assistance brought about by calamities, typhoons, fire, etc. - Barangay Certification (1 Original) | | | Barangay | |
| If in case of educational needs **-** Statement of Account of the student (1 Original) | | | School/University of the student | |
| Such other document(s) peculiar to the transaction and considered necessary in the auditorial review (1 Original) | | | Offices/Agencies/Individuals Concerned | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit approved letter request and additional requirements depending on the purpose of monetization | 1. Receive and review the completeness of the requirements. | None | 10 Minutes | *Admin. Staff* Employee’s Office  *Admin. Officer* Employee’s Office |
| 1. Check entries in the *Application of Leave* Form and affix signature upon verification | 2. Generate *Application for Leave* Form, attached the letter request and other documents then hand it over to the client for verification | None | 10 Minutes | *Admin. Staff* Employee’s Office  *Admin. Officer* Employee’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Receive the said form and endorse it to the Department Head for recommending approval | None | 5 Minutes | *Admin. Staff* Employee’s Office |
| None | 1. Decide whether to Approve or Disapprove the Monetization based on the recommendation of the Administrative Officer | None | 5 Minutes | *Department Head* Client’s Office |
| None | 1. Retrieve the approved *Application for Leave* form from the Department Head and endorse it to the Administrative and Records Section of the City Mayor’s Office for review of the application and Certification of Leave Credits | None | 15 Minutes | *Admin. Staff/Messenger* Employee’s Office |
| None | 1. Review and record leave application upon validation | None | 5 Minutes | *Admin. Officer* City Mayor’s Office |
| None | 1. Certify Leave Credits and endorse the said form to the approving officer | None | 3 Minutes | *Admin. Officer* City Mayor’s Office |
| None | 1. Approve leave application based on the certification of the Administrative Officer and affix signature on the *Application for Leave* form | None | 5 Minutes | *CGADH/HRMO* City Mayor’s Office  *City Mayor* City Mayor’s Office |
| None | 1. Retrieve the approved leave application with pertinent documents from the approving officer then file a copy of the said approved leave application | None | 3 Minutes | *Admin. Staff* City Mayor’s Office |
| 3. Receive the Approved or Disapproved *Application for Leave* | 1. Release employee’s copy of approved or disapproved *Application for Leave* Form to the client | None | 2 Minutes | *Admin. Staff* City Mayor’s Office |
| 1. Submit the Approved *Application for Leave* to the respective office’s admin. officer | 4. Receive approved *Application for Leave* form with other pertinent documents and prepare *CAFOA* and *Disbursement Voucher*. | None | 5 Minutes | *Administrative Officer* Employee’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Verify *CAFOA, Disbursement Voucher* and other pertinent documents | None | 5 Minutes | *Administrative Officer* Employee’s Office |
| None | * 1. Affix signature on the *CAFOA* and *Disbursement Voucher* | None | 10 Minutes | *Department Head* Employee’s Office |
| None | * 1. Forward the *CAFOA* and *Disbursement Voucher* and other pertinent documents to the City Budget Office for the certification of the existence of appropriations | None | 15 Minutes | *Processor/Messenger* Employee’s Office |
| None | * 1. Receive the *CAFOA* and *Disbursement Voucher* and other pertinent documents then record in the logbook, input transactions to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | * 1. Control CAFOA as to existence of appropriation and update records in the eBudget System. Forward controlled CAFOA to Budget Officer IV for checking and initial. | None | 5 Minutes | *Budgeting Assistant* City Budget Office |
| None | * 1. Check and affix initial on the CAFOA and forward it with the attached pertinent documents to the City Budget Officer | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | * 1. Certify CAFOA as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | * 1. Return certified *CAFOA*, *Disbursement Voucher* and other pertinent documents to releasing clerk | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | * 1. Update transaction status of CAFOA as "out” in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Forward *CAFOA, Disbursement Voucher* and other pertinent documents to the City Treasurer's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | * 1. Receive *CAFOA, Disbursement Voucher* and other pertinent documents from the City Budget Office and forward them to the City Treasurer for certification | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | * 1. Certify CAFOA as to availability of Funds | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | * 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | * 1. Receive the said *CAFOA, Disbursement Voucher* and other pertinent documents from the City Treasurer’s Office and input transaction in the system then forward it for auditing | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | * 1. Examine and evaluate the completeness and propriety of supporting documents | None | 15 Minutes | *Administrative Officer II* City Accountant’s Office  *Supervising Administrative Officer* City Accountant’s Office |
| None | * 1. Post claim to individual ledgers | None | 5 Minutes | *Administrative Officer II* City Accountant’s Office |
| None | * 1. Post to Fund Control Ledgers and prepare the journal entry | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | * 1. Assign control number to CAFOA | None | 4 Minutes | *Accounting Staff* City Accountant’s Office |
| None | * 1. Review and certify the disbursement voucher and approve the journal entry | None | 3 Minutes | *City Accountant* City Accountant’s Office |
| None | * 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the CMO for approval | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Receive the said *CAFOA, Disbursement Voucher* and other pertinent documents and record the transaction in the logbook | None | 5 Minutes | *Administrative Aide* City Mayor’s Office |
| None | * 1. Affix signature on the disbursement voucher | None | 5 Minutes | **For 50,000 and below:** *City Government Asst. Dept. Head I/HRMO*  **Above 50,000 and below 1 Million:** *City Administrator* |
| None | * 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the CTO | None | 5 Minutes | *CMO Staff* City Mayor’s Office |
| None | * 1. Receive the said *CAFOA, Disbursement Voucher* and other pertinent documents and record the transaction in the logbook | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | * 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the City Treasurer for approval of release of payment | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | * 1. Affix signature on the disbursement voucher for release of payment | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | * 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the Cash Division for preparation of check | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | * 1. Prepare check per approved disbursement voucher | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | * 1. Forward the check with the pertinent documents to the City Treasurer | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | * 1. Affix signature on the check | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Forward the check with pertinent documents to the City Mayor’s Office and ask the receiver to sign on the logbook upon receipt | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | * 1. Receive check with pertinent documents and sign on the logbook | None | 5 Minutes | *CMO Staff* City Mayor’s Office |
| None | * 1. Affix signature on the check | None | 5 Minutes | **For 50,000 and below:** *City Government Asst. Dept. Head I/HRMO*  **Above 50,000 and below 1 Million:**  *City Administrator* |
| None | * 1. Forward to the City Accountant’s Office for the preparation of Accountant’s advice | None | 5 Minutes | *CMO Staff* City Mayor’s Office |
| None | * 1. Receive check with pertinent documents then record the transaction in the logbook and forward the check with pertinent documents to another Accounting staff for the preparation of Accountant’s advice | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | * 1. Prepare Accountant’s advice | None | 10 Minutes | *Accounting Staff* City Accountant’s Office |
| None | * 1. Check and verify the Accountant’s advice then forward Accountant’s Advice to the City Accountant | None | 10 Minutes | *Supervising Administrative Officer*  City Accountant’s Office |
| None | * 1. Affix signature on the Accountant’s advice | None | 5 Minutes | City Accountant City Accountant’s Office |
| None | * 1. Submit the Accountant’s advice to the Landbank of the Philippines and retain 2 copies with a received stamp from the Landbank of the Philippines | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Forward the Accountant’s advice along with other pertinent documents to the City Treasurer’s office | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | * 1. Receive check and other pertinent documents for release | None | 2 Minutes | *Administrative Aide II* City Treasurer’s Office |
| 1. Proceed to Window 6 of the Cashier’s Division and inquire availability of check. If check is available, present Valid Identification Card. | 5. If check is available, ask for valid identification card of payee and validate. | None | 2 Minutes | *Cashier I* City Treasurer’s Office  *Supervising Administrative Officer* City Treasurer’s Office |
| 1. Receive the check and affix signature on the disbursement voucher acknowledging the receipt of the check. | 1. Release the check and ask the employee to affix his/her signature on the disbursement voucher acknowledging the receipt of the check. | None | 2 Minutes | *Cashier I* City Treasurer’s Office  *Supervising Administrative Officer* City Treasurer’s Office |
| **TOTAL:** | | **None** | **5 Hours, 6 Minutes** |  |

* 1. **Reimbursement of Expenses from Petty Cash Fund**

A Petty Cash Fund is set up for operating expenses consisting of small payments for maintenance and operating expenses which cannot be paid conveniently by check or are required to be paid immediately.

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| **Office or Division:** | | Client’s Respective Department/Office, City Budget Office, City Accountant’s Office – Financial Control and Reporting Division, City Treasurer’s Office, City Mayor’s Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2G - Government to Government | | | |
| **Who may avail:** | | Employees of the City Government of Gingoog and National Agencies | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Certificate of Appropriation, Funds, and Obligation of Allotment (CAFOA) (4 Original) | | | Client’s Respective Department/Office | | |
| * Petty Cash Voucher (1 Original) | | | Client’s Respective Department/Office | | |
| * Sales Invoice/Official Receipt (OR) (1 Original) duly signed by at least 2 BAC-TWGs | | | Supplier | | |
| * Certification of Emergency Purchase (1 Original) | | | Client’s Respective Department/Office | | |
| **Additional Requirements for meals or other expenses that should undergo procurement process:** | | | | | |
| * Justification Letter (1 Original) | | | Client’s Respective Department/Office | | |
| **Additional Requirements for meals:** | | |  | | |
| * Attendance Sheet (1 Original) | | | Client’s Respective Department/Office | | |
| **Additional Requirements for spare parts:** | | |  | | |
| * Waste Materials Report (1 Original) | | | General Services Office | | |
| * Pre-inspection Report (1 Original) | | | City Engineer’s Office – Motorpool Division | | |
| * Post-repair Inspection Report (1 Original) | | | City Engineer’s Office – Motorpool Division | | |
| * Such other document(s) considered necessary in the auditorial review | | | Offices/Agencies/Individuals Concerned | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for payment of expenses and submit Sales Invoice or OR signed by 2 TWGs and other required documents as per type of transaction | * + - 1. Receive request and required documents. Verify Sales Invoice or Official Receipt (OR) and other pertinent documents required depending on the type of transaction. | | None | 5 Minutes | *Administrative Staff* Employee’s Office |
| None | 1. Prepare CAFOA and Petty Cash Voucher | | None | 10 Minutes | *Administrative Staff* Employee’s Office |
| None | 1. Verify CAFOA, Petty Cash Voucher, and other pertinent documents | | None | 5 Minutes | *Administrative Officer* Employee’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Affix signature on the CAFOA, Petty Cash Voucher | None | 10 Minutes | *Department Head* Employee’s Office |
| None | 1. Forward the pertinent documents to the City Budget Office for the certification of existence of appropriations | None | 15 Minutes | *Processor/Messenger* Employee’s Office |
| None | 1. Receive the documents and record in the logbook, input transaction to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | 1. Control CAFOA as to existence of appropriation and update records in the eBudget System. Forward controlled CAFOA to Budget Officer IV for checking and initial. | None | 5 Minutes | *Budgeting Assistant* City Budget Office |
| None | 1. Check and affix initial on the CAFOA and forward it with the attached pertinent documents to the City Budget Officer | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | 1. Certify CAFOA as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | 1. Return certified CAFOA to releasing clerk | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Update transaction status of CAFOA as "out” in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Forward documents to the City Treasurer's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Receive documents from the City Budget Office and forward it to the City Treasurer for certification | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | 1. Certify CAFOA as to availability of Funds | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Receive documents from the City Treasurer’s Office and input transaction in the system then forward it for auditing | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Examine and evaluate the completeness and propriety of supporting documents | None | 15 Minutes | *Administrative Officer II* City Accountant’s Office  *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Post claim to individual ledgers | None | 5 Minutes | *Administrative Officer II* City Accountant’s Office |
| None | 1. Post to Fund Control Ledgers | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Assign control number to CAFOA | None | 4 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Review and approve the petty cash voucher | None | 3 Minutes | *City Accountant*  City Accountant’s Office |
| None | 1. Forward documents to the Cash Division for release of payment | None | 5 Minutes | CTO Staff City Treasurer’s Office |
| 1. Receive payment and sign on the photocopy of the receipt. | 2. Release payment per approved petty cash voucher and ask the client to sign on the photocopy of the receipt. | None | 5 Minutes | Cashier III City Treasurer’s Office |
| **TOTAL** | | **None** | **2 Hours,**  **22 Minutes** |  |

* 1. **Reimbursement of Travel Expenses**

The officials and employees of the City Government of Gingoog and National Government Agencies may have their expenses from official travel be reimbursed.

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| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Client’s Respective Department/Office, City Budget Office, City Accountant’s Office, City Treasurer’s Office, City Mayor’s Office | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | | |
| **Who may avail:** | | Officials and employees of the City Government of Gingoog and National Government Agencies. | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| Certificate of Appropriation, Funds, and Obligation of Allotment (CAFOA) (4 Original) | | | | Client’s Respective Department/Office | | |
| Disbursement Voucher (1 Original) | | | | Client’s Respective Department/Office | | |
| Office Order/Travel Order/Memorandum (1 Original) | | | | Client’s Respective Department/Office | | |
| Invitation/Communication Letter (1 Photocopy) | | | | Host or Sponsoring Agency/Organization | | |
| Duly Approved Itinerary of Travel (Appendix A) (2 Original) | | | | Client’s Respective Department/Office | | |
| Certificate of Travel Completed (Appendix B) (2 Original) | | | | Client’s Respective Department/Office | | |
| Certificate of Appearance/Attendance (1 Original, 1 Photocopy) | | | | Host or Sponsoring Agency/Organization | | |
| Paper/Electronic Place Ticket, Boat or Bus Ticket, Boarding Pass, Terminal Fee Official Receipt of Registration Fee (if any) | | | | Official/Employee/Client | | |
| Such other document(s) considered necessary in the auditorial review | | | | Offices/Agencies/Individuals Concerned | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for payment of travel expenses and submit required documents | 1. Receive request and required documents. Check required documents as to its validity and completeness. | | None | | 5 Minutes | *Administrative Staff* Employee’s Office |
| None | 1. Prepare CAFOA and Disbursement Voucher. Attached required documents and forward to the administrative officer for verification. | | None | | 10 Minutes | *Administrative Staff* Employee’s Office |
| None | 1. Verify CAFOA, Disbursement Voucher, and other pertinent documents and affix initial upon verification. Forward the said documents to the Department Head for approval. | | None | | 5 Minutes | *Administrative Officer* Employee’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Affix signature on the *CAFOA* and *Disbursement Voucher* based on the certification of the Administrative Officer | None | 10 Minutes | *Department Head* Employee’s Office |
| None | 1. Forward the *CAFOA* and *Disbursement Voucher* and other pertinent documents to the City Budget Office for the certification of the existence of appropriations | None | 15 Minutes | *Processor/Messenger* Employee’s Office |
| None | 1. Receive the *CAFOA* and *Disbursement Voucher* and other pertinent documents then record in the logbook, input transactions to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | 1. Control CAFOA as to existence of appropriation and update records in the eBudget System. Forward controlled CAFOA to Budget Officer IV for checking and initial. | None | 5 Minutes | *Budgeting Assistant* City Budget Office |
| None | 1. Check and affix initial on the CAFOA and forward it with the attached pertinent documents to the City Budget Officer | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | 1. Certify CAFOA as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | 1. Return certified *CAFOA*, *Disbursement Voucher* and other pertinent documents to releasing clerk | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Update transaction status of CAFOA as "out” in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Forward *CAFOA, Disbursement Voucher* and other pertinent documents to the City Treasurer's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Receive *CAFOA, Disbursement Voucher* and other pertinent documents from the City Budget Office and forward them to the City Treasurer for certification | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | 1. Certify CAFOA as to availability of Funds | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | 1. Receive the said *CAFOA, Disbursement Voucher* and other pertinent documents from the City Treasurer’s Office and input transaction in the system then forward it for auditing | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Examine and evaluate the completeness and propriety of supporting documents | None | 15 Minutes | *Administrative Officer II* City Accountant’s Office  *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Post claim to individual ledgers | None | 5 Minutes | *Administrative Officer II* City Accountant’s Office |
| None | 1. Post to Fund Control Ledgers and prepare the journal entry | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Assign control number to CAFOA | None | 4 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Review and certify the disbursement voucher and approve the journal entry | None | 3 Minutes | *City Accountant* City Accountant’s Office |
| None | 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the CMO for approval | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |

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| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Receive the said *CAFOA, Disbursement Voucher* and other pertinent documents and record the transaction in the logbook | None | 5 Minutes | *Administrative Aide* City Mayor’s Office |
| None | 1. Affix signature on the disbursement voucher | None | 5 Minutes | **For 50,000 and below:** *City Government Asst. Dept. Head I/HRMO*  **Above 50,000 and below 1 Million:** *City Administrator* |
| None | 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the CTO | None | 5 Minutes | *CMO Staff* City Mayor’s Office |
| None | 1. Receive the said *CAFOA, Disbursement Voucher* and other pertinent documents and record the transaction in the logbook | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the City Treasurer for approval of release of payment | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Affix signature on the disbursement voucher for release of payment | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward the said *CAFOA, Disbursement Voucher* and other pertinent documents to the Cash Division for preparation of check | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Prepare check per approved disbursement voucher | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | 1. Forward the check with the pertinent documents to the City Treasurer | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Affix signature on the check | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |

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| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward the check with pertinent documents to the City Mayor’s Office and ask the receiver to sign on the logbook upon receipt | None | 5 Minutes | *CTO Staff* City Treasurer’s Office |
| None | 1. Receive check with pertinent documents and sign on the logbook | None | 5 Minutes | *CMO Staff* City Mayor’s Office |
| None | 1. Affix signature on the check | None | 5 Minutes | **For 50,000 and below:** *City Government Asst. Dept. Head I/HRMO*  **Above 50,000 and below 1 Million:**  *City Administrator* |
| None | 1. Forward to the City Accountant’s Office for the preparation of Accountant’s advice | None | 5 Minutes | *CMO Staff* City Mayor’s Office |
| None | 1. Receive check with pertinent documents then record the transaction in the logbook and forward the check with pertinent documents to another Accounting staff for the preparation of Accountant’s advice | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Prepare Accountant’s advice | None | 10 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Check and verify the Accountant’s advice then forward Accountant’s Advice to the City Accountant | None | 10 Minutes | *Supervising Administrative Officer*  City Accountant’s Office |
| None | 1. Affix signature on the Accountant’s advice | None | 5 Minutes | City Accountant City Accountant’s Office |
| None | 1. Submit the Accountant’s advice to the Landbank of the Philippines and retain 2 copies with a received stamp from the Landbank of the Philippines | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |

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| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward the Accountant’s advice along with other pertinent documents to the City Treasurer’s office | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Receive check and other pertinent documents for release | None | 2 Minutes | *Administrative Aide II* City Treasurer’s Office |
| 2. Proceed to Window 6 of the Cashier’s Division and inquire the availability of the check. If the check is available, present Valid Identification Card. | 2. If the check is available, ask for a valid identification card of the payee and validate. | None | 2 Minutes | *Cashier I* City Treasurer’s Office  *Supervising Administrative Officer* City Treasurer’s Office |
| 3. Receive the check and affix signature on the disbursement voucher acknowledging the receipt of the check. | 3. Release the check and ask the employee to affix his/her signature on the disbursement voucher acknowledging the receipt of the check. | None | 2 Minutes | *Cashier I* City Treasurer’s Office  *Supervising Administrative Officer* City Treasurer’s Office |
| **TOTAL** | | **None** | **4 Hours, 13 Minutes** |  |

**CITY DISASTER RISK REDUCTION AND MANAGEMENT OFFICE**

**External Services**

**6.1. Conduct of Training (First Aid, Basic Life Support, Water Search and Rescue, Mountain Search and Rescue, High Angle and Rope Rescue, Drill, DRRM Orientation)**

Any institution/agency/organization of Gingoog City may request for training, enhancement and capability building with regards to First Aid, Basic Life Support, Water Search and Rescue, Mountain Search and Rescue, High Angle and Rope Rescue, Drill, and DRRM Orientation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Disaster Risk Reduction and Management Office (CDRRMO) | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Client  G2G – Government to Government | | | |
| **Who may avail:** | | All institutions/agencies/organizations in Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Letter Request (1 Original) | | | Requesting Party | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit letter request and discuss training program details | 1. Receive letter request  1.1. Approve letter request  1.2. Discuss and arrange training program details such as logistics needs, training venue, and safety of participants.  1.3. Finalize details and approve conduct of the training. | | None | 5 Minutes | *CDRRMO Staff*  *CDRRMO*  *Local DRRM Officer*  City Disaster Risk Reduction And Management Office |
| 1. Assist/Attend training program | 2. Conduct training program | | None | * First Aid – 8 Hours, * Basic Life Support – 8 Hours * Water Search and Rescue – 8 Hours * Mountain Search and Rescue – 8 Hours * High Angle and Rope Rescue – 8 Hours * Drills – 4 Hours * DRRM Orientation- 8 Hours | *DRRMO-Admin*  *Local DRRM Officer*  City Disaster Risk Reduction And Management Office |
| **TOTAL:** | | | **None** | **5 Minutes + depending on the type of training program requested** |  |

**6.2 Emergency Response/Services (Trauma and Medical) and Other Related Emergency Services**

Delivery of Emergency Response/Services is granted to all citizens of Gingoog City and general public who requested of this said service.

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| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | City Disaster Risk Reduction and Management Office | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Client  G2G – Government to Goverment | | | | |
| **Who may avail:** | All | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * Call via hotline numbers or radio | | | Requesting Party | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Call via the following hotline numbers or radio:  * MisOrTel: 115 * Globe: 09663703366 / 09171445697 * Smart: 09193983407 * Radio Repeater: 147.250 | | 1. Receive and Record Call 2. Dispatch responders | None | 2 Minutes | *24/7 CDDRMO- Operator* City Disaster Risk Reduction and Management Office |
| 1. Receive Emergency Response | | 1. Perform Emergency Response 2. If there is a need, transport patient to hospital | None | Depending on the location and situation | *Responders*  City Disaster Risk Reduction and Management Office |
| **TOTAL:** | | | **None** | **2 Minutes**  **+ Depending on the location and situation** |  |

**6.3. Transport Services / Use of Ambulance**

Citizens of Gingoog City and Gingoog Bay Alliance may request the use of an Ambulance for transport services. These services include transport of patient/s from residence to hospital or vice versa, from hospital to referral hospital, and transport of cadaver, relief goods and for other official purposes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office or Division:** | City Disaster Risk Reduction and Management Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Client  G2G – Government to Goverment | | | |
| **Who may avail:** | All citizens of Gingoog and Gingoog Bay Alliance | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| * Approved Request Letter (1 Original) | | Respective Barangay | | |
| **For transport of patient from hospital to referral hospital:** | | | | |
| * Ambulance Transport Request Slip (1 Original) | | Hospital of Confinement | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Proceed to City Disaster Risk Reduction and Management Office and present the approved transport request slip/letter | Description: ooxWord://word/media/image968.bin1. Receive and validate request and requirement   * 1. Approve request   2. Prepare Travel Order and Trip Ticket   If transport of patient, verify with the hospital for confirmation to transport. | None | 5 Minutes | *CDRRMO Staff*  *Local DRRMO IV/ CDRRMO*  City Disaster Risk Reduction and Management Office |
| 1. Confirm transport | 1. Once confirmed, conduct transport | None | Depending on the location | *Driver*  *Responder*  City Disaster Risk Reduction and Management Office |
| 1. If transport of patient, provide Patient’s data or answer queries | 3. While en route, interview requesting party and record patient’s data | None | 5 Minutes | *Responder*  City Disaster Risk Reduction and Management Office |
| **TOTAL:** | | **None** | **10 Minutes +**  **Depending on the location** |  |

**CITY ECONOMIC ENTERPRISE DEPARTMENT**

**External Services**

**7.1. Slaughtering of Hogs and other Animals**

This service is provided to the public who will deposit their hogs and other animals for slaughter for consumption.

|  |  |  |
| --- | --- | --- |
| **Division:** | Slaughterhouse Operation Division, City Economic Enterprise Dept. (CEED) | |
| **Classification:** | Simple | |
| **Type of Transaction:** | G2C – Government to Citizen | |
| **Who may Avail:** | Residents of Gingoog City | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| **For Public and Private Consumption (Animals from within Gingoog City)** | | |
| Cattle, Carabao and Horse: | |  |
| 1. Certificate of Ownership(1 original) | | CEED Office |
| 2. Slaughter Permit(1 original) | | CEED Office |
| Additional Requirement if not the Original Owner: 3. Transfer of Ownership (1 original) | | CEED Office |
| Hogs: | |  |
| 1. Slaughter Permit (1 original) | | CEED Office |
| 2. Veterinary Health Certificate (1original) | | Head Veterinarian of LGU where the animals/hogs came from |
| Goat and Sheep: | |  |
| 1. Slaughter Permit (1 original) | | CEED Office |
| **For Public and Private Consumption (Animals from outside Gingoog City)** | | |
| Cattle, Carabao and Horse: | |  |
| 1. Certificate of Ownership (1 original) | | Municipal/City Economic Enterprise Office where the animal is from |
| 2. Slaughter Permit (1 original) | | CEED Office |
| Additional Requirement if not the Original Owner: 3. Transfer of Ownership (1 original) | | CEED Office |
| Hogs: | |  |
| 1. Slaughter Permit (1 original) | | CEED Office |
| 2. Shipping Permit (1 original) | | Department of Agriculture - Bureau of Animal Industry |
| 3. Certification based on African Swine Fever (ASF) Philippines Zoning Status | | Department of Agriculture, Regional Office |
| 4. Veterinary Health Certificate (1original) | | Head Veterinarian of LGU where the animals/hogs came from |
| Goat and Sheep:  1. Slaughter Permit (1 original) | | CEED Office |

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| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit required documents | 1. Receive and review required documents.  1.1. Assess payment and issue *Order of Payment* | None | 20 Minutes | *Collector In charge* CEED Office  *Slaughterhouse Master IV* CEED Office |
| 2. Pay the required fees stated in the *Order of Payment* | 2. Accept the payment and issue *Official Receipt* (O.R.) | **Cattle, Carabao, Horse:**  Slaughter Permit-PHP 65 Slaughter Fee - PHP 390 Live Stock Fund   - PHP 15.60 Corral Fee - PHP 13 Ante Mortem- PHP 13 Post Mortem- PHP 65 Service Charge   - PHP 15.60 Entrails Cleaning Fee  - PHP 52  Dehairing Fee - PHP 130  Total - PHP 759.20 Per head  **Hogs, Goat, Sheep:**  Slaughter Permit-PHP 26 Slaughter Fee -PHP 195 Live Stock Fund   - PHP 5.20 Corral Fee - PHP 6.50 Ante Mortem- PHP 6.50 Post Mortem- PHP 26.00 Service Charge   - PHP 5.20 Entrails Cleaning Fee   - PHP 26.00  Total - PHP 296.40 Per head | 2 Hours, 30 Minutes | *Collector In charge*  CEED Office  *Slaughterhouse Master IV*  CEED Office |
| 3. Bring animals to the City Coral and present the required documents. | 3. Verify the required documents; receive animals, and record the name of owner, kind and number of animals to be deposited. | None | 3 Hours | *Coral In-charge*  Slaughterhouse |
| None | * 1. Keep watch on the deposited animals until it will be slaughtered | None | 5 Hours | *Watchman* Slaughterhouse  *Security Guard* Slaughterhouse |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None | 3.2. Slaughtering Operation | None | 5 Hours  (Start at 10 PM) | *Boiler Tender* Slaughterhouse  *Butchers* Slaughterhouse  *Slaughterhouse Master IV* Slaughterhouse |
| None | 3.3. After slaughter, weigh and log the name of owner and corresponding number of kilos of carcass. | None | 3 Hours | *Scaler* Slaughterhouse  *Slaughterhouse Master IV* Slaughterhouse |
| 4. Claim the carcass and acknowledge receipt | 4. Release the carcass | None | 1 Hour | *Security Guard* Slaughterhouse  *Slaughterhouse Master* Slaughterhouse |
| **TOTAL:** | | **For Cattle, Carabao, Horse - PHP 759.20**  **Hogs, Goat, Sheep  - PHP 296.40** | **2 Days 3 Hours, 50 Minutes** |  |

Fees are based on City Ordinance No. 2017-317 (Section 109)

**7.2. Market Entrance of Goods and Commodities**

In accordance to 2017 Code of Economic Enterprise City Ordinance No. 2017-317, goods and commodities to be sold inside the Public Market has to be charged with market entrance fee.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Division:** | | Market Operations Division, CEED | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2B – Government to Business | | | |
| **Who may Avail:** | | Wholesalers, Registered Stallholders/Vendors | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| None | | | N/A | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present the goods and commodities. Then, receive Order of Payment. | 1. Weigh the goods and commodities. Then, assess fees and issue  Order of Payment. | | None | 20 Minutes + Depending on the quantity and type of goods and commodities. | *Collector In-charge* CEED Office |
| 2. Pay the required fees and receive cash tickets. | 2. Receive payment and issue cash tickets equivalent to the payment received. | | See Table 7.2\* | 15 Minutes | *Collector In-charge*  CEED Office |

|  |  |  |  |
| --- | --- | --- | --- |
| **TOTAL:** | **See Table No. 7.2\*** | **35 Minutes + Depending on the quantity of goods and commodities** |  |

\*Based on City Ordinance No. 2017-317 (Sec. 68)

**Table 7.2. Market Entrance Fee**

|  |
| --- |
| SECTION 68. MARKET ENTRANCE FEE. There shall be only one (1) market entrance for all goods and commodities to be sold inside the GCPM.  In addition to regular market fees, a market entrance fee at the rate provided hereunder shall be levied and collected from all vendors/stallholders and wholesalers bringing any commodity or merchandise to the GCPM, for sale to wit:  1. For rice, corn, sugar or similar commodities placed in sack,  per sack - Php 1.50  2. For mongo, beans, onions, garlic, ginger or similar commodities placed in sack,  per sack - Php 2.50  3. For fresh eggs, per tray - Php 0.50  4. For fruits placed in big baskets (bukag)/box,  per basket/box - Php 2.50  5. For vegetables placed in big basket/bukag,  per basket/bukag - Php 2.50  6. For dressed chicken, and other frozen products,  per kilo - Php 0.50  7. For dried and salted fish, per box/can - Php 1.50  8. Dressed Meat – Beef &amp; Pork, per kilo - Php 1.50  9. For every kilo of fish, seafood and/or marine products brought into the vicinity of the public market by producers, distributors and wholesalers  a) Fresh Fish (Marine)  1. First Class (Lapu-lapu, Tanguige, etc) - Php 1.50  2. Crabs/Lobsters - Php 1.50  3. Shrimps - Php 1.50  4. Sea Shells - Php 1.00  5. Second Class Fish - Php 1.00  b) Fresh Fish (Freshwater)  1. First Class (Bangus, Tilapia, etc.) - Php 1.00  2. all others - Php 0.50  10. For other products not enumerated above,  per kilo - Php 0.50  per box - Php 1.50  Payment of the entrance fee shall be payable in advance before any person can sell or offer for sale any commodities or goods within the GCPM and its premises. |

**7.3. CEED Certification to Stallholders/Vendors**

This certification is issued to registered stallholders/vendors of the City Economic Enterprise Department (CEED) public market for whatever legal purpose it may serve.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Division:** | | CEED Administrative and Support Services Division | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2B – Government to Business | | | | |
| **Who may Avail:** | | Registered Stallholders/Vendors at the CEED | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| 1.Business Permit(1 photocopy) | | | | Business Permit and Licensing Division, CMO | | |
| 2.Official Receipt (O.R.) (1 original) | | | | CEED | | |
| 3.Market Clearance (1 original) | | | | CEED | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request the needed certification. | 1. Interview the nature of concerns and services needed by the client and refer to the person in-charge of the particular operation.  1.1. Check if the client has no delinquencies and violations.  1.2. Assess the payable amount and inform the client. | | None | | 20 Minutes | *Personnel In-charge in the Information Desk*  CEED Office  *Admin Officer*  CEED Office  *Area collector In-Charge*  CEED Office  *Area Supervisor*  CEED Office |
| 2. Pay the payable amount. | 2. Accept the payment and issue O.R. | | PHP 50.00\* + delinquencies and violations, if any. | | 5 Minutes | *Collector In-Charge*  CEED Office |
| 3. Present O.R. to Admin. Division | 3. Prepare the certification and countersign | | None | | 5 Minutes | *Admin. Officer* CEED Office |
| 3.1. Forward the certification for review and signing. | | None | | 2 Minutes | *Admin Clerk*  CEED Office |
|  | * 1. Check the certification and countersign | | None | | 2 Minutes | *Supervising PURO* CEED Office |
|  | * 1. Sign the certification | | None | | 5 Minutes | *CEED Manager* CEED Office |
| None | * 1. Record the transaction in the logbook. | | None | | 2 Minutes | *Admin Clerk*  CEED Office |
| 4. Sign in the logbook upon receipt of Certification. | 4. Release the certification and retrieve the logbook. | | None | | 2 Minutes | *Admin Clerk* CEED Office |
| **TOTAL** | | | **PHP 50.00\* + delinquencies and violations, if any.** | | **43 Minutes** |  |

*\*Based on City Ordinance No. 2015-279 Section 139 (Revenue Code of Gingoog City)*

**7.4. Market Clearance and Lease Contract Issuance**

Market Clearance and Lease Contract is issued to all registered stallholders of the City Economic Enterprise Department (CEED) as a requirement in securing a Business Permit.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Division:** | Administrative and Support Services Division (ASSD), CEED | | | | | |
| **Classification:** | Simple | | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | | |
| **Who may Avail:** | Stallholders of Public Market, Terminal, and Government Utilities operated by CEED | | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| 1. GMVSA Clearance (1 original) | | | Office of the Gingoog Market Vendors & Stallholder’s Association (GMVSA) | | | |
| 2. Residence Certificate (Current)(1 photocopy) | | | City Treasurer’s Office (CTO) | | | |
| 3. 2x2 ID Picture (1 pc.) | | | Photography Studio | | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill out *Application for Market Clearance and Lease Contract* form and submit the required documents stated in the checklist. | | 1. Receive and check the form and required documents.  1.1 Check if the client has no delinquencies and violations  1.2 Assess the required fee and inform the client | | None | 25 Minutes | *Area Collector*  CEED Office  *Area Supervisor* CEED Office |
| 2. Pay the required fee. | | 2. Receive payment and issue *Official Receipt*.  2.1. Prepare and Issue the *Market Clearance*. Attach the *Official Receipt*.  2.2. Keep duplicate copy for record purposes and forward the *Market Clearance* and other pertinent documents to the Administrative and Support Services Division (ASSD) for the issuance of Lease Contract. | | PHP 50\* | 18 Minutes | *Area Collector* CEED Office |
| None | | * 1. ASSD receive and review the Market Clearance and other pertinent documents. | | None | 2 Minutes | *ASSD Staff* CEED Office  *Admin. Officer* CEED Office |
| None | | 2.4. Prepare Lease Contract. | | None | 15 Minutes | *ASSD Staff* CEED Office |
| None | | 2.5. Route the Lease Contract and other pertinent documents for signature. | | None | 10 Minutes | *Admin Clerk* CEED Office |
| None | | 2.6. Check and countersign the Lease Contract and Clearance | | None | 5 Minutes | *Admin. Officer IV,*  *Area Supervisor* CEED Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | * 1. Sign the Lease Contract and Clearance recommending approval to the City Mayor | None | 5 Minutes | *CEED Manager*  CEED Office |
| 1. Accept clearance and Lease Contract and sign in the logbook upon receipt. | 3. Retrieve the Lease Contract and Clearance from the CEED Manager; record the said documents in the logbook; release it along with other pertinent documents and advice the client to proceed to the City Legal Office for review and approval of the City Mayor. | None | 5 Minutes | *Admin Clerk* CEED Office |
| 1. Proceed to the City Legal Office. Present Lease Contract and other pertinent documents. Also, answer inquiries. | 4. Interview client and review Lease Contract and other pertinent documents. Upon validation, affix initial under the City Mayor.  4.1. Return the Lease Contract and other pertinent documents to the client and advice to proceed to the Office of the City Mayor for approval. | None | 1 Hour  (including travel time in going to City Legal Office) | *City Legal Officer* City Legal Office |
| 1. Proceed to the Office of the City Mayor and submit Lease Contract and other pertinent documents. | 5. Upon verification, approve Lease Contract by signing on it. | None | 1 Day | *City Mayor* Office of the City Mayor |
| 6. Accept clearance and Lease Contract and acknowledge Receipt of it. Proceed to the CEED Office and submit a copy of the Lease Contract. | 6. Release Lease Contract and other pertinent documents. | None | 3 Minutes | *CMO Staff* Office of the City Mayor |
| 6.1. Receive the copy of the Lease Contract and file it. | None | 3 Minutes | *Admin. Clerk* CEED Office |
|  | **TOTAL** | **PHP 50.00\*** | **1 Day, 2 Hours,  31 Minutes** |  |

**\****Based on City Ordinance No. 2015-279 Section 139 (Revenue Code of Gingoog City)*

**7.5. CEED ID to Stallholder, Stallholder’s Helpers, Labors and Dispatchers**

CEED ID is issued to Registered Stallholders and Stallholder’s helpers, Labors of Gingoog City Public Market and Dispatchers of Public Terminals.

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| **Division:** | | Administrative & Support Services , CEED | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C | | | | |
| **Who may Avail:** | | Stallholders, Helpers, Labors and dispatchers | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| For Stallholders: | | |  | | | |
| 1. Business Permit (1 photocopy) | | | Business Permit & Licensing Division, City Mayor’s Office | | | |
| 1. 2x2 ID Picture (2 pcs.) | | | Photography Studio | | | |
| For Stallholder’s Helpers: | | |  | | | |
| 1. Business Permit of the Stall where he/she is working (1 photocopy) | | | Stallholder where he/she is working | | | |
| 1. Health Certificate (1 original) | | | City Health Office | | | |
| 1. 2x2 ID Picture (2 pcs.) | | | Photography Studio | | | |
| For Labors and Dispatchers : | | |  | | | |
| 1. Occupational Permit (1 photocopy) | | | Business Permit & Licensing Division, City Mayor’s Office | | | |
| 1. City Health Certificate( 1 original) | | | City Health Office (CHO) | | | |
| 1. 2x2 ID Picture (1 pc.) | | | Photography Studio | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present the required documents. | 1. Check if the document is complete and instruct the client to pay the corresponding fee to area collector. | | | None | 5 Minutes | *Admin Staff* CEED Office |
| 1. Pay the required fee. | 2. Accept payment and Issue Official Receipt | | | PHP 20 | 3 Minutes | *Area Collector* CEED Office |
| None | 2.1. Prepare the ID and route it for signature | | | None | 12 Minutes | *Admin Staff* CEED Office |
| None | 2.2. Check ID and countersign for CEED Manager’s signature | | | None | 3 Minutes | *Admin Officer, Area Supervisor PURO*  CEED Office |
| None | * 1. Sign the ID | | | None | 10 Minutes | *CEED Manager* CEED Office |
| None | * 1. Retrieve the ID from the CEED Manager and record the transaction in the logbook. | | | None | 5 Minutes | *Admin Staff* CEED Office |
| 3. Receive the ID and sign on the logbook upon receipt | 3. Release the ID and retrieve the logbook upon client’s acknowledgement of receipt. | | | None | 2 Minutes | *Demo 1* CEED Office  *Admin Officer* CEED Office |
| **TOTAL :** | | | | **PHP 20** | **40 Minutes** |  |

**7.6. Personal Undertaking (PU) Issuance for the use of Government Facilities**

Personal Undertaking is issued to a group of individuals or to an individual who will rent Government Facilities for a specific activity. (Government Facilities refers to ASL Gym and Badiangon Training Center.)

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| **Division:** | | Public Terminals & Utilities Operation Division , CEED | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C | | | |
| **Who may Avail:** | | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| * Letter Request approved from City Mayor’s Office (CMO) (1 Original) | | | | Client | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present approved letter request | * + - 1. Receive approved letter request. | | None | 5 Minutes | *Admin Clerk* CEED Office |
|  | 1.1 Refer the document to the CEED Manager for Booking | | None | 10 Minutes | *Admin Asst. I* CEED Office  *CEED Manager* CEED Office |
|  | 1.2. Upon booking, inform the facility area collector for payment of corresponding fee. | | None | 3 Minutes | *Admin Asst. I* CEED Office |
|  | 1.3 Inform client that the Cash bond for the facility to be rented should be deposited first at City Treasurer’s Office (CTO) before the preparation of PU Form | | None | 2 Minutes | *Facility Collector In-Charge*   CEED Office |
|  | 1.4 Assess Payment | | None | 5 Minutes | Facility *Collector –In-Charge*  CEED Office |
| 2.Deposit the Cash Bond of the Facility to be rented at Cashiers Office | 2. Receive deposit for Cash Bond and issue Official Receipt (OR). | | Cash Bond for:   * ASL Gym– Php 5,000.00 * Badiangon Training Center (BTC)– Php 500.00 | 1 Hour  (including travel time in going to City Treasurer’s Office) | *Cashier’s Office* City Treasurer’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 3. Pay the payable amount for the facility to be rented and submit OR of the deposited bond | 3. Accept the payment and issue the Official Receipt and receive OR of the deposited bond | For Gym:   * Fund Raising Activities – PHP **8,000** * Public School Graduation and Commencement – PHP **3,000** * Private School Graduation and Commencement – PHP **3,500** * Convention/ Conference, etc.– PHP **6,500** * Cultural Exhibit – PHP **5,500**   Air Conditioned Conference Function Hall:   * 1st 4 Hours – PHP **3,500** * PHP **4,500** 1st 8 Hours – PHP **3,500** * Non Air Condition Room:  Overnight – PHP **1,000**   BTC Whole Training Center:   * 1st 4 Hour usage  – PHP **4,500** * 1st 8 Hour usage – PHP **5,000**   (50% discount on local and national offices, if the purpose is for religious org., non-profit & socio civic organization.) | 15 Minutes | *Facility*  *Collector*  *In-charge*  CEED Office |
| None | 3.1 Prepare PU Form | None | 10 Minutes | *Facility Collector In-charge* CEED Office |
| None | 3.2 Route PU form for  Signature | None | 40 Minutes  (including travel time in going to Mayor’s Office ) | *Facility Collector In charge* CEED Office |
| None | 3.3. Signature for recommending approval | None | 10 Minutes | *CEED Manager* CEED Office |
| None | 3.4 Approve the  PU Form | None | 20 Minutes | *City Mayor*  Mayor’s Office |
| None | 3.5 Release the PU Form to CEED facility collector | None | 5 Minutes | *City Mayor’s Staff*  Mayor’s Office |
| None | * 1. Receive the PU Form and back to CEED office, record the schedule for usage of public facility. | None | 30 Minutes  (including travel in going back to CEED Office) | *Facility Collector In charge*  CEED Office |
| 4. Receive two (2) copies of the documents and acknowledge receipt of it. | 1. Release two (2) copies of approved Personal Undertaking Form to client and instruct the client to give one(1) copy of the PU to facility caretaker | None | 5 Minutes | *Facility Collector*  *In-charge*  *C*EED Office |
| 5. Submit one (1) copy of the approved Personal Undertaking Form to the Personnel In-charge of the public facility  Retain one (1) copy to be presented to the facility on the Booking date. | 1. Receive and record the approved Personal Undertaking Form and accommodate its booking. | None | 5 Minutes | *Facility*  *In-Charge*  CEED Office |
|  | **TOTAL** | **Corresponding fee of facility to be rented.**  **50 % discount of the prescribed rates for all local and national government offices/ agencies for all government functions only**  **Likewise, 50% discount shall be granted if the use of gym is for the conduct of religious activities** | **3 Hours, 45 Minutes** |  |

***Fees are based on City Ordinance 2017-317, Section 140-142-143 (Code of Economic Enterprise)***

**7.7. Certificate of Registration and Transfer of Ownership of Large Animals**

**Certificate of Ownership** is issued to an individual who will register his/her Large Animals ownership per certification issued by the Barangay Chairman and shall be the basis for Transfer of Ownership of Large Animals. While, **Certificate of Transfer of Ownership** is issued to the person who buys registered large animals.

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| **Division:** | | Slaughterhouse Operations Division, CEED | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Certificate of Ownership (1 Original) | | | Any barangay or localities where the ownership of animals was registered | | |
| 1. Official Receipt (OR) (1 Original) | | | CEED Office | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present Certificate of Ownership or certification issued by Barangay Chairman that he/she is the real owner of the animal/s | 1. Verify Certificate of ownership or certification issued by Brgy. Chairman declaring the ownership of the animal/s and their description such as age, color, sex and other marks such as cowlicks.  1.1 Assess the payable amount | | None  None | 20 Minutes | *Slaughterhouse Collector In charge* CEED Office  *Slaughterhouse Master* CEED Office  *Market Supervisor* CEED Office |
| 2. Pay the payable amount | 2. Accept the payment and issue Official Receipt. (O.R.)  2.1 Process the Certificate and release to client | | Ownership - PHP 65  Transfer - PHP 65 | 35 Minutes | *Slaughterhouse Collector In Charge* CEED Office  *Market Supervisor* CEED Office |
| 3. Receive and acknowledge the receipt of certificate of ownership or Transfer | 3. Retrieve the Duplicate copy of the Certificate on file | | None | 5 Minutes | *Slaughterhouse*  *Collector In-Charge* CEED Office  *Market Supervisor*  CEED Office |
| **TOTAL:** | | | **Ownership - PHP 65**  **Transfer - PHP 65** | **1 Hour** |  |

*Fees are based on City Ordinance No. 2017-317, Section 109 ( Code of Economic Enterprise)*

**7.8. Application and Approval of Transfer of Right of Stall**

Application and approval of Transfer of Right of Stall is granted only to a qualified individual

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| **Division:** | | Administrative & Support Services Division , CEED | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C | | | | |
| **Who may Avail:** | | Qualified Person such as: Children, Father, Mother, brother, sister of the stallholders excepts in laws. | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| **For the present stallholder**: | | | |  | | |
| * Notarized Affidavit of Transfer of Right of Stall ( to qualified recipient) (2 original ) | | | | Any Law Office | | |
| * Clearance from CTO ( 1 Original) | | | | City Treasurer’s Office | | |
| * Clearance from MVSA(1 Original) | | | | Market Vendors and Stallholders Association (MVSA) Office | | |
| * Clearance from CEED office (1 original) | | | | City Economic Enterprise Dept.(CEED) office | | |
| **For the Recipient of Rights**: | | | |  | | |
| * Resident Certificate (original) | | | | City Treasurer’s Office | | |
| * 2x2 ID picture (2 pcs.) | | | | Photography Studio | | |
| * Official Receipt of Transfer Fee | | | | City Economic Enterprise Dept.(CEED) Office | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present the required documents and stall | 1. Check the document and forward to Area Supervisor where the stall to be transferred is located for review and inspection | | None | | 15 Minutes | *Admin Officer* CEED Office |
| 1.1 Check and inspect the stall and if valid for transfer return documents to Admin. officer to process the Transfer | | None | | 15 Minutes | *Area Supervisor*  CEED Office |
| 1.2 Received documents and prepare the Application for Transfer of Rights and asses payment and issue order of payment | | None | | 10 Minutes | *Admin Officer*  CEED Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Pay the   payable amount | 2. Accept payment and Issue Official Receipt (O.R) and forward OR to Admin. Division | Clearance fee - PHP 50.00  + Transfer Fee  Transfer fee will depend on the location of stall being transferred per City Ordinance No. 2006-172  Transfer of Rights Fee:   * West Bound Terminal - PHP 1,000.00 * East Bound Terminal - PHP 500.00 * Fish Section, Meat Misc. Painitan and Open Carenderia - PHP 500.00 * Fruit, Vegetable and Groceries Section  - PHP 700.00 * Eatery Section  - PHP 1,000.00 * Left and Right Wing Interior - PHP 1,000.00 * Left and Right Wing Perimeter and Frontage  - PHP 700.00 * Block 1 and Block 11 - PHP 1,500.00 * Table within Old Main Bldg. – PHP 500.00 * Old Public Market Stalls  - (TATAK) PHP 1,000.00 * Tourism Fruit and Flowers (now at Exterior Market Stalls 1 & 11  - PHP 500.00 | 10 Minutes | *Area Collector*  CEED Office |
|  | * 1. Process the Application for Transfer of Rights and countersign | None | 20 Minutes | Admin Officer  CEED Office |
| 2.2. Approval of CEED Manager | None | 5 Minutes | *CEED Manager*  CEED Office |
| 2.3. Release copy to the applicant | None | 2 Minutes | *Admin Clerk* CEED Office  *Admin Officer* CEED Office |
| 3. Receive copy and acknowledge receipt. | 3. Record to the logbook of release document | None | 3 Minutes | *Admin Clerk* CEED Office |
| **TOTAL:** | | **Clearance Fee – PHP 50.00 + Transfer Fee depending on what section the stall to be transferred is located** | **1 Hour,  20 Minutes** |  |

**7.9. Withdrawal of Bond**

Bond deposited for the rent of public facilities is withdrawn after the activity booked by the renter is done, provided that there is no damage incurred by the facility renter after their use as certified by the personnel in-charge of the facility.

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| **Division:** | | Administrative and Support Service Division (ASSD), CEED | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Renter of the CEED facilities. | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| 1.Clearance of no damages from the facility -In –charge(1 Original) | | | | In charge of the rented facility | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present the required documents to the Admin clerk. | 1. Receive the required documents and prepare the voucher for the withdrawal of bond | | None | 10 Minutes | *ASSD Staff* CEED Office |
| * 1. Approve the clearance of no damages of the facility rented | | None | 10 Minutes | *CEED Manager* CEED Office |
| 1.2. Release the voucher to the client | | None | 2 Minutes | *ASSD Staff* CEED Office |
| 2. Receive the voucher and acknowledge receipt of it. | 2. Retrieve the Logbook for released document. | | None | 2 Minutes | *Admin. Clerk* CEED Office  *Admin Officer* CEED Office |
| 3. Process the voucher to the City Treasurer’s Office. | 3. Facilitate the processing and release of Bond. | | None | 4 Hours | *Cashier*  City Treasurer’s Office (CTO) |
| 1. Claim the Bond and acknowledge receipt. | 4. Check the Logbook of release document | | None | 3 Minutes | *Cashier*  CTO |
| **TOTAL:** | | | **None** | **4 Hours,**  **27 Minutes** |  |

**8.1. Building Permit Issuance**

**CITY ENGINEER’S OFFICE**

**External Services**

A **Building Permit** is a document issued by the Building Official to a person, firm or corporation, including government agencies who wish to erect, construct, alter, repair, move, convert or demolish any building or structure within Gingoog City. This is guided by Presidential Decree 1096 or the Building Code of the Philippines.

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| **Office or Division:** | City Engineer's Office (CEO) - Building & Industrial Safety Division (BISD), City Treasurer’s Office, Bureau of Fire and Protection (BFP), City Planning and Development Office (CPDO) - Resettlement & Housing Development & Land Use Management Division | |
| **Classification:** | Complex | |
| **Type of Transaction:** | G2C - Government to Citizen  G2B - Government to Business  G2G - Government to Government | |
| **Who may avail:** | Individual, Business, and Government Agencies within Gingoog City | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| 1. Zoning/Locational Clearance (1 original) | | City Planning and Development Office (CPDO) |
| 2. Accomplished Unified Application Form (5 original)  - Signed by the building owner/applicant with Community Tax Certificate or Cedula  - Signed and Sealed by the Architect/Civil Engineer in – charge of the construction | | Building & Industrial Safety Division (BISD) -  City Engineer's Office |
| 3. Folder Long (2 pcs.) | | Applicant |
| 4. Lot ownership Documents | |  |
| 1. Original/Transfer Certificate of Title (TCT) (1 certified true copy) | | Register of Deeds |
| 1. In case the applicant is not the registered lot owner: Duly notarized copy of the Contract of Lease, or Duly notarized copy of the Deed of Sale, or Duly notarized copy of the Deed of Donation, or Duly notarized copy of the Contract of Sale, or Authorized to use the land from the landowner. | | Notary Public |
| 1. Lot Plan & Relocation Survey Report  (1 certified photocopy) | | Licensed Geodetic Engineer |
| 1. Latest Tax Declaration (1 photocopy) | | City Assessor's Office |
| 1. Vicinity Plan (1 photocopy) | | City Assessor's Office |
| 1. Updated Real Property Tax Clearance  (2 original) | | Land Tax Division, City Treasurer's Office |
| 1. Updated Real Property Tax Receipt  (1 photocopy) | | Land Tax Division, City Treasurer's Office |
| 5. Barangay Construction Clearance (1 original) | | Barangay where the construction is located |
| 6. Building Plans and Specifications prepared Signed and Sealed: | |  |
| 1. Lot Survey Plans (5 original) | | Licensed Geodetic Engineer |
| 1. Architectural and Structural plans (5 original) | | Licensed Architect or Civil Engineer |
| 1. Plumbing or Sanitary Installation plans (5 original) | | Master Plumber or Licensed Sanitary Engineer |

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| **CHECKLIST OF REQUIREMENTS** | **WHERE TO SECURE** |
| 1. Electrical plans (5 original) | Licensed Electrical Engineer |
| 1. If necessary, Mechanical plans/documents (5 original) | Professional Mechanical Engineer |
| 1. If necessary, Electronics plans/documents (5 original) | Professional Electronics Engineer |
| 1. Detailed bill of materials and cost estimates, signed and sealed, & notarized as declared by the owner (5 original)    * Materials Specifications signed and sealed    * Structural Design Cost Estimates/ Computation signed and sealed | Licensed Architect or Civil Engineer |
| 7. For Two (2) Storey and above concrete building: Structural Design Analysis (1 original) | Licensed Structural Engineer |
| 1. For Three (3) storey and above concrete building: Soil Exploration/Test Report  (1 original) | Licensed Civil Engineer |
| 9. For structure along National Highway: Road-Right-Of-Way clearance (1 original) | Department of Public Works and Highways-MOFDEO |
| 10. Fire Safety Evaluation Clearance (1 original) | Bureau of Fire Protection (BFP) |
| 11. Official Receipt (Payment of Fees) | City Treasurer’s Office |
| **Additional Requirements if necessary:** |  |
| For Agricultural Land : DAR Clearance (1 original) | Department of Agrarian Reform (DAR) |
| For Irrigable Land: NIA Certification (1 original) | National Irrigation Administration (NIA) |
| For Industrial Projects:   1. Equity Participating Agreement/Log Supply Contract (for sawmill) (1 original) 2. Description of Industry/Feasibility Study/Engineer’s Information Reports (1 original) 3. Flow of Manufacturing Process, diagrams, charts  (1 original) | Applicant |
| For Rice & Corn Mills: Permit to Operate from NFA  (1 original) | National Food Authority |
| For projects involving environmental concerns: Environment Compliance Certificate (ECC) Clearance (1 original) | Environment Management Bureau-Department of Environment & Natural Resources -10 (EMB-DENR-10) |
| For Special Projects (cellsite, poultry, etc.): Affidavit of non-objection from neighbors thru Barangay Resolution (Social Acceptability) (1 original) | Barangay |
| For Projects without Road Right of Way: Road Right of Way Waiver (1 original) | Notary Public |
| For Projects like water resorts, hydro plants and the like: Water Permit/Clearance (1 original) | National Water Resource Board (NWRB) |
| For Cockpit: Affidavit of non-objection from neighbors within 1 km radius (1 original) | Barangay |

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| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the accomplished *Application for Locational Clearance/ Certificate of Zoning* form and required documents to the City Planning and Development Office | | 1. Receive and review the *Application for Locational Clearance/ Certificate of Zoning* form and required documents 2. Conduct site inspection for assessment of fees 3. Issue *Order of Payment* | None | 8 Hours | *Zoning Officer and Staff* City Planning and Development Office |
| 1. Pay the required fees in the *Order of Payment* at the City Treasurer’s Office | | 1. Receive payment and Issue *Official Receipt* | See Table 8.1.1 | 5 Minutes | *Cashier*  City Treasurer’s Office |
| 1. Return to CPDO to present *the Official Receipt*. | | 1. Receive the *Official Receipt*. 2. Prepare Zoning Inspection and evaluation report 3. Prepare *Locational Clearance/ Certificate of Zoning* 4. Route it for signature and approval 5. Issue *Locational Clearance/ Certificate of Zoning* | None | 7 Hours, 10 Minutes | *Zoning Officer*  *Project Evaluation Officer IV, Zoning Administrator*  *City Planning and Development Coordinator*  City Planning and Development Office |
| 1. Claim *Locational Clearance/ Certificate of Zoning* | | 1. Release *Locational Clearance/ Certificate of Zoning* | None | 5 Minutes | *Zoning Officer*  *Releasing Clerk*  City Planning and Development Office |
| 1. Proceed to the City Engineer’s Office.   Fill out and submit accomplished *Unified Application* form together with ancillary permits/forms and other documentary requirements. | 5. Provide *Unified Application* form and other forms depending on the type of building | | None | 5Minutes | *Engineering Assistant*  City Engineer’s Office |
| 5.1 Receive *Unified Application* form, other forms and required documents. | | None | 5 Minutes | *Engineering Assistant*  City Engineer’s Office |
| None | 5.2 Record in the logbook the date and the documents that were received | | None | 5 Minutes | *Engineering Assistant*  City Engineer’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 5.3 Conduct technical evaluation of the submitted plans and documents  Forward the submitted plans and documents to the evaluators  Pre-evaluate if application forms have been duly accomplished and if requirements are complete and plans submitted are in accordance with the standards set by the National Building Code of the Philippines and Fire Code of the Philippines | None | 3 Days | *Engineer II  (Geodetic Engineer)* City Engineer’s Office  *Architect IV* City Engineer’s Office  *Engineer III (Structural Officer)* City Engineer’s Office  *Building Inspector I (Plumbing/Sanitary Inspector)* City Engineer’s Office  *Engineer I*  *(Electrical Officer)* City Engineer’s Office  *Engineering Assistant*  *(Electronics)* City Engineer’s Office  *Engineer III (Mechanical Engineer)* City Engineer’s Office  *Plan Evaluator* BFP |
| None | 5.4. Conduct site inspection and check status of construction (whether proposed or existing) | None | 1 Day | *Inspectorate Team* City Engineer’s Office  *Division Chief* City Engineer’s Office |
| None | 5.5. Prepare and consolidate the inspection report and technical evaluation. | None | 2 Days | *Inspectorate Team* City Engineer’s Office |
| None | 5.6 Make assessment of payable fees  If the report merits the approval of the application, facilitate/process the application at the same time notify the applicant of the *Order of Payment* thru call/text.  Otherwise, notify the client thru call/text and issue a written notice of disapproval of the application. | None | 30 Minutes | *Engineering Assistant*  City Engineer’s Office |

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| **CLIENT STEPS** | | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | | | **PERSON RESPONSIBLE** |
| 1. Pay the required fees | | 6. Receive payment and issue an *Official Receipt*. | | See Table 8.1.2 | | 5 Minutes | | | *DEMO I*  *Cashier* - CEO |
| None | | 6.1. Prepare endorsement to BFP. | | None | | 5 Minutes | | | *Eng’g. Asst.* CEO |
| 7. Receive endorsement and all required documents | | 1. Release endorsement, and all required documents | | None | | 2 Minutes | | | *Engineering Assistant* City Engineer’s Office |
| 8. Proceed to BFP. Fill-out and submit the application form for FSEC/UAF | | 1. Received accomplished application form and required documents for FSEC/UAF. | | None | | 10 Minutes | | | Customer Relations Officer (CRO) Bureau of Fire Protection |
| 9. Proceed to FCA for Fire Code Fees (FCF) assessment | | 9. Assess the Fire Code Fees to be paid by the client and issue Order of Payment Slip (OPS) | | None | | 10 Minutes | | | *Fire Code Assessor (FCA)*  *BFP* |
| 10. Pay the assessed FCF amount reflected in the OPS | | 10. Collect the payment and issue an Official Receipt (OR). And, inform the client that his/her requested document will be forwarded to the City Engineer’s Office for the next step. | | Application Fee - 200  One-Tenth of one per centum (0.1%) of the verified estimated value of the buildings but not more than Php 50,000  Formula: Verified Estimated Value x 0.001 | | 10 Minutes | | | *Fire Code Collecting Agent (FCCA)* |
| None | | 10.1. Evaluate and issue Fire Safety Evaluation Clearance and other appropriate documents | | None | | Maximum of three (3) Days for the following type of building whose floor are not exceed 1500 square meter mentioned below:   1. Single dwelling residential building not more than 3 storey 2. Commercial buildings not more than 2 storey 3. Renovation to a mall with issued building permit 4. Warehouse storing non-hazardous   Maximum of 7 Days for those buildings/establishments not mentioned above. | | | *Plan Evaluator*  *Chief, Fire Safety Enforcement Unit (CFSEU)*  *City Fire Marshall*  *BFP* |
| **CLIENT STEPS** | | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** | | |
| None | | * 1. Forward *Fire Safety Evaluation Clearance* together with all the client’s documents to the City Engineer’s Office.   Notify client that his/her Fire Safety Evaluation Clearance and other pertinent documents have been forwarded to the City Engineer’s Office | | None | | 10 Minutes | Customer Relations Officer (CRO) Bureau of Fire Protection | | |
| None | | 10.3. Review received documents and approves the building permit. | | None | | 1 Hour | *City Engineer*  *(Building Official)*  City Engineer’s Office | | |
| None | | 10.4. Record the approved building permit in the Log book and assign Building Permit Number | | None | | 10 Minutes | *Engineering Assistant*  City Engineer’s Office | | |
| 11. Claim the Approved Building Permit and sign logbook for acknowledgment. | | 11. Release approved Building Permit. | | None | | 5 Minutes | *Engineering Assistant*  City Engineer’s Office | | |
| **TOTAL** | | | | **See  Table 8.1.1 & 8.1.2 for the scheduled of fees and BFP Order of Payment** | | **8 Days,**  **2 Hours,**  **12 Minutes** |  | | |

Issuance of Building Permit is covered under **Presidential Decree 1096** also known as **The National Building Code of the Philippines** and **Revised Implementing Rules and Regulations (RIRR) of Republic Act 9514 “The Fire Code of the Philippines”.**

**TABLE 8.1.1. ZONING SCHEDULE OF FEES**

|  |  |
| --- | --- |
| **NAME OF FEE** | **FEE** |
| 1. ZONING / LOCATIONAL CLEARANCE |  |
| A. Single residential structure attached or detached |  |
| 1. PHP100,000 and below | PHP 200 |
| 1. Over PHP 100,000 to PHP 200,000 | PHP 400 |
| 1. Over PHP 200,000 | 500 +1/10 of 1% in excess of PHP 200,000 |
| B. Apartment/Townhouses |  |
| 1. 500,000 and below | PHP 1,000 |
| 1. Over PHP 500,000 to PHP 2 Million | PHP 1,500 |
| 1. Over PHP 2 Million | PHP 2,500 + 1/10 of 1% of the cost in excess of PHP 2 Million regardless of the number of doors |
| C. Dormitories |  |
| 1. PHP 2 Million and below | PHP 2,000 |
| 1. Over PHP 2 Million | PHP2,500 +1/10 of 1% of cost in excess of PHP 2M regardless of the number of doors |
| D. Institutional |  |
| Project cost of which is: |  |
| 1. Below PHP 2 Million |  |
| 1. Over PHP 2 Million | PHP2,000 + 1/10 of 1% of cost in excess of PHP 2 Million |
| E. Commercial, Industrial and Agro – Industrial Project  Cost of which: |  |
| 1. Below PHP 100,000 | PHP 1,000 |
| 1. Over PHP 100,000 – PHP 500,000 | PHP 1,500 |
| 1. Over PHP 500,000 – PHP 1 Million | PHP 2,000 |
| 1. Over PHP 1Million – PHP 2 Million | PHP 3,000 |
| 1. Over PHP 2 Million | 5,000 + 1/10 of 1 % of the cost in excess of PHP 2 Million |
| F. Special Uses/ Special Projects |  |
| (Gasoline Station, Cell Sites, Slaughter House Treatment Plant, Etc.) |  |
| 1. Below PHP 2 Million | PHP 5,000 |
| 1. Over PHP 2 Million | 5,000 + 1/10 of 1% of cost in excess of PHP 2 Million |
| G. Alternation / Expansion (affected areas / Cost only) | Same as Original application |

**TABLE 8.1.2. SCHEDULE OF FEES FOR ISSUANCE OF BUILDING PERMIT**

|  |  |
| --- | --- |
| PROJECT | **COMMERCIAL BUILDING** |
| OWNER | **SAMPLE** |
| LOCATION |  |
| SUBJECT | **BACK-UP COMPUTATION FOR BUILDING FEES** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **BUILDING CONSTRUCTION FEES:** | |  | **Cost/**  **unit**  **(PHP)** | **Cost/ KVA**  **(PHP)** | **Cost/**  **cu.m.**  **(PHP)** | **Cost/ Ln.m.**  **(PHP)** | **Cost/**  **sq.m.**  **(PHP)** | **CORRESPONDING FEE** | |
| **PHP** |  |
|  | Bldg. Area | Sq.m. |  |  |  |  |  |  |  |
| 1. OTHER ACCESSORY FEES: | | | | | | | | | |
|  | 1. Line and Grade | Ln.m. |  |  |  |  |  |  |  |
|  | 1. Excavation of Foundation (COLUMN & WALL) | Cu.m. |  |  |  |  |  |  |  |
|  | 1. Inspection and Verification Fee |  |  |  |  |  |  |  | 200.00 |
| 1. ELECTRICAL INSTALLATION FEES | | | | | | | | | |
|  | 1. Total Connected Load | KVA |  | 27.57 |  |  |  |  |  |
|  | 1. Residential Meter |  | 60.00 |  |  |  |  |  |  |
|  | 1. Residential Wiring |  | 36.00 |  |  |  |  |  |  |
|  | 1. Pole/Attachment Location Plan |  | 30.00 |  |  |  |  |  |  |
| 1. PLUMBING FEES | | | | | | | | | |
|  | 1. Installation Fee | Units | 24.00 |  |  |  |  |  |  |
|  | 1. Water Meter | Unit | 8.00 |  |  |  |  |  |  |
|  | 1. Construction of Septic Tank | Cu.m. |  |  |  |  |  |  |  |
|  | 1. Septic Tank | Unit |  |  |  |  |  |  |  |
| 1. BUILDING INSPECTION FEE | | 10% of total Electrical Inspection Fees | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| 1. BUILDING OCCUPANCY | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| 1. PENALTIES/ SURCHARGES (0%) | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **TOTAL ASSESSMENT FEE** | | | | | | **PHP** |  |

**Table 8.1.2. SCHEDULE OF FEES FOR ISSUANCE OF BUILDING PERMIT (continuation)**

**6. Building Fees**

**6.1 Bases of Assessment**

6.1.1 Character of occupancy or use of building/structure

6.1.2 Cost of construction

6.1.3 Floor area

6.1.4 Height

**6.3 Construction/ additional/ renovation/ alteration of buildings/ structures under Groups and Sub-Division shall be assessed as follows:**

Area in sq.m. Fee per sq.m.

6.3.3.1 Up to 500 ------------------------------------------------------------------------------ **PHP** 23.00

6.3.3.2 Above 500 to 600 ------------------------------------------------------------------------------ 22.00

6.3.3.3 Above 600 to 700 ------------------------------------------------------------------------------ 20.50

6.3.3.4 Above 700 to 800 ------------------------------------------------------------------------------ 19.50

6.3.3.5 Above 800 to 900 ------------------------------------------------------------------------------ 18.00

6.3.3.6 Above 900 to 1,000 ------------------------------------------------------------------------------ 17.00

6.3.3.7 Above 1,000 to 1,500 ------------------------------------------------------------------------------ 16.00

6.3.3.8 Above 1,500 to 2,000 ------------------------------------------------------------------------------ 15.00

6.3.3.9 Above 2,000 to 3,000 ------------------------------------------------------------------------------ 14.00

6.3.3.10 Above 3,000 ------------------------------------------------------------------------------ 12.00

**6.5 Mechanical Fees:**

**6.5.1 Refrigeration, Air Conditioning and Mechanical Ventillation:**

6.5.1.3 Packaged/Centralized Air Conditioning System: Up to 100 tons, per to -------------- **PHP** 90.00

6.5.1.4 Every ton or fraction thereof above 100 tons -------------- 40.00

6.5.1.5 Window type air conditioners, per unit -------------- 60.00

**6.6 Plumbing Fees:**

**6.6.5 Construction of septic vault, application in all Groups**

6.6.5.1 Up to five (5) cu.m. of digestion chamber ---------------------------------- **PHP** 24.00

6.6.5.2 Every cu.mof fraction thereof in excess of five (5) cu.m. ---------------------------------- 7.00

**6.7 Electronic Fees:**

6.7.3 Automated teller machines, ticketing,Vending and other types of electronic dispensing machines, Telephones booths, pay phones, coin changers, location or Direction-finding systems, navigational equipment used for Land, aeronautical or maritime applications, photography and Reproduction machines, x-ray, scanners, ultrasound and other Apparatus/ equipment used for medical, biomedical, laboratory and testing purposes and other similar electronic or electronically-ontrolled apparatus or devices, whether located indoor or outdoors **PHP** 10.00/unit

6.7.5 Panels/outlets for security and alarm system (including Watchman system, burglar alarms, intrusion detection Systems, lighting controls, monitoring and surveillance System, sensors, detectors, parking management System, barrier controls, signal lights, etc.) electronics Fire alarm (including early-detection systems, smoke Detectors, etc.), sound-reinforcement/background, usic/paging/conference system and the like, CATV/CCTV/MATV and off-air television, Electronically-controlled conveyance systems and Similar types of electronic or electronically-controlled Installations whether a user terminal is connected **PHP** 2.40/termination

**6.9 Accessory Fees:**

6.9.1 Establishment of line and Grade, all sides fronting or abutting streets,

Rivers and creeks, first ten (10) m. ---------------------------------- **PHP** 24.00

6.9.1.1 Every m of fraction in thereof in excess of ten (10) m. --------------------------------- **PHP** 2.40

**6.10 Certificates of Use of Occupancy:**

6.10.1.1 Costing up to P 150,000.00 ------------------------- **PHP** 200.00

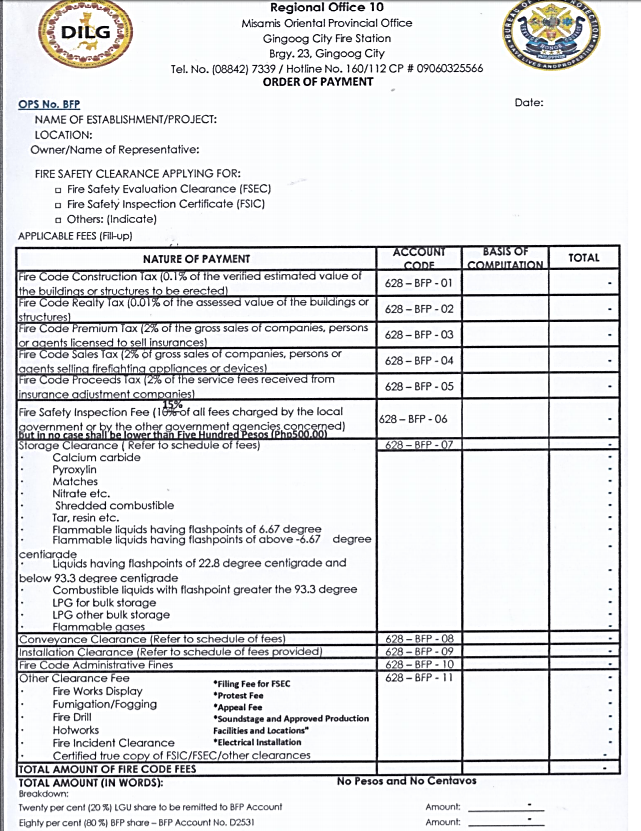
6.10.1.2 Costing more than P 150,000.00 up to P 400,000.00 ------------------------- 400.00

6.10.1.3 Costing more than P 400,000.00 up to P 850,000.00 ------------------------- 800.00

6.10.1.4 Costing more than P 850,000.00 up to P 1,200,000.00 --------------- 1,000.00

6.10.1.5 Every million or portion thereof in excess of P 1,200,000.00 --------------- 1,000.00

**Table 8.1.3. BFP Sample Order of Payment**



**8.2. Occupancy Permit Issuance**

An **Occupancy Permit** is a document issued by the Building Official that serves as a proof that the building/structure built complies with the provisions of the National Building Code of the Philippines and **Revised Implementing Rules and Regulations (RIRR) of Republic Act 9514 “The Fire Code of the Philippines”** and found suitable for occupation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Building & Industrial Safety Division (BISD) - City Engineer's Office, City Treasurer’s Office, Bureau of Fire Protection | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Client  G2G – Government to Government  G2B – Government to Business | | | |
| **Who may avail:** | | Individual, Business, and Government Agencies within Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| * Accomplished Certificate of Completion (duly notarized and signed & sealed by involved professionals) (4 original) | | | | CEO - BISD | |
| * Certificate of Completion (2 original) | | | | CEO - BISD | |
| * Fire Safety Inspection Certificate (1 photocopy) | | | | Bureau of Fire Protection(BFP) | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill-out and accomplish Unified Application Form for Certificate of Occupancy (2 original) and Certificate of Completion form (4 original) and submit it to BISD | 1. Provide Unified Application Form for Certificate of Occupancy and Certificate of Completion form   1.1 Prepare an Endorsement Letter to BFP re Completion of Construction and attach an accomplished Unified Application Form for Certificate of Occupancy and Certificate of Completion.  1.2 File a copy of Unified Application Form for Certificate of Occupancy (3 original) and Certificate of Completion (1 original) | | None | 15 Minutes | *Engineering Assistant* City Engineer’s Office |
| 1. Receive Endorsement Letter re Completion of Construction with attached accomplished Unified Application Form for Certificate of Occupancy and Certificate of Completion. | 2. Release Endorsement Letter re Completion of Construction with attached accomplished Unified Application Form for Certificate of Occupancy and Certificate of Completion. | | None | 15 Minutes | *Engineering Assistant* City Engineer’s Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 2.1. Conduct inspection of the Building | None | 1 Day | *Inspectorate Team* City Engineer’s Office |
| 1. If not OK as to inspection, provide As Built Plan. | 3. If not OK as to inspection, inform the client to provide As Built Plan. | None | 5 Minutes | *Engineering Assistant* City Engineer’s Office |
| 1. Fill-out and submit the application form for FSIC/UAF | 4. Receive and record the application documents | None | 10 Minutes | Customer Relations Officer  BFP |
| 1. Proceed to FCA for Fire Code Fees (FCF) Assessment | 5. Assess the Fire Code Fees to be paid by the client and issue Order of Payment Slip (OPS) | None | 10 Minutes | Fire code Assessor (FCA) BFP |
| 1. Pay the assessed FCF amount reflected in the OPS | 6. Collect FCF and issue Official Receipt (OR)  Inform the client that the requested document will be forwarded to BISD upon completion. | 15% of all fees charged by the Local Government Unit (LGU) but no case shall be lower than 500 | 10 Minutes | Fire Code Collecting Agent (FCCA) BFP |
|  | 6.1. Conduct inspection and issue appropriate documents | None | Maximum of three (3) Days for the following type of building whose floor are not exceed 1500 square meter mentioned below:   1. Single dwelling residential building not more than 3 storey 2. Commercial buildings not more than 2 storey 3. Renovation to a mall with issued building permit 4. Warehouse storing non-hazardous   Maximum of 7 Days for those buildings/establishments not mentioned above. | Fire Safety Inspector BFP  Chief, Fire Safety Enforcement Unit (FSEU) BFP  City Fire Marshall BFP |
|  | 6.2. Forward Fire Safety Inspection Certificate and other pertinent documents to CEO-BISD. | None | 5 Minutes | Bureau of Fire Protection (BFP) |
|  | 6.3. Receive FSIC and other pertinent documents  If OK as to inspection:  6.3.1. Prepare Certificate of Occupancy.  6.3.2. Process approval of the Certificate of Occupancy. | None | 1 Day | *Inspectorate Team* City Engineer’s Office  *Engineering Assistant* City Engineer’s Office  *Division Chief* City Engineer’s Office |
| 1. Claim the Approved Certificate of Occupancy | 7. Record, assign number and issue/release Certificate of Occupancy | None | 10 Minutes | *Engineering Assistant* City Engineer’s Office |
|  | **TOTAL** | **15% of all fees charged by the Local Government Unit (LGU) but no case shall be lower than 500** | **2 Days, 1 Hour, 20 Minutes**  **+**  Maximum of three (3) Days for the following type of building whose floor are not exceed 1500 square meter mentioned below:   1. Single dwelling residential building not more than 3 storey 2. Commercial buildings not more than 2 storey 3. Renovation to a mall with issued building permit 4. Warehouse storing non-hazardous   Maximum of 7 Days for those buildings/establishments not mentioned above. |  |

Issuance of Occupancy Permit is covered under **Presidential Decree 1096** also known as **The National Building Code of the Philippines**.

**8.3. Temporary Electrical Service Connection Permit Issuance**

This permit is issued to an applicant who has approved building permit and wish to have a temporary electrical connection for construction purposes only.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Engineer's Office - Building & Industrial Safety Division (BISD) | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Client  G2G – Government to Government  G2B – Government to Business | | | |
| **Who may avail?** | | Individual, Business, and Government Agencies within Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| * + - 1. Accomplished Temporary Electrical Service Connection Form. (3 original) | | | | Building and Industrial Safety Division (BISD) | |
| 2. Location Plan signed and sealed. (1 original) | | | | Licensed Electrical Engineer | |
| 3. Bill of Materials of Electrical signed and sealed  (1 original) | | | | Licensed Electrical Engineer | |
| 4. Approved Building Permit (1 photocopy) | | | | BISD | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill-out and accomplish permit for Temporary Electrical Service Connection form and submit it to BISD along with the other requirements. | 1. Provide permit for Temporary Electrical Service Connection form. | | None | 5 Minutes | *Engineering Assistant*  *Division Chief*  City Engineer’s Office |
| 1.1. Receive and assess the submitted form and requirements. | | None | 20 Minutes | *Inspectorate Team*  *Division Chief*  City Engineer’s Office |
| None | 1.2. Log transaction in the logbook and assign control number on the form. | | None | 10 Minutes | *Assessment Officer*  *Division Chief*  City Engineer’s Office |
| None | 1.3. Forward the form to the Electrical Inspector. | | None | 5 Minutes | *Assessment Officer*  City Engineer’s Office |
| None | 1.4. Inspect site and make report. | | None | 4 Hours | *Inspectorate Team*  City Engineer’s Office |
| None | 1.5. Assess Fees and issue Order of Payment | | None | 15 Minutes | *Assessment Officer*  *Division Chief*  City Engineer’s Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 2. Pay the amount stated in the Order of Payment slip. | 2. Accept payment and inform client that the Official Receipt (OR) will be attached to the Temporary Electrical Service Connection form  2.1. Generate Official Receipt (OR) and attach OR in the Temporary Electrical Service Connection form | See Table 1.3 | 3 Minutes | *DEMO I*  *Cashier*  City Engineer’s Office |
| None | 2.2. Approve permit for Temporary Electrical Service Connection | None | 10 Minutes | *Engineering Assistant*  *Division Chief*  City Engineer’s Office |
| 3. Claim the Approved permit for Temporary Electrical Service Connection. | 3. Release permit for Temporary Electrical Service Connection | None | 10 Minutes | *Engineering Assistant*  *Division Chief*  City Engineer’s Office |
|  | **TOTAL:** | **See Table 8.3** | **5 Hours,**  **18 Minutes** |  |

Issuance of Certificate for Temporary Electrical Service Connection is covered under Presidential Decree 1096 otherwise known as The National Building Code of the Philippines.

**Table 8.3: Table of Fees (*Temporary Electrical Service Connection)***

|  |  |  |
| --- | --- | --- |
| ***Load*** | ***Residential*** | ***Commercial*** |
| 13.2 A | PHP 466.40 | PHP 539.00 |
| 22 A | PHP 660.00 | PHP 732.60 |

**8.4. Securing Road-Right-Of-Way Certification for Lot Titling**

Certification for lot titling is a document issued by the City Engineer that serves as a proof that the lot does not affect the Road-Right-Of-Way and future infrastructure projects.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office or Division:** | City Engineer's Office - Survey Division | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Client  G2G – Government to Government  G2B – Government to Business | | | |
| **Who may avail:** | Any Individual residing at Gingoog City Government Agencies | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| 1. Court Clearance/Certification (1 photocopy) | | Regional Trial Court of Misamis Oriental | | |
| 2. 2. Bureau of Land Form No. 400-V-40A (1 photocopy) | | Department of Environment and Natural Resources | | |
| 3. 3. Bureau of Land No. 700-2A (1 photocopy) | | Department of Environment and Natural Resources | | |
| 4. Tax Declaration (1 photocopy) | | City Assessor's Office | | |
| 5. 5. Barangay Clearance (1 photocopy) | | Barangay | | |
| 6. 6. Official Receipt (1 original) | | City Treasurer's Office | | |
| 7. 7. Zoning Certification (1 photocopy) | | City Planning and Development Office (CPDO) | | |
| 8. 8. Community Environment and Natural Resources Office (CENRO) B500(A) Certification(1 photocopy) | | City Environmental and Natural Resources Office (CENRMO) | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit all requirements. | 1.1 Receive and verify documents. | None | 5 Minutes | *Special Agent I*  *(Road Right of Way)*  *Survey Division Chief*  City Engineer’s Office |
| None | 1.2 On-site inspection of Landmark for evaluation and approval | None | 1 Day | *Special Agent I*  *(Road Right of Way)*  *Survey Division Chief*  CityEngineer’s Office |
| None | 1.3 Issue Order of Payment for Certification fee | None | 5 Minutes | *Special Agent I*  *(Road Right of Way)*  *Survey Division Chief*  City Engineer’s Office |
| 2. Proceed to CTO for payment of Certification Fee | 2.1 Accept payment and issue Official Receipt (OR) | PHP 50.00 | 3 Minutes | *Cashier,*  *City Treasurer's Office* |
| None | 2.2 Prepare Certification stating that applied lot does not affect future infrastructure projects and of Road-Right-Of-Way | None | 10 Minutes | *Special Agent I*  *(Road Right of Way)*  *Survey Division Chief*  City Engineer’s Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 2.3 Approve Certification | None | 30 Minutes | *Engineer III*  *City Engineer*  City Engineer’s Office |
| 3. Receive/claim certification | 3.1 Issue/release certification | None | 5 Minutes | *Special Agent I*  *(Road Right of Way)*  *Survey Division Chief*  City Engineer’s Office |
| **TOTAL:** | | **PHP 50.00** | **1 Day,**  **58 Minutes** |  |

**8.5. Program of Works (POW) and Detailed Engineering Design (DED) for Barangay Projects**

This document is the primary requirement for Barangay Project Implementation. It contains the project name, location, estimates, and the needed workers to complete the project, the project duration, the mode of implementation and the funding source.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Engineer's Office - Planning, Designing, Programming Division | | | | |
| **Classification:** | | Complex | | | | |
| **Type of Transaction:** | | G2G - Government to Government | | | | |
| **Who may avail:** | | Barangay Officials of 79 Barangays of Gingoog City | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | | **WHERE TO SECURE** | |
| 1. Approved Barangay Resolution for the desired project (1 photocopy) | | | | | Barangay Government | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| 1. Submit Barangay Resolution of Proposed Project. | 1. Receive the Barangay Resolution and hand it to the City Engineer for proper instruction. | | None | 10 Minutes | | *Officer of the Day*  *Admin. Officer*  City Engineer’s Office |
| None | 1. The City Engineer will forward the Resolution for Preparation of Program of Work (POW) to Planning, Designing, Programming Division | |  |  | | *City Engineer*  City Engineer’s Office |
| None | 1. The Chief of Planning Division will assign the Barangay Resolution to the Programmer who is in charge of the said Barangay | | None | 5 Minutes | | *Concerned Programmer*  *Chief of Planning*  *Division*  City Engineer’s Office |
| None | 1. The Programmer/ Designer will schedule the Inspection according to first come first served basis. Prepares immediately the Detailed Engineering Drawing (DED) and Program of Work (POW) | | None | 5 Days/  project | | *Concerned Programmer/*  *Planning Division Chief*  City Engineer’s Office |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| None | 1. The Programmer/ Designer submit the prepared POW with DED for checking/ review to the division chief. | | None | 30 Minutes | | *Programmer/*  *Planning Division Chief*  City Engineer’s Office |
| None | 1. If no revision, the chief will instruct the clerk for printing. | | None | 15 Minutes | | *Clerk/*  *Planning Division Chief* City Engineer’s Office |
| None | 1. Otherwise, revision shall be done by the programmer/ designer immediately | | None | 1 Hour | | *Programmer/*  *Planning Division Chief*  City Engineer’s Office |
| None | 1. The POW/ DED will be processed for signature and approval by the Department Head and the Assistant Department Head | | None | 1 Hour | | *Messenger,*  *Planning Division Chief*  *Asst. City Engineer*  *City Engineer*  City Engineer’s Office |
| 1. Sign POW and receive/claim the DED/POW | 2. Issue/release DED and POW. | | None | 5 Minutes | | *Clerk/*  *Planning Division Chief*  City Engineer’s Office |
| 2.1 Ask the client to sign POW to acknowledge receipt of the said documents | | None | 5 Minutes | | *Clerk/*  *Planning Division Chief*  City Engineer’s Office |
| **TOTAL:** | | | **None** | **5 Days,**  **3 Hours,**  **10 Minutes** | | **Per project** |

**8.6. Repair and Maintenance of Light & Heavy Vehicle**

The Motorpool division of the City Engineer's Office is in charge for the repair of all light and heavy vehicles owned by the Local Government Unit and other National Gov’t. Agencies.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Motorpool Division, City Engineer's Office (CEO) | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | |
| **Who may avail:** | | Local offices and National Agencies with office in Gingoog City. | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Job Order form (1 original) | | | Motorpool Division, City Engineer's Office | | |
| 2. Vehicle | | | Requesting Party | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Fill-out and submit Job Order Form | 1. Provide Job Order Form. | | None | 5 Minutes | *AdMinute Aide II* CEO - Motorpool Div.  *Shop Foreman* CEO - Motorpool Div.  *Division Chief* CEO - Motorpool Div. |
| 1.1 Receive accomplished Job Order Form and approved it. | | None | 5 Minutes |
| 1.2 Assign mechanic to inspect/assess the unit/vehicle | | None | 5 Minutes |
| 2. Have the unit checked by the mechanical technician. | 2. Inspect/asses the unit/vehicle | | None | 3 Hours | *Mechanic* CEO - Motorpool Div.  *Shop Foreman* CEO - Motorpool Div.  *Engineer IV* CEO - Motorpool Div. |
| 2.1. Indicate necessary parts needed for repair or replacement, advise client to purchase spare parts. | | None | 30 Minutes |
| 3. Leave the unit/vehicle | 3. Repair unit/vehicle and advise when the unit will be ready for retrieval. | | None | Minor Repair - 2 Days  Major Repair - 5 Days | *Mechanic* CEO - Motorpool Div.  *Shop Foreman* CEO - Motorpool Div. |
| 4. Conduct test drive and retrieve vehicle unit | 4. Conduct test drive with the driver assigned and the mechanic who handle the Job Order | | None | 2 Hours | *Mechanic* CEO - Motorpool Div.  *Shop Foreman* CEO - Motorpool Div. |
| **Total for Minor Repairs** | | | **None** | **2 Days,**  **5 Hours,**  **45 Minutes** |  |
| **Total for Major Repairs** | | | **None** | **5 Days,**  **5 Hours,**  **45 Minutes** |  |

**CITY HEALTH OFFICE**

**External Services**

**9.1. Animal Bite Treatment Center (ABTC)**

This is a special unit for the Rabies Animal Prevention Control Program accredited under the Department of Health.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office (CHO) | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | | |
| **Who may avail:** | | All | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| 1. Individual Treatment Record (ITR) | | | City Health Office | | | |
| 1. Referral Slip | | | Hospitals/Clinics and Barangay Health Station for Referral Form | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present referral slip from BHS/RHM or other facilities to Out Patient Desk on duty. | 1. Receive referral slip and prepare Individual Treatment Record (ITR) | | | None | 5 Minutes | *Nurse/Midwife/BHW*  *Out Patient Desk on Duty*  City Health Office |
| * 1. Conduct lecture/health education to bite patients and refer client to Doctor’s on duty. | | | None | 20 Minutes | *Rabies Coordinator*  City Health Office |
| 1. Proceed to see a Doctor. | 1. Examine and consult patient and does prescription. | | | None | 10 Minutes | *Medical Officers*  City Health Office |
| 1. Obtain follow-up schedule. | 1. Administer anti-rabies vaccine. Give medication if needed and inform patient on their dates of succeeding vaccination. | | | Counter parting scheme for vaccine | 10 Minutes | *Rabies Coordinator*  City Health Office |
| **If Indigent patient**  Present referral slip from BHS/RHM or other facilities.  If vaccine is already available, the client will then receive appropriate services. | * 1. Make referral to CSWD for vaccine procurement financial assistance. | | | None | 2 Minutes | *Rabies Coordinator*  City Health Office |
| **TOTAL:** | | | | **Counter parting scheme for vaccine** | **47 Minutes** |  |

**9.2. Dental Service**

Preventive and curative services for children, adolescent, pregnant and senior citizen.

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| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | | City Health Office | | | |
| **Classification:** | | | Simple | | | |
| **Type of Transaction:** | | | G2C – Government to Citizen | | | |
| **Who may avail:** | | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| 1. Individual Treatment Record (ITR) | | | | City Health Office | | |
| 1. Referral Form | | | | Barangay Health Station (BHS) | | |
| 1. Official receipt (OR) for tooth extraction | | | | City Health Office | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Secure priority number and proceed to dental clinic when called, for consultation. After Initial Assessment the client will pay to the cashier for specific dental procedures. | | * 1. Give priority number.   2. Prepare ITR. | | None | 5 Minutes | *Dental Aide*  City Health Office |
| 1.2 Dentist evaluates the patient.  1.3 Dentist advises or recommends procedure to be performed.  1.4 Refer patient to specialized field of dentistry if needed. | | None | 10 Minutes | *Dentists*  City Health Office |
| * 1. If extraction is needed, patient is referred to midwife in –charge of revenue collection for payment. | | PHP 100.00  (free during Halad Pangalagad) | 5 Minutes | *Revenue Collector*  City Health Office |
| 1. After payment is done, the client will then go back to Dental Clinic and present OR for tooth extraction. | | 1. Dentist performs tooth extraction procedures.   2.1 Dentist prescribes medicines and advises the patient to proceed to pharmacy for their medicines. | | None | 20 Minutes for normal cases  1 Hour for other cases | *Dentists*  City Health Office |
| 1. Proceed to Pharmacy to claim the prescribed medicines. | | 1. Assess OR and prescription slip then dispense medicine. | | None | 5 Minutes | *Pharmacists*  City Health Office |
| **TOTAL:** | | | | **None** | **45 Minutes** |  |
| **Special Services for various target groups** | | | | | | |
| 1. For pregnant mothers, adolescent, senior citizens. Proceed to Dental Clinic for consultation, when ITR is already prepared. | 4. Dental Aide/RHM prepares ITR. | | | None | 5 Minutes | *Dental Aide*  City Health Office |
| 1. Perform oral examination. | | | None | 10 Minutes | *Dentists*  City Health Office |
| 1. Provide recommendation and counseling. | | | None | 10 Minutes |
| 1. Orient client to basic oral health care education for pregnant mothers. | | | None | 5 Minutes |
| **TOTAL:** | | | | **None** | **30 Minutes** |  |

**9.3. Death Registration/Certificate and Burial/Transfer Permit Issuance**

It is a requirement for every entombment within the city that the Death Certificate and Burial Permit will be issued as required by law under Presidential Decree 856 or the Code of Sanitation and Republic Act No. 3753 or the Law on Registry of Civil Status.

Section 6 of RA 3753 states the following:

*No human body shall be buried unless the proper death certificate has been presented and recorded in the office of the local civil registrar. The physician who attended the deceased or, in his default the health officer concerned, or in default of the latter, any member of the family of the deceased or any person having knowledge of the death, shall report the same to the local health authorities, who shall issue a death certificate and shall order the same to be recorded in the office of the local civil registrar. The death certificate, which shall be issued by the attending physician of the deceased or, in his default, by the proper health officer, shall contain the following data be furnished by the person reporting the death; (a) date and place of death; (b) full name, (c) age, (d) sex, (e) occupation or profession, (f) residence; (g) status as regards marriage, (h) nationality of the deceased, and (i) probable cause of death.*

*During epidemics, bodies may be buried provided the proper death certificates have been secured, which shall be registered not later than five Days after the burial of the body.*

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| --- | --- | --- |
| **Office or Division** | City Health Office (CHO),  Local Civil Registry Office (LCRO),  City Economic Enterprise Department (CEED) | |
| **Classification:** | Simple Transaction | |
| **Type of Transaction:** | G2C – Government To Citizen | |
| **Who may avail:** | General Public | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| Burial Permit (1 original) | | CHO – Sanitation Section |
| If died at hospital:  Duly Accomplished Certificate of Death MF 103, (4 original) | | Hospital |
| If died at home:  Certification from the Barangay Captain/authorized official  (1 original)  Duly filled out Death guide (1 original)  Valid ID of Informant (1 photocopy) | | Barangay Hall  CHO  Informant |
| Additional requirement if died by accident or similar causes: Police Report/Accident’s Report (1 photocopy) | | Philippine National Police |
| **ADDITIONAL REQUIREMENTS FOR DELAYED DEATH REGISTRATION (Beyond 30 Days after death)** | | |
| If more than 3 years from death, PSA Copy No Record of Death  (1 original, 1 photocopy) | | Philippine Statistics Authority (PSA) |
| LCR Copy No Record of Death (1 original, 1 photocopy) | | LCRO |
| Sworn Affidavit of two disinterested persons attesting to the facts and circumstances of death (3 originals) | | Public Attorney’s Office (PAO),  Notary Public |
| Valid ID of Two Disinterested persons (1 photocopy) | | Applicant |
| Official Receipt of Payment (1 original) | | City Health Office (CHO) |

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| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **REQUIREMENTS FOR BURIAL PERMIT** | | | | |
| Partially Accomplished Certificate of Death (MF-103) signed by the doctor and if necessary, embalmer (1 photocopy) | | | CHO | |
| **REQUIREMENTS FOR PERMIT TO BURY AT GINGOOG PUBLIC CEMETERY** | | | | |
| Burial Permit (1 original, 1 photocopy) | | | CHO – Sanitation Section | |
| Fully Accomplished Certificate of Death (MF-103) (1 photocopy) | | | LCR | |
| **ADDITIONAL REQUIREMENTS IF INDIGENT** | | | | |
| Certificate of Indigency (1 original) | | | Barangay Hall | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. For Death at Hospital:   Submit duly  accomplished  Certificate of Death  (4 originals) and other required documents if necessary.  For Death at Home:  Fill-out Death Guide form and submit other required documents if necessary. | 1. Receive and review duly accomplished Certificate of Death and other required documents if necessary.   1.1. Receive the filled-out death guide form for Doctor’s assessment re cause of death. | None  None | 5 Minutes  10 Minutes | *Medical Doctor,* CHO  *Medical Doctor,* CHO |
| 1. Pay the required fees stated in the requirement guide attached in the form.   \*Make sure to secure Official Receipt that will be issued upon payment. | 2. Accept the payment and Issue the Official Receipt. | Death Form  PHP 50.00  Burial Permit PHP 50.00  Transfer of Cadaver PHP 100.00 | 5 Minutes | *Cashier,* CHO |
| As the case maybe, secure the signature of the embalmer.   1. Proceed to the CHO – Administrative Section for the preparation of the Certificate of Death.   Submit required documents.  Check the Certificate of Death as to data, spelling and details. | 3. Prepare and print the Certificate of Death, present to client for verification.   * 1. After verification of data in the Certificate of Death, route the certificate for signature. | None | 10 Minutes | *Administrative Aide,*  CHO-Administrative Section |
| 1. Receive the partially completed Certificate of Death. | 4. Release the signed Certificate of Death. | None | 15 Minutes | *Administrative Aide,*  CHO-Administrative Section |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Proceed to the CHO-Sanitation Section for the issuance of burial/transfer permit. Present Official Receipt, partially accomplished Certificate of Death and other required documents if necessary. | 5. Sanitation Inspector will interview the client and assess the documents.   * 1. Prepare the Burial/Transfer Permit.   2. Route the Burial/Transfer Permit for signature. | None | 10 Minutes | *Sanitation Inspection personnel in-Charge and or*  *Chief, Sanitation Inspector* City Health Office |
| 1. Client receives the Burial/Transfer Permit along with the Certificate of Death. | 6. Release Certificate of Death and Burial/Transfer Permit.  6.1. Instruct the client to proceed to the LCR for the completion of registration of Death. | None | 5 Minutes | *Sanitation Inspection personnel in-Charge* City Health Office |
| None | 6.2. Photocopy of death certificate and certification of the barangay official (if death is at home) are retained in the office for filling. | None | 5 Minutes | *Sanitation Inspection personnel in-Charge* City Health Office |
| 1. Proceed to the LCR Office and submit the Certificate of Death and other required documents for the registration of death. | 7. Review and assess the Certificate of Death and other required documents.  If delayed registration, ask the client to pay PhP 50.00 for Certificate of No Record. | None | 5 Minutes | *Administrative Aide*  *Registration Officers*  Local Civil Registry Office (LCRO) |
| If delayed registration,   * 1. Pay PhP 50.00 for Certificate of No Record. Secure Official Receipt afterward. | 7.1. Receive payment and issue Official Receipt (OR). | If delayed registration: No Record – PhP 50.00 | 5 Minutes | *Registration Officer II* Local Civil Registry Office (LCRO) |
| * 1. Present Official Receipt and request for Certificate of No Record. | 7.2. Check OR and prepare Certificate of No Record then route it for review and signatory | None | 10 Minutes | *Administrative Aide*  *Registration Officers*  Local Civil Registry Office |
| None | 7.2.1. Review and sign the Certificate of No Record | None | 5 Minutes | *Registration Officers*  *City Civil Registrar*  Local Civil Registry Office |

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| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| * 1. Receive Certificate of No Record and sign on the logbook to acknowledge receipt of the Certificate. | * 1. Release Certificate of No Record and entry the transaction in the logbook then ask the client to sign on the logbook to acknowledge receipt. | None | 5 Minutes | *Administrative Aide*  Local Civil Registry Office |
| 7.4. Submit Certificate of No Record and other required documents for the registration of death. | 7.4. Receive the documents and review.  7.5. Log and Record the information of the deceased person.  7.6. Register death. Assigned Registry Number.  7.7. Route the Certificate of Death for signature. | None | 5 Minutes | *Administrative Aide*  *Registration Officers*  *City Civil Registrar*  Local Civil Registry Office |
| 1. Receive Certificate of Death and acknowledge receipt by signing on the logbook.   Note: For Delayed Registration, Certificate of Death will be released after 10 Days posting period | 8. Release Certificate of Death  8.1. Entry transaction in the logbook and ask the client to sign on it for acknowledgment. | None | 5 Minutes | *LCRO Staff*  Local Civil Registry Office |
| None | 8.2. Retain 3 copies of Certificate of Death for filing and submission to PSA. | None | 5 Minutes | *LCRO Staff*  Local Civil Registry Office |
| If the client will have the deceased person to be buried at Gingoog Public Cemetery:   1. Submit required documents. | 9. Receive the required documents and assess the required fees.  9.1. Issue Order of Payment. | None | 5 Minutes | *Collector In-Charge* City Economic Enterprise Department (CEED) |
| 1. Pay the required fees stated in the Order of Payment. | 10. Accept payment and issue Official Receipt.   * 1. Prepare Permit to Bury and attach the Official Receipt then forward it for signature. | Permit Fee – PHP 75.00  Burial Fee – PHP 125.00  \*Interment Fees:  Direct Soil Ground Interment Plot-PHP 693.00  Note: Indigents will only pay Permit & Burial Fee | 5 Minutes | *Collector In-charge*  CEED Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Receive the Permit to Bury with attached Official Receipt. | 11. Sign Permit to Bury then release it along with the attached Official Receipt.   * 1. Instruct client to proceed to the Gingoog Public Cemetery and present the permit to the caretaker. | None | 5 Minutes | *Supervising PURO*  CEED Office |
| 1. Proceed to the Gingoog Public Cemetery and present the permit to the caretaker. | 12. Received the Permit to Bury and guide the client to the burial ground site. | None | 20 Minutes | Cemetery Caretaker |
| **TOTAL** | | **PHP 200** | **1 Hour,**  **25 Minutes** |  |
| **TOTAL IF DELAYED REGISTRATION** | | **PHP 250** | **1 Hour,**  **50 Minutes** |  |
| **TOTAL IF DECEASED PERSON IS TO BE BURIED AT GINGOOG PUBLIC CEMETERY** | | **PHP 400  If Direct Soil Ground Interment Plot = PHP 1,093**  **If Delayed Registration  + PHP 50**  **Note: Indigents will only pay Permit & Burial Fee** | **2 Hours,**  **25 Minutes** |  |

**9.4 Diabetes Screening**

Diabetic screening performed to all diabetic symptomatic patients.

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| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | City Health Office | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | |
| **Who may avail:** | All | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Individual Treatment Record (ITR) | | | City Health Office | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Report to CHO for Screening 2 Hours after breakfast then proceed to Outpatient staff for ITR preparation (Cut-off time 10 AM) | | 1. Prepare ITR for new TB patients.   Barangay Health Workers (BHW) will get vital signs needed for proper assessments. | None | 10 Minutes | *Nurse/Midwife/BHW*  *Out Patient Desk on Duty*  City Health Office |
| 1. Proceed to Laboratory for collection of blood sample.    1. For clients identified as diabetes suspects, they are advised to come back on the following Day for the Fasting Blood Sugar (FBS) Test after 8-10 Hours of fasting.    2. Client with FBS Examination results will proceed to Medical Officer on duty for Clinical Diagnosis. | | 1. Clarify on proper identification of a client; collection of blood will be conducted.    1. Conduct Diabetes Screening.   Instructions will be provided if there is elevation in result. | None | 5 Minutes  Waiting time for the result  15 Minutes | *Medical Technologists*  City Health Office |
| 1. Client with FBS examination result will proceed to Medical Officer on duty for clinical diagnosis and then pharmacy to claim prescribed medicines. | | 1. Render actual consultation, issue clinical findings/ impressions and prescriptions, and give brief counseling/health education.    1. Issue prescribed medicines to clients and reiterate proper dosage and timing. | None  None | 20 Minutes  5 Minutes | *Medical Officers*  *Pharmacists*  City Health Office |
| **TOTAL:** | | | **None** | **55 Minutes** |  |

**9.5. Expanded Program on Immunization**

Immunization for 0-12 months old children for vaccine preventable diseases.

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| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | | |
| **Who may avail:** | | All (Newborn/Infants) | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| Individual Treatment Record (ITR) | | | | Barangay Health Station | | |
| Expanded Program on Immunization (EPI) Card | | | | Out Patient Desk at City Health Office | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Take the newborn/infants, 0-12 months old for vaccination to the center. | 1. Prepare ITR and EPI card. | | None | | 10 Minutes  weekly | *Nurse/Midwife on duty*  *Nurse IV/Program Coordinator*  City Health Office |
| 1. Present the EPI Card and wait to be served. | 1. Conduct weighing and plotting of EPI card. | | None | | 10 Minutes | *Nurse/Midwife on duty*  *Nurse IV/Program Coordinator*  City Health Office |
| 1. Receive the card when immunization is done.   End of transaction | 1. Complete EPI card. Administer Immunization of appropriate vaccine to consider the age of the child. | | None | | 5 Minutes | *Nurse/Midwife on duty*  *Nurse IV/Program Coordinator*  City Health Office |
| * 1. Update EPI card and provide counseling and brief health education and release the patient. | | None | | 10 Minutes |
| **TOTAL:** | | | **None** | | **35 Minutes** |  |

**9.6. Family Planning Service**

This service is given to couples who want to practice family planning and accept any birth spacing method.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All (Couples/MWRA) | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Family Planning Service Record | | | Barangay Health Station (BHS)/ City Health Office | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Provide necessary information to the nurse/midwife in-charge during interview. | 1. Prepare Family Planning (FP) service record  * Include Pelvic Examination * Vital Signs | | None | 5 Minutes | *BHS Midwife assigned*  *Midwife*  *Nurse I/Program Coordinator*  City Health Office |
| 1. Listen and participate in the counseling process.   End of transaction | 1. Introduce FP methods in Cafeteria style  * Pill Dispensing * Condom Dispensing * Administer Depot-Medroxy Progesterone Acetate (DMPA) Injection. | | None | 20 Minutes | *BHS Midwife assigned*  *Midwife*  City Health Office |
| * 1. Conduct Health Education on Natural Family Planning and release patient with proper notation. | | None | 5 Minutes |
| **TOTAL:** | | | **None** | **30 Minutes** |  |

**9.7. Health Card/Health Certificate Issuance**

Issuance of Health Card/Health Certificate for employment and other purposes.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | City Health Office | | | | | |
| **Classification:** | Simple | | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | | |
| **Who may avail:** | All | | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| 1. Official Receipt for sputum exam and Stool Exam | | | Laboratory for Stool Exam and Direct Sputum Smear Microscopy Result | | | |
| For Food establishment workers: Certificate of Food Handlers Class | | | Food Handlers Certificate can be obtained after participating in the Food Handlers Class every MonDay at City Heath Office. | | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Pay for the issuance of Health Card/Health Certificate. | | 1. Receive payment for Health certificate/health card and issue receipt. | | PHP 50.00 | 2 Minutes | *Revenue Collector*  City Health Office |
| 1. Present the receipt and copies of laboratory results and Food Handlers Class Certificate to the Sanitation Section personnel in charge for issuances. | | 1. Interview the client and assess the document, if everything is complied, the personnel shall then prepare the issuance of Health Certificate/Health Certificate. | | None | 15 Minutes | *SI personal in-Charge*  *Chief, Sanitation Inspector*  City Health Office |
| 1. Receive Health Card / Health Certificate   End of transaction | | 1. Record the transaction in logbook and release Health Card/Health Certificate. | | None | 2 Minutes | *SI personal in-Charge*  *Chief, Sanitation Inspector*  City Health Office |
| **TOTAL:** | | | | **PHP 50.00** | **19 Minutes** |  |

**9.8. Laboratory Service: Hematology/Clinical Microscopy/ Parasitology**

Laboratory work that goes into the study of blood, parasites and evaluate body fluids.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Information Card | | | 1. City Health Office – Laboratory | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present laboratory request and pay the requested laboratory test. | 1. Receive laboratory request and payment. | | CBC  – PHP 120.00  Urinalysis  – PHP 50.00  Fecalysis  – PHP 50.00 | 5 Minutes | *Revenue Collector*  City Health Office |
| 1. Present the receipt and laboratory request for extraction/ collection of sample. | 1. Perform phlebotomy, receive urine/stool specimen and process the examination. Instruct the client to wait for the result. | | None | 50 Minutes | *Medical Technologists*  City Health Office |
| 1. Receive laboratory results.   End of transaction | 1. Record and release the laboratory results. | | None | 5 Minutes | *Laboratory Aide*  City Health Office |
| **TOTAL:** | | | **CBC  – PHP 120.00**  **Urinalysis  – PHP 50.00**  **Fecalysis  – PHP 50.00** | **1 Hour** |  |

**9.9. Laboratory Service: Bacteriology (For Gram Staining and Acute Flaccid Paralysis)**

Screening stools and other sources for foodborne disease pathogens.

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| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Information Card | | | 1. City Health Office – Laboratory | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present laboratory request and pay the requested laboratory test. | 1. Receives laboratory request, assess and receives payment. | | DSSM – FREE  GeneXpert  – FREE  Gram staining – PHP 80.00 | 10 Minutes | *Revenue Collector*  City Health Office |
| 1. Present the receipt and laboratory request for extraction/ collection of sample. | 1. Perform phlebotomy, collects sputum/urine/stool specimen and process the examination. Instruct the client to wait for the result. | | None | 4 Hour | *Medical Technologists*  City Health Office |
| 1. Client receives laboratory results.   End of transaction | 1. Record and release the laboratory results. | | None | 5 Minutes | *Laboratory Aide*  City Health Office |
| **TOTAL:** | | | **DSSM – FREE**  **GeneXpert  – FREE**  **Gram staining – PHP 80.00** | **4 Hours,  15 Minutes** |  |

**9.10. Laboratory Service: Blood Chemistry**

Test that measures the amount of certain chemicals in a sample of blood.

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| **Office or Division:** | City Health Office | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | |
| **Who may avail:** | All | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Information Card | | | City Health Office - Laboratory | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present laboratory request and pay the requested laboratory test. | | 1. Receive laboratory request and payment. | See Table No. 9.10 | 5 Minutes | *Revenue Collector*  City Health Office |
| 1. Present the receipt and laboratory request for extraction/ collection of sample. | | 1. Conduct extraction/ collection of samples and process the examination. Instruct the client to wait for the result. | None | 4 Hours | *Medical Technologists*  City Health Office |
| 1. Client receives laboratory results.   End of transaction | | 1. Record and release the laboratory results. | None | 5 Minutes | *Laboratory Aide*  City Health Office |
| **TOTAL** | | | **See Table No. 9.10** | **4 Hours, 10 Minutes** |  |

**Table No. 9.10 – Laboratory Fees**

**LABORATORY PROCEDURE FEES**

Cholesterol (Total) PHP 100.00

LDL Direct Chole PHP 150.00

Triglycerides PHP 100.00

Lipid Profile PHP 450.00

Blood Uric Acid PHP 120.00

Serum Creatinine PHP 120.00

Blood Urea Nitrogen PHP 120.00

Sgpt/Alt PHP 120.00

Sgot/Ast PHP 120.00

ALP PHP 120.00

Total Protein PHP 120.00

Albumin PHP 150.00

TPAG PHP 150.00

Total Bilirubin PHP 300.00

Direct Bilirubin PHP 150.00

Tb/Db PHP 300.00

Serum Sodium PHP 150.00

Serum Potassium PHP 150.00

Fasting Blood Sugar PHP 100.00

Hgba1c PHP 450.00

75 Gms Ogtt PHP 500.00

100 Gms Ogtt PHP 550.00

TSH PHP 450.00

T3 PHP 350.00

T4 PHP 350.00

FT3 PHP 450.00

FT4 PHP 450.00

C- Reactive Protein PHP 190.00

Troponin I PHP 370.00

NT Pro-brain Natriuretic Peptide (NT pro-BNP) PHP 700.00

D-DIMER PHP 300.00

CK-MB PHP 300.00

Myoglobin (MYO) PHP 300.00

Alpha –Fetoprotein (AFP) PHP 300.00

Prostate Specific Antigen (PSA) PHP 300.00

Free Prostate Specific Antigen (Fpsa) PHP 350.00

CEA 125 PHP 350.00

Luteinizing Hormone (LH) PHP 350.00

Follicular Stimulating Hormone (FSH) PHP 400.00

Progesterone PHP 350.00

Prolactin (PRL) Microalbumin PHP 300.00

**9.11. Laboratory Service: Serology/Immunology   
(Blood Typing, HBsAg, HIV and Syphilis)**

Blood test to detect the presence of antibodies against a microorganism.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Information Card | | | City Health Office – Laboratory | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present laboratory request and pay the requested laboratory test. | 1. Receives laboratory request and payment. | | Blood Typing  - PHP 80.00  HBsAg - PHP150.00  Syphilis - PHP150.00  HIV-Free | 5 Minutes | *Revenue Collector*  City Health Office |
| 1. Present the receipt and laboratory request for extraction/ collection of sample. | 1. MedTech conduct extraction/ collection of samples and process the examination. Instruct the client to wait for the result. | | None | 1 Hour | *Medical Technologists*  City Health Office |
| 1. Client receives laboratory results.   End of transaction | 1. Record and release the laboratory results. | | None | 5 Minutes | *Laboratory Aide*  *City Health Office* |
| **TOTAL:** | | | **Blood Typing  - PHP 80.00**  **HBsAg - PHP150.00**  **Syphilis - PHP150.00**  **HIV-Free** | **1 Hour,  10 Minutes** |  |

**9.12. Maternity and Child Care Services (City Family Health Center)**

Maternal and child health services to pregnant mothers and newborns.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Prenatal Record | | | Barangay Health Station/City Family Health Center | | |
| 1. Official Receipt | | | City Health Office | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **For Pregnant women**  **(Anti Partum):**   1. Proceed to out-patient Desk for filling up Prenatal Form. | 1. MOD assist NOD for taking initial vital signs (Look for UTZ, Laboratories, Brgy. Prenatal Record); OR | | None | 5 Minutes | *Midwife/Nurse on Duty*  (*note: per shifting schedule)*  City Family Health Center |
| 1. Pay prenatal fee to CHO and submit the OR to NOD/MOD for prenatal Record. | 1. Issue payment receipt (CHO) and MOD/NOD Record the OR No. | | PHP 150.00  (100 for OB and  50 for LGU) | 5 Minutes | *Revenue Collector*  City Health Office |
| 1. Participate in OB Orientation and proceed to Pre-natal room for Check-up.   End of transaction | 1. NOD and MOD will facilitate and assist OB-gyne for Orientation and OB-gyne will conduct proper prenatal procedure. | | None | 33 Minutes | *Midwife/Nurse on Duty*  (*note: per shifting schedule)*  City Family Health Center  *OB-Gyne:*  City Family Health Center |
| **TOTAL** | | | **PHP 150.00** | **43 Minutes** |  |

Continuation: **Maternity and Child Care Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All (Pregnant Women, Women about to Give Birth, Newborn Babies) | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Brgy. Prenatal Record | | | City Family Health Center | | |
| 1. Patient Chart | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **For Women about to give Birth (Intrapartum)**   1. Proceed to Admitting Area/Nurse Station For record purpose and vital signs taking | 1. Search for prenatal record/UTZ and Laboratories, and then proceed to BP, weight, fundal height and cervical dilatation | | None | 8 Minutes | *Midwife/Nurse on Duty*  (*note: per shifting schedule)*  City Family Health Center |
| 2.  A. For patient not fully dilated/in-active labor, admit to labor. | A. Admit patient to labor, NOD/MOD will do the labor watch. | | None | 7 Hours | *Midwife/Nurse on Duty*  (*note: per shifting schedule)*  City Family Health Center |
| B. For fully dilated active labor, proceed to delivery Room. | 1. NOD/MOD prepares Instrument, assist Patient giving birth, do postpartum care, essential newborn care, inject HEPA B Vaccine, Vit.K and asses for any abnormalities of the baby.   Facilitate Essential Newborn Screening Test (after 24 Hours after birth). | | None | 5 Minutes | *Midwife/Nurse on Duty*  (*note: per shifting schedule)*  City Family Health Center |
| 1. Rooming-in Patient with Baby | 3. Assist patient. | | None | 2 Minutes | *Midwife/Nurse on Duty*  (*note: per shifting schedule)*  City Family Health Center |
| **TOTAL** | | | **None** | **7 Hours,  15 Minutes** |  |

Continuation: **Maternity and Child Care Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | City Health Office | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | |
| **Who may avail:** | All (Pregnant Women, Women about to Give Birth, Newborn Babies) | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Birth Certificates or Client Steps | | | City Family Health Center | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **After Delivery (Post-partum) 24° after Birth**   1. Secure, Fill-out and submit original birth Certificate form, client satisfaction survey to encoder. | | 1. Assist patient / watcher properly to fill in the draft birth cert form and encode original birth certificate Form from LCR | None | 10 Minutes | *IT/Encoder*  City Family Health Center |
| 1. Proceed to PHIC (Phil health Office together with the register Birth Cert. For MDR. (Note: if patient is not Phil Health advice to enroll on POS - for strict compliance of no balance no billing policy). | | 1. Issue a billing statement and gate pass | None | 10 Minutes | *Head Nurse*  City Family Health Center |
| 1. Client Submit prerequisite for Discharge such as photocopy of MDR and Birth Certificate of the Baby. (*If confined at private room excess room rate shall be paid at CHO*).   End of transaction | | 1. Issue a Clearance   Certificate/ I.E patient  And Baby’s cord clamp   * Officer in charge will issue payment receipt (CHO) and MOD/NOD Record the OR No * Assist postpartum complication * Counseling for proper parenting Family Planning * Advice for follow up checkup. |  | 15 Minutes | *Head Nurse*  City Family Health Center  *Revenue Collector*  City Health Office  *Head Nurse*  City Family Health Center  *Midwife*  City Family Health Center  *Head Nurse*  *City Family Health Center* |
| **TOTAL** | | | **None** | **35 Minutes** |  |

**9.13. Medical Certificate Issuance**

Certification issued per request for various purposes such as for employment and medical clearances requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Laboratory Results for clients that are advised/required to take laboratory test. | | | City Health Office Laboratory or to any licensed medical laboratory | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Pay for Medical certificate. | 1. Receive payment and issue official receipt (OR). | | PHP 50.00 | 2 Minutes | *Revenue Collector*  City Health Office |
| 1. Present OR to Certificate issuance in-charge at the admin section and wait for the processing of Medical certificate   (Note: for employment purposes may require laboratory examination it depends on the establishment/ company applied for) | 1. Prepare Medical certificate and record. | | None | 10 Minutes | *Admin. Staff In-charge*  City Health Office |
| 1. Hand carry Medical Certificate for Medical Officer’s signatory. | 1. Provide medical assessment/ recommendations to clients with health problems, signs and release medical certificate. | | None | 10 Minutes | *Medical Officers*  City Health Office |
| 1. Receive medical certificate | 1. Release medical certificate | |  | 2 Minutes | *Admin. Staff In-charge*  City Health Office |
| **TOTAL:** | | | **PHP 50.00** | **24 Minutes** |  |

**9.14. Newborn Screening (NBS)**

Screening performed to newborn to determine health conditions that are apparent during birth.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All (New Born Baby) | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Newborn Screening Kit (Filter Cards) | | | City Health Office | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Proceed to Out Patient Desk for ITR filling. | 1. Prepare Individual Treatment Record (ITR). | | None | 5 Minutes | *Nurse/Midwife/BHW*  *Out Patient Desk on Duty*  City Health Office |
| 1. Pay for NBS Kit at CHO-Cashier. | 1. Receive payment and issue receipt. | | PHP 1,750 | 5 Minutes | *Revenue Collector*  *City Health Office* |
| 1. Prepare the baby for blood collection and can return home after the blood collection.   End of transaction | 1. Perform blood collection sample. | | None | 30 Minutes | *Medical Technologist*  City Health Office jjhghhfgg |
| * 1. Send specimen to Newborn Screening Center-Davao via LBC and inform the parents as soon as the result is available. (Result will be available after more or less 1 week after sending) | | None | 1 week | *Newborn Screening*  *In-charge*  City Health Office |
| **TOTAL:** | | | **PHP 1,750** | **1 Week, 40 Minutes** |  |

**9.15. Out Patient Consultation (General Consultation)**

Medical consultation given to all clients with health problems.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | | |
| **Who may avail:** | | All | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| 1. Referral Form (1 Original Copy) | | | Barangay Health Station from where the patient resides | | | |
| 1. Individual Treatment Record (1 Original) | | | City Health Office Out-Patient | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the client logbook from the office front liner. | 1. Provide a logbook and refer to the concerned Section. | | | None | 2 Minutes | *Public Assistance & Complaints Desk Officer (PACD)*  City Health Office |
| 1. Proceed to Outpatient Desk (OPD) for Individual Treatment Record (ITR) preparation. | 1. Prepare Individual Treatment Record (ITR) and assess for prioritization of service based on infection control measures of the facility.    1. Advise the client to report to Medical Officer on duty for consultation. | | | None  None | 15 Minutes | *Nurse/Midwife/BHW*  *Out-Patient Desk on Duty*  City Health Office |
| 1. Proceed to the Doctor on duty for consultation and treatment. | 1. Render actual consultation and issue clinical findings/impressions, laboratory requests, and prescribed medicines.   (Clients with Laboratory requests are advised to proceed to Laboratory and medicine dispensing at the pharmacy) | | | None | 15 Minutes | *Medical Officers*  City Health Office |
| **TOTAL:** | | | | **None** | **32 Minutes** |  |

**9.16. Out Patient TB Consultation**

Consultation service given to all TB symptomatic clients.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | City Health Office | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | |
| **Who may avail:** | All (TB symptomatic) | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Individual Treatment Record (ITR) (1 Original) | | | | City Health Office | |
| National Tuberculosis Program (NTP) Client Contract (2 Original) | | | | City Health Office | |
| National Tuberculosis Program (NTP) Treatment Card | | | | City Health Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| 1. Present Referral from BHS, Public and private hospitals for walk-in TB Symptomatic, then proceed to Outpatient Desk and secure ITR | 1. Prepare ITR for new TB patients.   Patient’s personal data and vital signs duration of cough and symptoms observe triaging. | None | 15 Minutes | | *Nurse/Midwife/BHW*  *Out Patient Desk on Duty*  City Health Office |
| 1. Proceed to the Doctor on duty for consultation.   For Patients with Laboratory results on Hand. | 1. Render consultation and issue clinical findings and impressions.   2.1 Issue sputum exam for Gene-X request for laboratory.   * 1. Provide additional assessment and issue prescription from the Doctor. | None | 15 Minutes | | *Medical Officers*  City Health Office |
| 1. Proceed to DOTS Room and present the result to attending physician when laboratory result is available.   End of transaction | 1. Facilitate the initial TB treatment if needed.   For client with other lung disease, the nurse will instruct the client to claim their medication at the pharmacy. | None | 15 Minutes | | *Nurse Program Coordinator*  City Health Office |
| **TOTAL:** | | **None** | **45 Minutes** | |  |

**9.17. Pharmacy Services:**

Dispense drugs, medicines as per prescription to clients.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Doctor’s prescription (Rx) | | | City Health Office or in Public or Private Hospitals/Clinics | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Present Doctor’s prescription. | 1. Receive doctor’s prescription (Rx), then dispense prescribed drugs and medicines and fill the prescription with the available drugs and medicines. | | None | 10 Minutes | *Pharmacists*  City Health Office |
| For Certified Indigent:  Assistance to Individuals during Crisis Situation (AICS) -   1. Present original Doctor’s prescription (Rx), certificate of indigency and certification form for medical/ laboratory assistance coming from CSWD.   End of transaction | 1. Receive doctor’s prescription (Rx) and dispense prescribed and available drugs and medicines. | | None | 5 Minutes | *Pharmacists*  City Health Office |
| * 1. Certify/list down the medicines/ laboratory requests that are not available. | | None | 5 Minutes |
| **TOTAL:** | | | **None** | **20 Minutes** |  |

**9.18. PHILHEALTH LGU Sponsored Health Insurance**

Health Insurance Program of the Local Government of Gingoog for indigent families.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. PHILHEALTH Form/ Certification Form | | | 1. City Health Office – Philhealth Section | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Indigent families enrolled by the LGU under sponsorship program. | 1. Facilitates, validates enrolled families under LGU-SP. | | None | 5 Minutes | *Admin. Assistant*  *PhilHealth Coordinator*  City Health Office |
| 1. For LGU-SP beneficiary | 1. Locates record and generate report of member. When the client is identified as member, the provider will then issue certification of membership and instructs the client to present the certification to Local PhilHealth Insurance Office for the release of MDR. | | None | 5 Minutes | *Admin. Assistant*  *PhilHealth Coordinator*  City Health Office |
| 1. For Pregnant women without PhilHealth   End of transaction | 1. Accommodates the client and inform them that PhilHealth enumeration is already finalized but they can be included in the list as a replacement of members who are no longer eligible in the sponsorship program. | | None | 5 Minutes | *Admin. Assistant*  *PhilHealth Coordinator*  City Health Office |
| **TOTAL:** | | | **None** | **15 Minutes** |  |

**9.19. Pre-natal Service**

This is a special unit for the Rabies Animal Prevention Control Program accredited under the Department of Health.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Individual Pre-Natal Record | | | Barangay Health Station (BHS) | | |
| 1. Nanay and Baby Book | | |
| 1. Birth Plan and Pregnancy Tracking Form | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Visit the BHS on the scheduled Day of consultation. | 1. Prepare pertinent records    1. Prepare Individual Pre-natal Record, Nanay and Baby Book, and Birth Plan and Pregnancy Tracking    2. Conduct Vital Signs taking (Blood Pressure, Weight, Height, Temperature)    3. Conduct interview and consultation. | | None | 15 Minutes | *Rural Health Midwife/NDP/RHMPP in-charge at the Barangay Health Station* |
| 1. For Pregnant women on her 2nd trimester of Pregnancy and receives Vitamin supplementation. | 1. Determine fetal heart rate, fundal height and position of baby.    1. Administer TD (Tetanus Diphtheria Injection)    2. Issue Ferrous sulfate with Folic Acid;210 tablets during the whole course of pregnancy.    3. Issue Calcium Carbonate 500 mg;1 tablet 3x a Day for 120 Days starting 20 weeks age of gestation, 360 tablets for the whole course of pregnancy. | | None | 15 Minutes | *Rural Health Midwife/NDP/RHMPP in-charge*  Barangay Health Station |
| 1. Referral of clients.   End of transaction | 1. Advice client to have laboratory examinations: Complete Blood Count, Urinalysis and Hepatitis Screening at any accredited laboratory.    1. Aside from the regular Pre-Natal Check-up at Barangay Health Station, the client is advised also to take Pre-natal Check-up at chosen Birthing Facility of Hospital.    2. Advise client for schedule of next pre-natal visit. Inform them also that they should follow the ideal frequency of visit for reach trimester.   1st Trimester at least once  2nd Trimester at least once  3rd Trimester at least twice | | Counter parting scheme for vaccine | 5 Minutes | *Rural Health Midwife/NDP/RHMPP in-charge*  *Barangay Health Station* |
| **TOTAL:** | | | **None** | **35 Minutes** |  |

**9.20. Sexually Transmitted Infection (STI) Screening**

STI Screening for symptomatic person and individuals with risky behavior.

Personal information is strictly confidential.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Health Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Referral (for those patient coming from Barangay or other health facility) | | | 1. Barangay Health Station or Other Health Facility | | |
| 1. Individual Treatment Record (ITR) | | | 1. City Health Office | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Report to STI facility for clients with symptoms. | 1. Prepare patient’s ITR then advise client to proceed to a Medical Officer for medical assessment. | | None | 10 Minutes | *Nurse/Midwife/BHW*  *Out Patient Desk on Duty*  City Health Office |
| 1. Proceed to Medical Officer on duty for clinical impression and further diagnosis. | 1. Render consultation and issue clinical findings and impressions.    1. Issue laboratory request (smearing) if necessary and voluntary counseling and testing.    2. Provide additional assessment and issue prescription. | | None | 15 Minutes | *Medical Officers*  City Health Office |
| 1. Proceed to attending Medical Officer when laboratory result is already available. | 1. Render actual consultation and issue clinical findings/ impressions. Provide also counseling/brief health education to clients and issue prescriptions. Advise clients to proceed to pharmacy for drug and medicine dispensing. | | None | 15 Minutes | *Medical Officers*  City Health Office |
| **TOTAL** | | | **None** | **40 Minutes** |  |

**9.21. Sanitary Permit Issuance**

As part of its commitment to maintain environmental protection and safety, the City Health Office developed standard and measures for all Business Establishments to assure cleanliness and safety for the General Public by the issuance of the appropriate Sanitary Permit.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | City Health Office | | | | | |
| **Classification:** | Simple | | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | | |
| **Who may avail:** | All | | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| 1. Official Receipt for sputum exam and Stool Exam | | | | 1. CHO-Laboratory for Stool Exam and Direct Sputum Smear Microscopy Result | | |
| 2. Result of operator and personnel. Pre-inspection record of establishment | | | | 2. CHO Sanitation Section | | |
| (If no pre-inspection record, client will make a request for inspection and issuance of Sanitary Permit will be differed.) | | | |  | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Pay for the issuance of Sanitary Permit. | | 1. Receive payment for Sanitary permit and issue receipt. | PHP 50.00 | | 2 Minutes | *Revenue Collector*  City Health Office |
| 2. Present the receipt and copies of laboratory results (sputum exam, stool exam, food handler’s class certification, and establishment sanitary inspection) to the Sanitation Section personnel in charge for issuances. | | 1. Interview the client and assess the document, if everything is complied, the personnel shall then prepare the issuance of sanitary permit. | None | | 15 Minutes | *SI personal in-Charge*  *Chief, Sanitation Inspector*  City Health Office |
| 1. Receive the sanitary permit   End of transaction | | 1. Record the transaction in the logbook and release the sanitary permit. | None | | 2 Minutes | SI personnel in-Charge  *Chief, Sanitation*  *Inspector*  City Health Office |
| **TOTAL** | | | **PHP 50.00** | | **19 Minutes** |  |

**CITY PLANNING AND DEVELOPMENT OFFICE**

**External Services**

**10.1. Preparation of Project Study (Project Proposal)**

This service is to assist schools, barangays, government offices/agencies, NGOs with their project proposal preparation. Project Proponent/Client may express their request by sending a letter of request stating the title and the purpose of the project proposal.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/Division:** | Planning Programming and Statistics Division, City Planning and Development Office (CPDO) | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Citizen, G2G - Government to Government | | | | |
| **Who may avail:** | Schools, Barangays, Government Offices/Agencies, NGOs | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Letter of Request stating the title and the purpose of the project proposal.(1 original) | | | Proponent/Client | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit a letter of request | | 1. Receive/ record letter request | None | 5 Minutes | *Clerk I*  City Planning and Development Office |
| 1. Interview proponent to acquire a full understanding of the proposed project proposal | None | 40 Minutes | *Project Dev’t. Officer III*  *Project Dev’t. Officer II*  City Planning and Development Office |
| 1. Gather needed data and prepare project study | None | 2 Days, 4 Hours | *CPDC, Planning Officer III*  City Planning and Development Office |
| 1. Receive Project Proposal | | 1. Record and release the approved project proposal | None | 2 Minutes | *Clerk I*  City Planning and Development Office |
| **Total** | | | **None** | **2 Days,  4 Hours,  47 Minutes** |  |

**10.2. Preparation of Project Study (Project Feasibility Study)**

This service is to assist Schools, Barangays, Government Offices/Agencies, NGOs with their project proposal preparation. The proponent/client may express their request by sending a letter of request stating the title and the purpose of the project feasibility study.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/Division:** | | Planning Programming and Statistics Division-City Planning and Development Office (CPDO) | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2C – Government to Citizen, G2G - Government to Government | | | |
| **Who may avail:** | | Schools, Barangays, Government Offices/Agencies, NGOs | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Letter of request stating the title and the purpose of the project feasibility study. (1 original) | | | Proponent/Client | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit a letter of request | 1. Receive/ record letter request | | None | 5 Minutes | *Clerk I*  City Planning and Development Office |
| 1. Interview proponent to acquire a full understanding of the proposed project proposal | | None | 40 Minutes | *Project Dev’t. Officer III*  City Planning and Development Office |
| 1. Gather data needed and prepare project study | | None | 6 Working Days | *Project Dev’t. Officer II*  *Asst. CPDC, Planning Officer III*  City Planning and Development Office |
| 1. Receive Project Feasibility Study | 1. Record and release the approved project proposal | | None | 2 Minutes | *Clerk I*  City Planning and Development Office |
| **Total** | | | **None** | **6 Days,  47 Minutes** |  |

**10.3. Issuance of Certificate of Zoning Classification**

Real property owners of titled lots may secure a certificate of zoning classification for various purposes that such may serve them.

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| **Office/Division** | Resettlement & Housing Development & Land Use Management Division,  City Planning and Development Office (CPDO) | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Citizen, G2G- Government to Government | | | | |
| **Who may avail:** | Any person or entity who intends to secure a certificate of zoning classification for purposes of knowing the classification of their lot whether it is Residential, Commercial, Institutional Building, and other structures regardless of size and cost. Lot owners, Government or Private Corporation, Subdivision Developers | | | | |
| **CHECKLIST OR REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| 1. Accomplished application form (1 original) | | | City Planning and Development Office | | |
| 1. Vicinity Map (1photocopy)) | | | City Assessor’s Office | | |
| 1. Sketch Plan (1 photocopy) | | | City Assessor’s Office | | |
| 1. Certificate of Title (1 photocopy) | | | Register of Deeds | | |
| 1. Tax Declaration (1 photocopy) | | | City Assessor | | |
| 1. Tax Clearance(current) (1 original) | | | City Treasurer Office | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Go to the CPDO Resettlement & Housing Development & Land Use Management Division, fill out the request form and submit all requirements. | | 1. Receive the applicant’s request form and log all transaction with complete requirements. | None | 5 Minutes | *Receiving Clerk*  City Planning and Development Office |
| * 1. Evaluate the submitted documents as to its completeness | None | 10 Minutes | *Zoning Officer / Clerk* City Planning and Development Office |
| 1. Get the Order of Payment | | 1. Issue Order of Payment | None | 5 Minutes | *Zoning Officer / Clerk* CPDO |
| 1. Pay the required fees at City Treasurer’s Office | | 1. Receive payment and issue Official Receipt (OR) | PHP 170 | 10 Minutes | *Cashier* City Treasurer’s Office |
| 1. Return to CPDO and present the Official Receipt | | 1. Receive the copy of the receipt and issue the claim stub. | None | 10 Minutes | *Zoning Officer* City Planning and Development Office |
| 1. Prepare and generate Zoning Certification | None | 2 Hours | *Zoning Officer* City Planning and Development Office |
| 1. Route for signature and approval | None | 4 Hours | *Zoning Officer PEO IV, Asst. CPDC, Zoning Administrator* City Planning and Development Office |
| 1. Claim the approved Certificate of Zoning Classification. | | 1. Release Certificate of Zoning Classification. | None | 10 Minutes | *Zoning Officer / Clerk* City Planning and Development Office |
| **Total** | | | **PHP 170** | **6 Hours,  40 Minutes** |  |

**10.4. Issuance of Preliminary Subdivision Development Plan (PSDP) approval**

In line with the devolved functions from the Housing and Land Use Regulatory Board (HLURB) and the City Zoning Ordinance, the City Government has the mandate to process and approve subdivision projects.

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| --- | --- | --- |
| **Office /Division** | City Planning and Development Office (CPDO) | |
| **Classification:** | Highly Technical | |
| **Type of Transaction:** | G2C – Government to Citizen, G2G- Government to Government | |
| **Who may avail:** | Any person or entity who plans to construct a residential, commercial, institutional building, and other structures regardless of size and cost.   * Lot owners * Government or Private Corporation * Subdivision Developers | |
| **CHECKLIST OR REQUIREMENTS** | | **WHERE TO SECURE** |
| Duly filled-out & notarized application form (3 original) | | CPDO |
| Certificate of Title (1 photocopy) | | Register of Deeds |
| Latest Tax Declaration (1 photocopy) | | City Assessor |
| Tax Clearance (current) (1 original) | | City Treasurer |
| If there is no Certificate of Title: | |  |
| Technical Description/lot data & Lot Status Certification | | Department of Environment and Natural Resources (DENR) |
| Deed of Sale in the name of the applicant (1 original) | | Applicant |
| Deed of Donation in favor of the applicant (1 original) | | Applicant |
| Contract of Lease (1 original) | | Applicant |
| Notarized Authorization to use the land from the owner or Authority to Construct (1 original) | | Notary Public |
| If the applicant is a corporation, attach the following: | |  |
| SEC Registration (1photocopy but applicant is advised to bring the original copy) | | Security & Exchange Commission (SEC) |
| Articles of Incorporation (1photocopy but applicant is advised to bring the original copy) | | Corporation |
| Constitution and By-Laws (1photocopy but applicant is advised to bring the original copy) | | Corporation |
| DTI Registration (1photocopy but applicant is advised to bring the original copy) | | Department of Trade and Industry (DTI) |
| Barangay Resolution Recommending the Project Development & Barangay Construction Clearance for the Bldg. construction (1 original) | | Barangay |
| Geohazard Identification Report (G.I.R) | | Mines & Geosciences Bureau (MGB) - DENR |
| CDRRMO Clearance / Recommendation | | City Disaster Risk Reduction Management Office (CDRRMO) |
| PHILVOCS Certification | | Philippine Institute Of Volcanology And Seismology - DOST |

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| **CHECKLIST OR REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Environmental Compliance Certificate(ECC) | | | EMB - DENR | | |
| DAR Conversion Clearance / DAR Certification that the land is not covered by CARP or Certificate of Non-Coverage and Certificate of Non-Tenancy if applicable | | | DAR | | |
| Vicinity map and location Plan indicating the adjoining land uses, access, as well as existing facilities and utilities at least within 500 meters from the property boundaries of the project, drawn to any convenient scale. (1set original) | | | City Assessor’s Office / Geodetic Engineer | | |
| Topographic plan (1 original) | | | Geodetic Engineer | | |
| Survey plan of the lot based on the TCT signed and sealed by a licensed Geodetic Engineer (3 original) | | | Geodetic Engineer | | |
| Site development plan (schematic plan) at a scale ranging from 1:200 to 1:2,000 showing the proposed layout of streets, lots, parks and playgrounds and other features in relation to the existing conditions and duly signed and sealed by a licensed Architect/Engineer (3 original) | | | Geodetic Engineer / Architect / Civil Engineer | | |
| Right to use or Road Right of Way Certification from DPWH/CEO or Deed of Sale of Right-of-Way for access road and other utilities if applicable (1 original) | | | Department of Public Works & Highways / City Engineer Office / Landowner | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the application form with complete requirements. | 1. Receive and examine the submitted requirements | None | | 5 Minutes | *Zoning Officer/ Receiving Clerk*  City Planning and Development Office |
| 1. Conduct site inspection. | None | | 1 Day | *Zoning Officer/ Personnel*  City Planning and Development Office |
| 1. Get advice for payment of PSDP and Inspection Fee. | 1. Issue Order of Payment | None | | 10 Minutes | *Zoning Officer*  City Planning and Development Office |
| 1. Proceed to the City Treasurer’s Office to pay the required fees | 1. Issue Official Receipt | See Table 10.4 | | 20 Minutes | *Cashier*  City Treasurer’s Office |
| 1. Return to CPDO to present Official Receipt | 4. Receive the copy of  Official Receipt and  issue claim stub | None | | 10 Minutes | *Zoning Officer*  City Planning and Development Office |
| 1. Conduct Site Inspection and Prepare the Evaluation Report & recommendation to the Sangguniang Panlungsod(SP) for the Approval | None | | 4 Hours | *Zoning Officer*  City Planning and Development Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Route for signature and endorsement of City Mayor to SP   If Project is non-conforming as to zone. Application endorse to LZBAA | None | 3 Days | *Zoning Officer, PDO IV, Asst. CPDC,  Zoning Administrator* City Planning and Development Office  *City Mayor* City Mayor’s Office  LZBAA |
| 1. Endorse and submit to Sangguniang Panlungsod for legislation and approval | None | 2 Hours | *Zoning Officer, PDO IV, Asst. CPDC, Zoning Administrator*  City Planning and Development Office |
| 1. Wait for the approval of PSDP | None | 14 Days | Sangguniang Panlungsod |
| 1. Claim approved Preliminary Subdivision Development Plan. | 1. Release documents approved by the Sangguniang Panlungsod | None | 5 Minutes | *Zoning Officer/ Personnel*  City Planning and Development Office |
| **Total** | | **See Table 10.4** | **18 Days, 6 Hours,  50 Minutes** |  |

**Table 10.4 ZONING SCHEDULE OF FEES**

|  |  |
| --- | --- |
| **II SUBDIVISION AND CONDOMINUIM PROJECTS (Under P.D. 957)** | |
| A. Approval of Subdivision Plan (Including Townhouses |  |
| 1. Preliminary Approval and Locational Clearance ( PALC) / Preliminary Subdivision Development Plan (PSDP)  * Inspection Fee | PHP 250/ha. or a fraction thereof  PHP 1,000/ha. regardless of density |
| 1. Final Approval & Development Permit  * Additional Fee on Floor Area of houses and building sold with lot * Inspection Fee   *(Not applicable for projects already inspected for PALC application*) | PHP 2,000/ha. regardless of density  PHP 2/sq. m.  PHP 1,000/ha. regardless of density |
| 1. Alternation of Plan (affected areas only) | Same as final approval &Dev’t Permit |

|  |  |
| --- | --- |
| **NAME OF FEE** | **FEE** |
| B. Approval of Condominium Project |  |
| Final Approval and Development Permit |  |
| 1. Processing Fee |  |
| 1. Land Area | PHP 5/sq.m. |
| 1. No of Floors | PHP 200/ floor |
| 1. Building Areas | PHP 4/sq.m. |
| 1. Inspection Fee | PHP 12/sq.m. of GFA |
| 2. Alteration of Plan (affected areas only) | Same as Final Approval &Dev’t Permit |
| **C. PROJECTS UNDER BP 220** |  |
| A. Subdivision |  |
| 1. Preliminary Approval and Locational Clearance |  |
| a. Socialized Housing | PHP 75/ha. |
| b. Economic Housing | PHP 150/ha. |
| * Inspection Fee |  |
| a. Socialized Housing | PHP 200/ha. |
| b. Economic Housing | PHP 500/ha |
| 2. Final Approval and Development Permit |  |
| * Processing Fee |  |
| a. Socialized Housing | PHP 500/ha. |
| b. Economic Housing | PHP 1,000/ha. |
| * Inspection Fee |  |
| a. Socialized Housing | PHP 200/ha. |
| b. Economic Housing | PHP 500/sq.m |
| (Projects already inspected for PALC application may not be charged inspection Fee) |  |
| 3. Alteration of Plan (affected areas only) | Same Final Approval &Dev’t Permit |

**10.5. Issuance of Subdivision Development Permit**

In line with the devolved functions from the Housing and Land Use Regulatory Board (HLURB) and the City Zoning Ordinance, the City Government has the mandate to process and approve subdivision projects.

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| --- | --- | --- |
| **Office/Division** | Resettlement & Housing Development & Land Use Management Division,  City Planning and Development Office (CPDO) | |
| **Classification:** | Highly Technical | |
| **Type of Transaction:** | G2C – Government to Citizen, G2G- Government to Government | |
| **Who may avail:** | Subdivision Owners  Subdivision Developers  Local Government Units | |
| **CHECKLIST OR REQUIREMENTS** | | **WHERE TO SECURE** |
| Duly accomplished and notarized DP Application Form (3 original) | | City Planning and Development Office / Notary Public |
| All requirements for Preliminary Subdivision Development Plan (PSDP) | | Applicant |
| Subdivision Development Plan (3 original) | | Civil Engineer |
| Civil and Sanitary Works Design (3 original) | | Civil Engineer |
| Water System Layout and Details (3 original) | | Civil Engineer |
| Certified true copy of DAR Conversion Order (if applicable)  (1 original) | | Department of Agrarian Reform (DAR) |
| Project Description or Project Proposal (3 original) | | Civil Engineer / En.P. |
| Plan specifications, bill of materials and cost estimates(3 original) | | Civil Engineer |
| Application for permit to drill from the National Water Resources Board (NWRB) if applicable (1 original) | | National Water Resources Board (NWRB) |
| Traffic impact assessment for projects covering 30 hectares and above(1 original) | | Department of Public Works & Highways / Civil Engineer / En.P. |
| List of Names & PRC ID & PTR of duly licensed professionals who signed the plans(1 photocopy) | |  |
| Order of Payment for Subdivision Development Permit (1 original) | | City Planning and Development Office |
| Order Of Payment for Inspection Fee (1 original) | | City Planning and Development Office |
| For Subdivision Development Plan consisting of the site development plan at any of the following scales: 1:200; 1:1,000; or any scale not exceeding 1:2,000; showing all proposals including the following: | | |
| Roads, easements or right-of-way and roadway width, alignment, gradient, and similar data for alleys, if any. (1 original) | | Department of Public Works & Highways / City Engineer Office |
| Lot numbers, lines and areas, and block numbers (1 original) | | Geodetic Engineer |
| Site data such as the number of residential and saleable lots, typical lot size, parks and playgrounds, and open spaces. (1 original) | | Geodetic Engineer / Civil Engineer / En.P. / Applicant |
| Civil and Sanitary Works Design (Engineering plans/construction drawings)(3 original) | | Sanitary & Civil Engineer |
| Road (geometric and structural) design/plan duly signed and sealed by a licensed civil engineer.(3 original) | | Civil Engineer |
| Profile derived from existing topographic map signed and sealed by a licensed geodetic engineer showing the vertical control, designed grade, curve elements(3 original) | | Geodetic Engineer |

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| **CHECKLIST OR REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Typical roadway sections showing relative dimensions of pavement, sub-base and base preparation, curbs, gutters, sidewalks, shoulders, benching, and others.(3 original) | | | Civil Engineer | | |
| Details of roadway and miscellaneous structure such as curb and gutter (barrier, mountable and drop), slope protection wall and retaining wall(3 original) | | | Civil Engineer | | |
| Storm drainage and sanitary sewer system duly signed and sealed by a licensed Sanitary Engineer or Civil Engineer.(3 original) | | | Sanitary/Civil Engineer | | |
| Profile showing the hydraulic gradients and properties of sanitary and storm drainage lines including structures in relation with the road grade line.(3 original) | | | Sanitary/Civil Engineer | | |
| Details of sanitary and storm drainage lines and miscellaneous structures such as various types of manholes, catch basins, inlets (curb, gutter, and drop), culverts and channel linings.(3 original) | | | Sanitary/Civil Engineer | | |
| Site grading plan with finished contour lines superimposed on the existing ground the limits of earth work embankment slopes, cut slopes, surface drainage, drainage outfalls, and others. (3 original) | | | Sanitary/Civil Engineer | | |
| Water system layout and details duly signed and sealed by a licensed sanitary engineer or civil engineer. (3 original) | | | Sanitary/Civil Engineer | | |
| Power Distribution layout and details, duly signed and sealed by a licensed professional electrical engineer.(3 original) | | | Electrical Engineer | | |
| Tree Planting Scheme | | | Civil Engineer / Architect | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the application form with complete requirements. | 1. Receive and examine the submitted requirements for completeness. | None | | 15 Minutes | *Receiving Clerk* City Planning and Development Office |
| 1. Forward to Zoning Officer for examination and evaluation | None | | 2 Hours | *Receiving Clerk* City Planning and Development Office |
| 1. Conduct site ocular inspection | None | | 1 Day | *Zoning Officer* City Planning and Development Office |
| 1. Prepare site inspection report and evaluation and recommendation for SP approval | None | | 1 Day | *Zoning Officer*  City Planning and Development Office |
| 1. Route for review and signature   Note: If there are observed deficiencies the Zoning Officer will issue a notice of deficiency for compliance | None | | 1 Day | *Zoning Officer, PDO IV, Asst. CPDC, Zoning Administrator*  City Planning and Development Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| 1. Comply and submit the deficiency as required (if applicable) | 1. Receive and examine | None | 10 Minutes | | *Receiving Clerk*  City Planning and Development Office |
| 1. Prepare endorsement of Subdivision Development Permit | None | 2 Hours | | *Zoning Officer*  City Planning and Development Office |
| 1. Route for signature | None | 2 Days | | *Zoning Officer, PDO IV, Asst. CPDCZoning Administrator*  City Planning and Development Office  *Legal, City Admin, Mayor*  City Mayor’s Office |
|  | 1. Wait for the approval of Simple Subdivision Plan | None | 14 Days | | *Sangguniang Panlungsod Members*  Sangguniang Panlungsod |
| 1. Claim approved Subdivision Development Permit. | 1. Release the Development Permit. | None | 5 Minutes | | *Zoning Officer/ Personnel*  City Planning and Development Office |
| **TOTAL:** | | **None** | **19 Days,  4 Hours,  30 Minutes** |  | |

**10.6. Issuance of Alteration of Approved Subdivision Plan**

In line with the devolved functions from the Housing and Land Use Regulatory Board (HLURB) and the City Zoning Ordinance, the City Government has the mandate to process and approve subdivision projects and related activities. Previously approved subdivision plans may apply for alteration whenever it is deemed fit.

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| **Office/Division** | Resettlement & Housing Development & Land Use Management Division, City Planning and Development Office (CPDO) | | | | | |
| **Classification:** | Highly Technical | | | | | |
| **Type of Transaction:** | G2C – Government to Citizen, G2G- Government to Government | | | | | |
| **Who may avail:** | Subdivision Owners  Subdivision Developers  Local Government Units | | | | | |
| **CHECKLIST OR REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| Duly accomplished and notarized Application Form (2 original) | | | | City Planning and Development Office | | |
| Plan showing the proposed alteration (4 original) | | | | Geodetic Engineer | | |
| Letter stating the proposed or reason for the proposed alteration or conversion(1 original) | | | | Geodetic Engineer | | |
| Sworn Statement that the affected lots or units for alteration have not been sold (1 original) | | | | Geodetic Engineer | | |
| Written conformity of the duly organized homeowners association or in the absence thereof, majority of the lot/units buyers, if applicable(1 original) | | | | Landowner | | |
| Title(s)( 1Certified true copy) and tax Declaration (1 original) of the affected lots/units if applicable | | | | Landowner | | |
| Tax clearance (current) (1 original) | | | | City Treasurer’s Office | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the application form with complete requirements. | | 1. Receive and examine the submitted requirements for completeness | None | | 15 Minutes | *Receiving Clerk*  City Planning and Development Office |
| 1.1. Forward to Zoning Officer for examination and evaluation | None | | 10 Minutes | *Receiving Clerk*  City Planning and Development Office |
| 1.2. Conduct site ocular inspection | None | | 1 Day | *Zoning Officer*  City Planning and Development Office |
| 1.3. Prepare site inspection report and evaluation and recommendation for Sangguniang Panlungsod approval | None | | 1 Day | *Zoning Officer*  City Planning and Development Office |
| * 1. Route for review and signature   Note: If there are observed deficiencies, the Zoning Officer will issue a notice of deficiency for compliance | None | | 1 Day | *Zoning Officer, PDO IV, Asst. CPDC, Zoning Administrator*  City Planning and Development Office |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Comply and submit the deficiency as required (if applicable) | | 2. Receive and examine | None | | 10 Minutes | *Receiving Clerk*  City Planning and Development Office |
| 1. Prepare endorsement of revised Subdivision Plan | None | | 2 Hours | *Zoning Officer*  City Planning and Development Office |
| 1. Route for signature | None | | 2 Days | *Zoning Officer, PDO IV, Asst. CPDCZoning Administrator*  City Planning and Development Office  Legal, City Admin, Mayor  City Mayor’s Office |
| 1. Endorse to Sangguniang Panlungsod and wait for the approval of the revised Subdivision Plan | None | | 14 Days | *Sangguniang Panlungsod Members*  Sangguniang Panlungsod |
| 1. Claim the approved application of the revised Subdivision Plan. | | 3. Release the revised Subdivision Plan approved by the Sangguniang Panlungsod. | None | | 5 Minutes | *Zoning Officer/ Personnel*  City Planning and Development Office |
| **TOTAL** | | | **None** | | **19 Days,  2 Hours, 40 Minutes** |  |

**10.7. Issuance of Project Monitoring and Evaluation Report/s**

Project monitoring report issued and released to a requesting party after the conduct of project inspection and preparation of its corresponding project report.

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| **Office /Division:** | | Resettlement & Housing Development & Land Use Management Division, City Planning and Development Office(CPDO) | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may avail:** | | All Citizens (Private & Public Entity) | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Request for inspection | | | | Client | |
| Approved Plans/Programs(1photocopy) | | | | City Engineer’s Office/Contractor | |
| Specification Variation order & Project Proposal(1 photocopy) | | | | City Engineer’s Office/Contractor | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit a letter of request for inspection | 1. Receive/ record letter request and forward CPDC for official delegation | | None | 5 Minutes | Clerk I City Planning and Development Office |
| 1. Prepare letter of Schedule of Inspection | | None | 5 Minutes | *CPDO Secretariat* |
| 1. Disseminate Inspection Schedule letter to all CPMEC members | | None | 6 Hours | *CPDO Secretariat, Monitoring Section* |
| 1. Conduct field evaluation and monitoring together with representatives from the implementing agencies. | | None | 6 Hours | *CPMEC Technical Working Group* CPDO, Department of Interior & Local Government& Non-Government Organization |
| 1. Prepare findings and recommendations and process CPMEC 0-2 (Physical and Financial Stats and PMC 1-3 (for projects encountering problems in implementations) | | None | 2 Hours | *CPMEC Secretariat*  City Planning and Development Office |
| 1. Formulate CPMEC Report (O-2) with related Geo-tagged printed photos attached | | None | 2 Hours | *Project Evaluation Officer IV* |
| 1. Disseminate formulated PMC O-2 forms with related attachments for signature of CPMEC members and CPDC | | None | 8 Hours | *CPDO Secretariat, Monitoring Section* |
| 1. Record the duly signed reports | | None | 3 Minutes | Clerk I CPDO |
| 1. Receive and acknowledge CPMEC Report | 2. Released the duly signed reports | | None | 2 Minutes | Clerk I City Planning and Development Office |
|  | **Total** | | **None** | **24 Hours, 15 Minutes** |  |

**10.8. Housing Relocation Assistance**

This service is to assist the citizens, groups, Homeowner’s Association (HOA), barangays for families who are displaced or evicted from their current home. The individual citizen will fill out an application form and submit the required supporting documents.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Resettlement & Housing Development & Land Use Management Division, City Planning and Development Office (CPDO) | | | |
| **Classification:** | | Complex | | | |
| **Type of Transaction:** | | G2C – Government to Citizen, G2CA - Government to Community Association, G2G - Government to Government | | | |
| **Who may avail:** | | Qualified Individual/Group, Homeowners Association, Barangays | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Filled-out application form with affixed ID picture(1 original) | | | City Planning and Development Office | | |
| Any Valid ID (1 photocopy) | | | Applicant | | |
| Barangay Certification stating status of residency(1 original) | | | Barangay | | |
| Marriage Contract (if married)(1 photocopy) | | | Applicant or PSA or Civil Registrar | | |
| Notice of eviction or court order if applicable(1 original) | | | Lot owner or Government Agency | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Inquire at the frontline desk | 1. Interview the client to generate needed information or background and other related concerns | | None | 5 Minutes | Housing Staff City Planning and Development Office |
| 1. Choose among the given possible options | 2. Give an overview of all the existing resettlements; provide advice and possible options to the client. (By Substitution to the waived or default unit/lot; New unit/lot on the reserved area if available or New unit/lot by acquisition and dev’t.) | | None | 20 Minutes | Housing Staff City Planning and Development Office DEMO I City Planning and Development Office |
| 2.1. Give/release application form and checklist of requirements then advice to fill out the forms at home and discuss with the family members for final decision | | None | 10 Minutes | Housing Staff City Planning and Development Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the Filled-out application form & the required documents | 3. Receive/ Review the Filled-out application form & the supporting documents | None | 5 Minutes | *Housing Staff / Clerk-1*  City Planning and Development Office |
| 3.1. Conduct Background Investigation / Site Investigation and prepare a report  If the Choice is Substitution proceed to Item 3.3  If the Choice is New unit/lot if Available proceed to Item 4  If lot acquisition and new devt. Proceed to new project process and fund sourcing | None | 1 Day | *Housing Staff/Demo-I/Architect-I* City Planning and Development Office |
| 3.2. Determine, verify and examine available lot in coordination to the Community Association | None | 5 Hours | *Housing Staff/ Demo-I/Architect-I* City Planning and Development Office |
| 3.3. Coordinate to the Community Association for the substitution process. If the choice is under Localized Community Mortgage Program, coordinate with Social Housing Finance Corporation | None | 3 Days | *Housing Staff/ Demo-I/ Project Officer III*City Planning and Development Office |
| 3.4. Request the Community Association to prepare a statement of account from the Social Housing Finance Corporation | None | 30 Minutes | Housing Staff City Planning and Development Office |
| 1. Attend the orientation | 4. Orient on the Policies, Rules and regulation and payment scheme then explain the payables based on the statement of Acquisition Cost prepared | None | 1 Day | *Housing Staff/Project Dev’t Officer III*  City Planning and Development Office  *Community Association, Social Housing Finance Corporation,* National Housing Authority, PAG-IBIG Fund, *or any Shelter agency partner if applicable* |

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| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
|  | 4.1. Prepare undertaking, Loan Mortgage Agreement (LMA) or Lease Purchase Agreement (LPA)  Note: The applicant will agree the payable due for the lot payment through amortization and due for the Community Association | None | 5 Hours | Housing Staff City Planning and Development Office Project Development Officer III City Planning and Development Office  Community Association, Social Housing Finance Corporation or any Shelter agency partner if applicable  Community Association, Social Housing Finance Corporation, National Housing Authority, PAG-IBIG Fund, Government Service Insurance System (GSIS) |
| 1. Signing of contract, Promissory Note, Undertaking and other documents | 5. Hand in the documents to present address for signing | None | 4 Hours | Housing Staff City Planning and Development Office |
| 1. Notary for documents need for notarial if applicable | 6. Assist for the notarial | None | 3 Hours | Housing Staff City Planning and Development Office |
| 6.1. Record and release the copy of contract, undertaking, Promissory Note and other documents | None | 5 Minutes | Housing Staff City Planning and Development Office |
| 1. Processing of substitution approval | 7. Process the substitution approval to Social Housing Finance Corporation and Housing Land Use Regulatory Board | None | Processing time will depend on the concern agency | Social Housing Finance Corporation and Housing Land Use Regulatory Board  Social Housing Finance Corporation and Housing Land Use Regulatory Board |

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| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
|  | 7.1. Facilitate the processing of Titling and their component requirements to other gov’t agencies (optional) | None | Processing time will depend on the concern agency | Register of Deeds, Bureau of Internal Revenue, City Assessor’s Office, City Treasurer’s Office, Dept. Of Agrarian, Notary Public, Social Housing Finance Corporation, Department of Human Settlement and Urban Development, or any Shelter agency partner if applicable  PAG-IBIG Fund, and Government Service Insurance System |
| 1. Receive the copy of contract, undertaking, Promissory Note and other documents | 8. Released the copy of contract, undertaking, Promissory Note and other documents | None | 5 Minutes | Housing Staff City Planning and Development Office |
| 1. Occupancy | 9. Assist the beneficiary for the occupancy | None | 1 Day | Housing Staff City Planning and Development Office |
| **Total** | | **None** | **8 Days,  2 Hours, 20 Minutes** |  |

**10.9. Request for Thematic Maps in Gingoog City**

This service is to the assist schools, barangays, government offices/agencies, NGOs, and private institutions with their request in acquiring for thematic maps. Clients may express their request by filling up the request letter form *(Form A)* for Thematic Maps in Gingoog City.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | Planning Programming and Statistics Division - City Planning and Development Office (CPDO) | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen, G2G - Government to Government | | | |
| **Who may avail:** | | Schools, Barangays, Government Offices/Agencies, NGOs | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Request Letter | | | | Proponent/Client | |
| Duly accomplished Request for Thematic Maps Form *(Form A)*. | | | | Proponent/Client | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submits the accomplished Form A with the attached Request Letter | 1. Receives the duly accomplished Form A and evaluates its completeness and if it is in order. | | None | 2 Minutes | *Clerk I*  City Planning and Development Office |
| 1. If the evaluated form is in order, the office clerk records the pertinent details upon receipt such as date, time, and from which office or personnel the request came from. If the evaluated form is NOT in order, the staff returns Form A to the client and explains/notifies the needed revision(s). | | None | 3 Minutes | *Clerk I*  City Planning and Development Office |
| None | 1. The office clerk forwards the complete and evaluated request to the City Planning and Development Coordinator (CPDC) for his/her action. | | None | 1 Minutes | *Clerk I*  City Planning and Development Office |
| None | 1. The CPDC assigns the geomapping expert, Administrative Assistant V (DEMO III) to provide/ generate the requested thematic map. | | None | 5 Minutes | *City Planning and Development Coordinator*  City Planning and Development Office |
| None | 1. The geomapping expert, Administrative Assistant V (DEMO III) generates the requested thematic map. | | None | 50 Minutes | *Admin. Assistant V (DEMO III)*  City Planning and Development Office |
| 2. Receive the requested Thematic Map | 1. Records and releases the requested Thematic Map. | | None | 2 Minutes | *Clerk I*  City Planning and Development Office |
| **TOTAL** | | | **None** | **1 Hour, 3 Minutes** |  |

**10.10. Request for City Statistical Data in Gingoog City**

This service is to the assist schools, barangays, government offices/agencies, NGOs, and private institutions with their request in acquiring for thematic maps. Clients may express their request by filling up the request letter form *(Form A)* for Thematic Maps in Gingoog City.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/ Division:** | | Planning Programming and Statistics Division, City Planning and Development Office (CPDO) | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen, G2G - Government to Government | | | |
| **Who may avail:** | | Schools, Barangays, Government Offices/Agencies, NGOs | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Request Letter | | | | Proponent/Client | |
| Duly accomplished Request for Thematic Maps Form *(Form A)*. | | | | Proponent/Client | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submits the accomplished Form A with the attached Request Letter | 1. Receives the duly accomplished Form A and evaluates its completeness and if it is in order. | | None | 2 Minutes | *Clerk I*  City Planning and Development Office |
| 1. If the evaluated form is in order, the office clerk records the pertinent details upon receipt such as date, time, and from which office or personnel the request came from. If the evaluated form is NOT in order, the staff returns Form A to the client and explains/notifies the needed revision(s). | | None | 3 Minutes | *Clerk I*  City Planning and Development Office |
| None | 1. The office clerk forwards the complete and evaluated request to the City Planning and Development Coordinator (CPDC) for his/her action. | | None | 1 Minutes | *Clerk I*  City Planning and Development Office |
| None | 1. The CPDC assigns the geomapping expert, Administrative Assistant V (DEMO III) to provide/generate the requested thematic map. | | None | 5 Minutes | *City Planning and Development Coordinator*  City Planning and Development Office |
| None | 1. The geomapping expert, Administrative Assistant V (DEMO III) generates the requested thematic map. | | None | 50 Minutes | *Admin. Assistant V (DEMO III)* City Planning and Development Office |
| 2. Receives the requested Thematic Map | 1. Records and releases the requested Thematic Map. | | None | 2 Minutes | *Clerk I* City Planning and Development Office |
| **Total** | | | **None** | **1 Hour, 3 Minutes** |  |

**CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE**

**External Services**

**11.1 Assistance to Individuals in Crisis Situation (AICS)**

AICS serves as a social safety net or stop-gap measure to support the recovery of individuals and families suffering from unexpected life event or crisis. Legal Basis: Sangguniang Panlungsod (SP) Resolution No. 2019-257, SP Resolution No. 2019-258, SP Resolution No. 2021-142, and SP Resolution No. 2021-240.

Below are the services under AICS, the emergency assistance program of the City Social Welfare and Development Office (CSWDO).

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| --- | --- | --- | --- | --- |
| **TYPE** | **PARTICULARS** | **AMOUNT OF ASSISTANCE** | | **FREQUENCY OF AVAILMENT** |
| **MINIMUM** | **MAXIMUM** |
| Transportation Assistance | Land Travel | Actual cost based on ticket quotation | | Once every Three (3) Months |
| Sea Travel |
| Air Travel |
| Medical Assistance | Hospital bill/ other medical expenses | 1,000 | 150,000 | Once every Two (2) Months |
| Medicines (out-patient) | Actual amount | 10,000 |
| Laboratory Procedures (out-patient) | Actual amount | 10,000 |
| Burial Assistance | Funeral Expenses | 5,000 | 25,000 | The availment of one service shall exclude the availment of other assistance of the same category |
| Transfer of Cadaver | 5,000 | 25,000 |
| Casualties during disaster/calamity |  | 10,000 per casualty |
| Other Incidental and Interment Expenses, as valid claims in addition to burial assistance and at the discretion of the local chief executive, a maximum amount of ₱ 10,000 cash assistance may be granted but the aggregate amount should not exceed the maximum amount of ₱ 25,000, as specified under SP. Res. No. 2019-257. | | | |
| Educational Assistance (Maximum of 3 children per family) | Elementary Students | 500 | 1,000 | Twice every school year |
| High School Students | 1,000 | 1,500 |
| College Students | 2,000 | 5,000 | Once every Semester (varies per region) |
| Food Assistance | Food Subsidy for individuals/families | 1,000 | 3,000 | “as needed” |
| Cash Assistance | Other Needs | 1,000 | 10,000 | Once every two (2) Months for maximum of one year |
| Emergency Shelter Assistance | Provision of assistance to victims of calamities or fire and whose houses were damaged. | Partially damage  10,000 | Total damaged  30,000 | Once in a year |
| Assistance to bereaved families | Provision of cash assistance to families of deceased Senior Citizens and Persons with Disabilities | 2,000 | 2,000 | One shot assistance |

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| --- | --- |
| **Office/ Division:** | City Social Welfare and Development (CSWD) Office, City Mayor’s Office (CMO),  City Budget Office (CBO),  City Accountant’s Office (CAO),  City Treasurer’s Office (CTO), City Health Office (CHO) |
| **Classification:** | Simple |
| **Type of Transaction:** | G2C – Government to Citizen |
| **Who may Avail:** | Indigent residents who are in need of assistance in Gingoog City |

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| **CHECKLIST OF REQUIREMENTS** | **WHERE TO SECURE** |
| Valid Identification Card (ID) of claimant | Government Agencies |
| Accomplished Financial Assistance Form (1 original) | City Mayor’s Office (CMO) |
| Certificate of Eligibility (1 original) | CSWDO |
| **Additional Requirements** | |
| **For Transportation Assistance:** | |
| Police Blotter or Police Certification (for victims of pick pockets, illegal recruitment, etc.) (1 original) | Police Station |
| Medical Certificate / Death Certificate (if applicable) (1 original) | Hospital/Local Civil Registry |
| Court Order/Subpoena (if applicable) (1 original) | Notary Public |
| Justification of the Social Worker (1 original) | CSWD |
| Barangay Certificate of Indigency (if applicable) (1 original) | Barangay Hall |
| **For Medical Assistance:** |  |
| Barangay Certificate of Indigency (1 original) | Barangay Hall |
| If payment for hospital bill -  • Hospital Bill or Statement of Account (1 original) • Medical Certificate or Medical Abstract (1 original) | Hospital Medical Doctor/Hospital |
| If for medicines -  • Doctor’s Medical Prescription with date of issuance, complete name and signature with license number of the attending Physician (1 original) • Certificate of Non-Availability of Medicines (1 original) | Medical Doctor/Attending Physician   City Health Office (CHO) – Pharmacy |
| If for laboratory procedures - • Laboratory requests with date of issuance, complete name and signature with license number of the attending Physician  (1 original) • Medical Certificate (1 original) • Certificate of Non-Availability of Laboratory Procedures  (1 original) | Medical Doctor/Attending Physician   Medical Doctor/ Attending Physician City Health Office (CHO) |
| **For Burial Assistance:** |  |
| Barangay Certificate of Indigency (1 original) | Barangay Hall |
| Death Certificate (1 photocopy) or   in the absence of death certificate - Certification (1 photocopy) | Local Civil Registry  Tribal Chieftain (for IPs) or Imam (for Muslim) or Doctor or authorized medical practitioner |
| Funeral Contract (1 original) (except for Muslim and IPs performing customary practices) | Funeral home/parlor or mortuary |
| For transfer of cadaver -  • Transfer Permit (except for Muslim and IPs) if applicable  (1 photocopy) | City Health Office |
| **For Food Assistance:** |  |
| Barangay Certificate of Residency/Indigency (1 original) | Barangay Hall |

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| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| **For Educational Assistance:** | | |  | | |
| Barangay Certificate of Residency/Indigency (1 original) | | | Barangay Hall | | |
| Enrolment Assessment Form or Certificate of Enrolment  (1 original) | | | School | | |
| Validated School ID of the student beneficiary (1 original) | | | School | | |
| Statement of Accounts (1 original) | | | School | | |
| **For Emergency Shelter Assistance:** | | |  | | |
| Barangay Certificate of Residency/Indigency (1 original) | | | Barangay Hall | | |
| Certification (1 original) | | | City Disaster and Risk Reduction Management Office (CDRRMO) | | |
| Picture of Damaged House ( 2 views, 2 3R’s) | | | Requesting Party ( taken from the damage house) | | |
| For fire victims, Certification (1 original) | | | Bureau of Fire Protection | | |
| **For Bereaved Families of Senior Citizen and PWD:** | | |  | | |
| Barangay Certificate of Residency/Indigency (1 original) | | | Barangay Hall | | |
| Death Certificate (1 photocopy) or   in the absence of death certificate - Certification (1 photocopy) | | | Local Civil Registry  Tribal Chieftain (for IPs) or Imam (for Muslim) or Doctor or authorized medical practitioner | | |
| Valid Identification Card of the deceased Senior Citizen/PWD  (1 original) | | | CSWDO | | |
| **For Cash Assistance for other support services:** | | |  | | |
| If repatriated or deported OFW –  • Passport (1 photocopy) • Travel Documents (1 photocopy) • Certification from OWWA or any proof of repatriation  (1 original) | | | Department of Foreign Affairs  Overseas Workers Welfare Administration | | |
| If victims of On-Line Sexual Exploitation of children, victims of abuse and Violence Against Women and Children –  • Police Blotter (1 original)  • Certification (1 original) | | | Police CSWDO | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request AICS and submit required documents depending on the assistance requested | 1. Receive assistance request and verify required documents to ensure completeness and correctness of the documentary requirements; and, conduct Initial Interview.   If requirements are complete and verified, endorse the client to the assigned social worker to determine appropriate assistance | None | | 15 Minutes | *Public Assistance and Complaint Officer* CIU, CSWD Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| If assistance for medicines and laboratory procedures, proceed to the City Health Office and present *Doctor’s Medical Prescription/ Laboratory Request* then secure Certificate of Non-Availability of Medicines and/or Laboratory Procedures form  (if applicable). | * 1. Provide medicines available that are stated in the Doctor’s Medical Prescription   2. If the medicines and Laboratory Request are not available, accomplish *Certificate of Non-Availability of Medicines and/or Laboratory Procedures* form then advise client to proceed to the CSWDO afterward | None | 10 Minutes | *Pharmacy Clerk* City Health Office  *Pharmacist* City Health Office |
| 1. Fill-out Financial Assistance Form and respond in the interview | 2. Interview client and accomplish Financial Assistance Form | None | 10 Minutes | *Social Welfare Officer* CIU, CSWD Office |
| None | 1. Prepare General Intake Sheet (GIS), Certificate of Eligibility, Certificate of Appropriation, Funds, and Obligation of Allotment (CAFOA) and Disbursement Voucher | None | 10 Minutes | *Administrative Assistant* CIU, CSWD Office |
| None | 1. Prepare Case Summary | None | 10 Minutes | *Social Welfare Officer* CIU, CSWD Office |
| None | 1. Route the documents for signatory | None | 5 Minutes | *Administrative Assistant* CIU, CSWD Office |
| None | 1. Keep the original file of GIS and Case Summary | None | 5 Minutes | *Social Welfare Officer* CIU, CSWD Office |
| None | 1. Forward CAFOA, Voucher, Certificate of Eligibility, Accomplished Financial Assistance Form and other pertinent documentary requirements to the City Budget Office | None | 5 Minutes | *Administrative Assistant* CIU, CSWD Office |
| None | 1. Receive the documents and record in the logbook, input transaction to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Control CAFOA as to existence of appropriation and update records in the eBudget System. Forward controlled CAFOA to Budget Officer IV for checking and initial. | None | 5 Minutes | *Budgeting Assistant* City Budget Office |
| None | 1. Check and affix initial on the CAFOA and forward it with the attached pertinent documents to the City Budget Officer | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | 1. Certify CAFOA as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | 1. Return certified CAFOA to releasing clerk | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Update transaction status of CAFOA as "out” in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Forward documents to the City Treasurer's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Receive documents from the City Budget Office and forward it to the City Treasurer for certification | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | 1. Certify CAFOA as to availability of Funds | None | 5 Minutes | *City Treasurer* City Treasurer’s Office |
| None | 1. Forward documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide I* City Treasurer’s Office |
| None | 1. Receive documents from the City Treasurer’s Office and input transaction in the system then forward it for auditing | None | 5 Minutes | *Accounting Staff* City Accountant’s Office |
| None | 1. Examine and evaluate the completeness and propriety of supporting documents | None | 5 Minutes | *Supervising Administrative Officer*  City Accountant’s Office |
| None | 1. Post claim to individual ledgers | None | 2 Minutes | *Supervising Administrative Officer*  City Accountant’s Office |
| None | 1. Post to Fund Control Ledgers and prepare the journal entry | None | 2 Minutes | *Supervising Administrative Officer*  City Accountant’s Office |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Assign control number to *Obligation Request* | None | 2 Minutes | *Supervising Administrative Officer*  City Accountant’s Office |
| None | 1. Certify the *disbursement voucher* and approve the journal entry | None | 2 Minutes | *City Accountant*  City Accountant’s Office |
| 1. Claim the disbursement voucher and sign the releasing logbook. | 3. Record the disbursement voucher in the logbook and release it. Instruct the client to present the disbursement voucher to the cashier at the City Treasurer’s Office. | None | 2 Minutes | *Administrative Officer V*  City Accountant’s Office |
| 1. Proceed to the Cashier Division of the City Treasurer’s Office and present to the disbursing officer the approved voucher for financial assistance | 4. Check validity of voucher and complete signatures of authorized officials. | None | 2 Minutes | *Administrative Officer III /*  *Supervising Administrative Officer*  City Treasurer’s Office |
| 1. Present valid Identification Card and receive claim, acknowledge receipt of payment by affixing signature in the payment received portion in the disbursement voucher | 5. Check the validity of the Identification Card presented and disburse the amount reflected in the voucher. | None | 2 Minutes | *Administrative Officer III /*  *Supervising Administrative Officer*  City Treasurer’s Office |
| **TOTAL** | | **None** | **2 Hours, 24 Minutes** |  |

* 1. **Provision of Food for Work**

Provide food for work to the community as part of mitigating activities.

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| **Office/ Division:** | | CSWDO - Crisis Intervention Unit (CIU) | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C | | | |
| **Who may Avail:** | | Volunteer group who are residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Request Letter indicating the purpose and number of participants of the activity ( 2 copies, original) | | | | Barangay Hall where the group resides | |
| **Client Steps** | **Agency Action** | | **Fees to be Paid** | **Processing Time** | **Person Responsible** |
| 1. Request Food for Work | 1. Assess client’s needs | | None | 15 Minutes | *Public Assistance and Complaint Officer*  CSWDO - Crisis Intervention Unit (CIU) |
| 1.1 Endorse client to the Social Worker | | None | 1 Minute | *Public Assistance and Complaint Officer*  CSWDO - Crisis Intervention Unit (CIU) |
| 2. Submit required documents | 2. Review of required Documents:  Request letter from the barangay indicating the purpose and the number of participants intended for a Day of work | | None | 5 Minutes | *Assistant Department Head*  CSWDO - Crisis Intervention Unit (CIU) |
| 2.1 Prepare Distribution List and Food Packs | | None | 2 Minutes | *Admin Assist. V*  CSWDO - Crisis Intervention Unit (CIU) |
| 3. Receive Food Packs and the Distribution List | 3. Issue Distribution list and releasing of Food. | | None | 1 Minute | *Admin Assist. V*  CSWDO - Crisis Intervention Unit (CIU) |
| * 1. Release of Food for Work | | None | 1 Minute | *Public Assistance and Complaint Officer*  CSWDO - Crisis Intervention Unit (CIU) |
| **TOTAL** | | | **None** | **25 Minutes** |  |

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| --- | --- | --- | --- | --- |
| * 1. **Membership of Senior Citizen(SC)** | | | | |
| This is to provide membership to senior citizen’s (60 years old and above) in order to avail services and benefits. | | | | |
| **Office/ Division:** | Sr. Citizens (SC) Welfare, City Social Welfare and Development (CSWD) Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C | | | |
| **Who may Avail:** | Residents of Gingoog City who are 60 yrs old and above | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| Certification from Barangay Senior Citizen President( 1 original) | | Barangay Hall – Office of the Senior Citizen President | | |
| Registration form (1original with 1x1 recent picture) | | Senior Citizen (SC) Center – Focal Person | | |
| Any valid Identification (I.D) card ( 1 original and photocopy) | | Government Agencies | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request membership | 1. Assess client’s needs | None | 3 Minutes | *Public Assistance and Complaint Officer*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 1.1 Endorse client to the social worker | None | 1 Minute | *Public Assistance and Complaint Officer*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 2. Fill out registration form and submission of required documents | 2. Assist client in filling-out registration form | None | 20 Minutes | *Admin Aide II*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 2.1. Review required documents: Certification from Barangay President, Registration Form, Valid I.D. | None | 5 Minutes | *Social Welfare Officer I*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 3. Receive I.D. and Booklets | 3. Release I.D. and purchase booklet for medicines & goods | None | 1 Minute | *Admin Aide II*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| **TOTAL** | | **None** | **30 Minutes** |  |

* 1. **Physical Restoration of Senior Citizen**

Provide medical tools and materials to Senior Citizens disabilities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/ Division:** | | CSWDO -Senior Citizen (SC) Section | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Indigent Senior Citizen with disability and a resident of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Certification from the SC President (1 original) | | | | Brgy. Hall (SC Secretary) | |
| Prescription from the Doctor or attending physician (1 original) | | | | Hospital or Clinic | |
| Membership Identification (I.D.) cards (1 photocopy) | | | | SC Center | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request Assistance for Physical Restoration | 1. Assess client’s needs | | None | 3 Minutes | *Public Assistance and Complaint Officer* CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 1.1. Endorse client to the Social Worker | | None | 1 Minute | *Public Assistance and Complaint Officer* CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 2. Submit required documents | 2. Review of required documents:  Certification from the SC President , Doctor’s Prescription, Membership I.D | | None | 15 Minutes | *Social Welfare Officer III*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| None | 2.1. Prepare Certification on Appropriation, Funds and Obligation of Allotment (CAFOA), Certificate of Eligibility and Voucher | | None | 8 Minutes | *Admin Aide II*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| None | 2.2. Issue and release of Obligation request and voucher and forward to CBO | | None | 1 Minute | *Admin Aide II* CSWDO – Office of Senior Citizens Affairs (OSCA) |
| None | 2.3 Forward to City Budget Office | | None | 15 Minutes | *Budget Officer* City Budget Office |
| None | 2.4 Forward to City Treasurer’s Office for availability of funds | | None | 10 Minutes | *CTO Officer* City Treasurer’s Office |
| None | 2.5 forward to City Accountant’s Office for auditing | | None | 25 Minutes | *City Accountant Officer* City Accountant Office |
| None | 2.6 Forward to City Mayor’s Office for signature of the City Mayor | | None | 20 Minutes | *City Mayor / Authorized Personnel* City Mayor’s Office |
| None | 2.7 Forward to City Treasurer’s Office for release | | None | 15 Minutes | *City Treasurer Officer* City Treasurer’s Office |
| 3. Receive Assistance for APR | 3. Release assistance for APR | | None | 10 Minutes | Cashier City Treasurer’s Office |
| **TOTAL** | | | **None** | **2 Hours,  3 Minutes** |  |

* 1. **Social Pension**

Enclose qualified Senior Citizens’ to Social Pension.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/ Division:** | | CSWDO – Office of Senior Citizens Affairs (OSCA) | | | |
| **Classification** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Indigent and qualified Senior Citizen of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Barangay Indigency Certification | | | | Barangay Hall (SC Secretary) | |
| Senior Citizen Identification (I.D.) cards (1 photocopy) | | | | SC Center | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request Inclusion to Social Pension | 1. Assess client’s need | | None | 3 Minutes | *Public Assistance and Complaint Officer* CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 1.1 Endorse client to the Social Worker | | None | 1 Minute | *Public Assistance and Complaint Officer* CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 1. Submit required documents | 2. Review of required documents: Barangay Indigency and SC I.D cards | | None | 15 Minutes | *Social Welfare Officer III* *Admin Aide II* CSWDO – Office of Senior Citizens Affairs (OSCA) |
| None | 2.1 Conduct Validation regarding the identity and status of the member | | None | 1 Hour | *Social Welfare Officer III* *Admin Aide II* CSWDO – Office of Senior Citizens Affairs (OSCA) |
| None | 2.2 Inclusion of Senior Citizen to Social Pension Payroll | | None | 8 Minutes | *Social Welfare Officer III* *Admin Aide II* CSWDO – Office of Senior Citizens Affairs (OSCA) |
| None | 2.3 Prepare vouchers and payrolls and forward to CBO | | None | 10 Minutes | *Admin Aide II, Processor* CSWDO – Office of Senior Citizens Affairs (OSCA) |
| None | 2.4 Forwarded to City Budget Office | | None | 15 Minutes | *Budget Officer* City Budget Office |
| None | 2.5 Forwarded to City Treasurer’s Office for availability of funds | | None | 15 Minutes | *City Treasurer Officer* City Treasurer’s Office |
| None | 2.6 Forwarded to City Accountant’s Office for auditing | | None | 25 Minutes | *CAO Officer* City Accountant’s Office |
| None | 2.7 Forward to CMO for signature | | None | 15 Minutes | *City Mayor/Authorized Personnel*  City Mayor’s Office |
| None | 2.8 Forward to City Treasurer’s Office for release | | None | 15 Minutes | *Cashier* City Treasurer’s Office |
| 2.9 Inform clients for possible release of pension depending on the schedule | | None | 1Day | *Senior Citizen Section Staff*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 1. Receive Social Pension every quarter of the year | 3. Release Social Pension quarterly | | None | 5 Minutes | CTO Officer  *Social Welfare Officer III*  *Admin Aide II*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| **TOTAL** | | | **None** | **1 Day,  3 Hours,  7 Minutes** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * 1. **Membership of Person’s With Disability (PWD)**   This services allows PWD’s in membership to organization and the rights of it. | | | | | |
| **Office/ Division:** | Persons With Disability (PWD) , City Social Welfare and Development (CSWD) Office | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C | | | | |
| **Who may Avail:** | Person With Disability and a resident of Gingoog City | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Barangay certification indicating the actual residency (1 original) | | | | Barangay hall where the client resides | |
| Medical Certificate from the Attending Physician (1 original ) | | | | City Health Office (CHO) | |
| Registration Form (1 Original – with 1x1 recent picture) | | | | PWD Center – Focal Person | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request Membership in Organization | | 1. Assess client needs | None | 10 Minutes | *Public Assistance and Complaint Officer*  CSWDO – Office of Senior Citizens Affairs (OSCA) |
| 1.1 Endorse client to the focal person | None | 1 Minute | *Public Assistance and Complaint Officer*  CSWDO - PDAO |
| 1. Submit required documents | | 2. Review of required documents: Barangay Certification, Medical Certificate | None | 10 Minutes | *Social Welfare Officer III*  CSWDO - PDAO |
| 1. Fill out registration form | | 3. Provide registration form | None | 3 Minutes | *Admin Aide II*  CSWDO - PDAO |
| 1. Receive Identification ( I.D) Card, booklets for medicines and goods | | 4. Release of Identification (I.D) card, purchase booklets for medicines and goods | None | 1 Minute | *Admin Aide II*  CSWDO - PDAO |
| **TOTAL** | | | **None** | **25 Minutes** |  |

* 1. **Physical Restoration for Person’s With Disability (PWDs)**

Provide Medical tools and Materials to qualified and indigent PWD members.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/ Division:** | | City Social Welfare and Development Office (CSWDO) – Person with Disability Affairs Office (PDAO) | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Indigent PWD members of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Barangay Indigency (1 original) | | | | Barangay Hall | |
| Prescription from the Doctor or attending Physician (1 original) | | | | Hospital/Clinic | |
| Member’s Identification (I.D.) card (1 photocopy) | | | | PWD Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request Assistance for Physical Restoration | 1. Assess client’s needs | | None | 10 Minutes | *Public Assistance and Complaint Officer* CSWDO - PDAO |
| 1.1 Endorse client to the focal person | | None | 1 Minute | *Public Assistance and Complaint Officer* CSWDO - PDAO |
| 2.Submit required documents | 2. Review of required documents: Barangay Indigency, Doctor’s prescription, Member’s I.D. | | None | 10 Minutes | *Social Welfare Officer III*  CSWDO - PDAO |
| None | 2.1 Prepare Certificate on Appropriation, Funds and Obligation of Allotment (CAFOA), Certificate of Eligibility and Voucher and forward to CBO | | None | 5 Minutes | *Admin Aide II*  CSWDO - PDAO |
| None | 2.2 Forward to CBO | | None | 15 Minutes | *Budget Officer* City Budget Office |
| None | 2.3 Forward to City Treasurer’s Office for availability of funds | | None | 10 Minutes | *CTO Officer*  City Treasurer’s Office |
| None | 2.4 Forward to City Accountant’s Office for auditing | | None | 25 Minutes | CAO Officer  City Accountant’s Office |
| None | 2.5 Forward to CMO for signature | | None | 20 Minutes | *City Mayor/ Authorized Personnel*  Mayor’s Office |
| None | 2.6 Forward to CTO for release | | None | 15 Minutes | *CTO Officer*  City Treasurer’s Office |
| 3. Receive assistance for APR | 3. Release assistance for APR | | None | 10 Minutes | *Cashier*  City Treasurer’s Office |
| **TOTAL** | | | **None** | **2 Hours,  1 Minute** |  |

* 1. **Custodial Protection to Abused and Maltreated Clients/Children**

Provide protective custody and social services to children who are abused and maltreated.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/ Division:** | | Child Welfare Section, CSWD | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Indigent and abused children who are residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Barangay Indigency (Family Head indicated – 1 original) | | | | Barangay Hall where the client resides | |
| Birth Certificate (1 photocopy) | | | | Local Civil Registrar ( LCR) | |
| School Records form 137-A, 138-A (1 original ) | | | | Schools Registrar | |
| Parental Consent (1 original ) | | | | Parents of the Victim | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request Custodial Protection | 1. Assess client’s needs | | None | 1 Minute | *Public Assistance and Complaint Officer*  CSWD Center |
| 1.1 Endorse client to the Social Worker | | None | 1 Minute | *Public Assistance and Complaint Officer*  CSWD Center |
| 2. Submit required documents | 2. Review of required documents: Barangay Indigency, Birth Certificate, School Records, Parental Consent | | None | 15 Minutes | *Social Welfare Officer I*  Child Welfare Section |
| 3. Receive custodial protection | 3. Provide custodial protection | | None | 5 Minutes | *Social Welfare Officer I*  Child Welfare Section |
| **TOTAL** | | | **None** | 1. **Minutes** |  |

* 1. **Inclusion to Day Care Services**

Allows 3 – 4 years old children to undergo preschool activity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/ Division:** | CSWDO - Day Care Services | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | 3 – 4 years old children who are residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| Birth Registration (1 original ) | | | Local Civil Registrar ( LCR) city hall compound | |
| Intake Forms (filled out by parents) | | | Child Development Worker | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for inclusion to Day Care Service | 1. Assess Children’s needs | None | 1 Minute | *Administrative Officer V*  ECCD Focal Person  Child and Youth Welfare Section |
| 2. Fill out the Intake Form | 2. Provide Intake Form | None | 30 Minutes | *Population Program Officer I*  NCDC Focal Person |
| 3. Receive Services | 3. Allow the client to avail the services | None | 1 Minute | *Population Program Officer I*  NCDC Focal Person |
| **TOTAL** | | **None** | **32 Minutes** |  |

* 1. **Referral Services**

Provide temporary shelter to children who are abused and maltreated

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/ Division:** | Child Welfare Section, City Social Welfare and Development (CSWD) Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C | | | |
| **Who may Avail:** | Abused and maltreated children who are residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| Barangay Indigency ( 1 original) optional | | | Barangay Hall where the clients resides | |
| Parent’s Consent ( 1 original) | | | From the Parents of the child | |
| School Records (1 original) | | | School Registrar | |
| Medical Records (1 original) | | | Hospital | |
| Social Case Study Report (1 original) | | | Handling Social Worker | |
| Police Blotter (1 original ) | | | Philippine National Police (front Desk) | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request Temporary Protective Shelter | 1. Assess client’s needs | None | 1 Minute | *Public Assistance and Complaint Officer*  CSWD Center |
| 1.1 Endorse client to the Social Worker | None | 1 Minute | *Public Assistance and Complaint Officer*  CSWD Center |
| 1. Submit required documents | 2. Review of required documents: Barangay Indigency (optional),Parents Consent, School Records, Medical Records, Social Case Study, Police Blotter | None | 15 Minutes | *Social Welfare Officer I*  Child Welfare Section |
| None | 2.2 Prepare Social Case study report | None | 1 Day | *Social Welfare Officer I*  Child Welfare Section |
| 3. Proceed to the temporary shelter | 3. Conduct client to the institution for temporary shelter | None | 1 Day | *Social Welfare Officer I*  Child Welfare Section |
| **TOTAL** | | **None** | **2 Days,  17 Minutes** |  |

* 1. **Safekeeping and Protective Custody to Abused women and children**

Provide Social Protection to abused women and children.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/ Division:** | | CSWDO – Child, Youth and Women’s Welfare Section | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Abused Women and Children who needs assistance and custody and a residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Barangay Certification stating the residency (1 original) | | | | Barangay Hall where the clients reside | |
| Philippine National Police (PNP) Referral for Medico Legal (1 original) | | | | Philippine National Police (PNP)station (women’s welfare desk) | |
| Medico Legal Certificate (1 original) | | | | Hospital | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1.Request Custodial Protection | 1. Interview and Assess client | | None | 5 Minutes | *Public Assistance and Complaint Officer* CSWDO – Child, Youth and Women’s Welfare Section |
| 1.1. Endorse client to the Social Worker | | None | 1 Minute | *Public Assistance and Complaint Officer* CSWDO – Child, Youth and Women’s Welfare Section |
| 2. Submit required documents | 2. Review of Documents; Barangay Certification, Medico legal | | None | 10 Minutes | *Social Welfare Officer II* CSWDO – Child, Youth and Women’s Welfare Section |
| 2.1. Referral to the PNP, Hospital for medico legal | | None | 2 Minutes | *Social Welfare Officer II* CSWDO – Child, Youth and Women’s Welfare Section |
| 2.2. Issue protection order to the client based on the order from the Barangay | | None | 5 Minutes | *Social Welfare Officer II*  CSWDO – Child, Youth and Women’s Welfare Section |
| 2.3. Prepare temporary shelter and domestic needs | | None | 5 Minutes | *Administrative Aide III*  CSWDO – Child, Youth and Women’s Welfare Section |
| 3. Proceed to temporary shelter and receive domestic needs | 3. Release of domestic needs and avail temporary shelter | | None | 1 Minute | *All Staff*  CSWDO – Child, Youth and Women’s Welfare Section |
| 3.1 Counselling of the victim | | None | 45 Minutes | *Social Welfare Officer II*  CSWDO – Child, Youth and Women’s Welfare Section |
| **TOTAL** | | | **None** | **1 Hour,  14 Minutes** |  |

* 1. **Custodial Protection and Reaffirmation of Children In Conflict with Law (CICL)**

Provide Homelife Services, Social Intervention and protective custody to Children In Conflict with Law.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/ Division:** | | Balay Pangandoy | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Children who are In Conflict with Law even outside the city | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Court Order ( 1 original) | | | City Court Gingoog City | | |
| Subpoena (1 original) | | | Philippine National Police – Investigation Section | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for Protective Custody to Children in Conflict of the Law | 1. Assess the client’s needs | | None | 2 Minutes | *Public Assistance and Complaint Officer* Balay Pangandoy Center |
| 1.1 Endorse client to the social worker | | None | 1 Minute | *Public Assistance and Complaint Officer* Balay Pangandoy Center |
| 2. Submit required documents | 2. Review required documents: Court Order, Subpoena and Barangay Certification | | None | 15 Minutes | *Social Welfare Officer III*  *Balay Pangandoy Center Head*  Balay Pangandoy Center |
| 2.1 Conduct family conference | | None | 40 Minutes | *Social Welfare Officer III Balay Pangandoy Center Head* Balay Pangandoy Center |
| 3. Request domestic needs | 3. Provides domestic needs and home life services | | None | Depends on the recovery program and assessment | *Admin Assist. II*  Balay Pangandoy Center |
| 3.1 Counseling, A Day With The client | | None | 40 Minutes | *Social Welfare Officer III*  *Balay Pangandoy Center Head*  Balay Pangandoy Center |
| 3.2 Escort client to the schedule of case hearings | | None | 1 Hour | *Social Welfare Officer III*  *Balay Pangandoy Center Head*  Balay Pangandoy Center |
| **TOTAL** | | | **None** | **2 Hours,  38 Minutes** |  |

**11.13. Membership of Solo Parents Association**  
This service allows Solo Parents to membership in organization and avail their privileges.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/ Division:** | | Family Welfare Section | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Identified Solo Parent and a resident of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Barangay Certificate stating the actual residency (1 original) | | | | Barangay Hall | |
| Affidavit/Sworn Statement for custody of children (1 original) | | | | City Court Gingoog City | |
| Income Tax Return of the client (1 original and photocopy ) | | | | Bureau of Internal Revenue (BIR) | |
| Documents/Evidences that applicant is a solo parent such as, Death Cert of the deceased, Court proceedings, (1 original) | | | | Local Civil Registrar (LCR), City court | |
| Birth Certificate of children who are minors. (1 original) | | | | Local Civil Registrar (LCR) | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request Membership in Organization | 1. Assess client’s needs | | None | 3 Minutes | *Public Assistance and Complaint Officer*  Family Welfare Section |
| 1.1 Endorse client to the Social Worker | | None | 1 Minute | *Public Assistance and Complaint Officer*  Family Welfare Section |
| 2. Submit required documents | 2. Review required documents: Barangay Certificate, Affidavit/Sworn statement, Income tax return, Birth/Death Certificate and court proceeding. Application form with I.D picture | | None | 10 Minutes | *Social Welfare Officer I*  Family Welfare Section |
| None | 2.1 Provide Membership Form | | None | 2 Minutes | *All Staff*  Family Welfare Section |
| None | 2.2. Conduct family case conference and monitor court proceedings | | None | 10 Days | *Social Welfare Officer I*  Family Welfare  Section |
| 3. Receive Membership Identification (I.D) Card | 3. Issue Membership I.D | | None | 3 Minutes | *All Staff*  Family Welfare Section |
| **TOTAL** | | | **None** | **10 Days,  19 Minutes** |  |

**11.14. Pre Marriage Counselling To- Be- Married Couples**

Provide counselling services to- be- married couples as a prerequisite for obtaining a marriage license.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/ Division:** | | Population Development Section | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | To-be-married couple who needs counseling and are residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| None | | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request Pre-Marriage Counseling | 1. Interview and assess client’s needs | | None | 5 Minutes | *Admin Assist. V*  PopDev Section |
| 2. Fill out marriage form and attendance to PMC seminar | 2. Provide Marriage Inventory Form | | ₱500 foreigner | 25 Minutes | *Social Welfare Officer III*  PopDev Section |
| ₱100 local |
| 2.1 Schedule Pre-Marriage Counseling (PMC) Seminar | | None | 1 Minute | *Admin Assist. IV*  PopDev Section |
| 2.2. Conduct Pre Marriage Seminar | | None | 4 Hours | *Social Welfare Officer I* PopDev Section |
| 2.3 Prepare Certificate as pre-requisite to LCR | | None | 5 Minutes | *Admin Assist. IV*  PopDev Section |
| 3. Receive Certificate then proceed to Local Civil Registrar | 3. Release Certificate | | None | 1 Minute | *Admin Assist. IV*  PopDev Section |
| **TOTAL** | | | **None** | **4 Hours,  37 Minutes** |  |

**CITY VETERINARIAN’S OFFICE**

**External Services**

1. **Animal Dispersal Application**

Breeder animals are provided to interested animal raisers, subject to the availability of stock, which are payable as follows: one offspring for every cattle, carabao, sheep and goat; two female piglets for every pig and 20% of the cost of dispersed chicken pursuant to City Ordinance 2006-163.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office/Division:** | | Animal Improvement Division, City Veterinary Office | | | | |
| **Classification:** | | Highly Technical | | | | |
| **Type of Transaction:** | | G2C – Government to Citizens | | | | |
| **Who may Avail:** | | Residents of Gingoog City | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | | **WHERE TO SECURE** | |
| For pig dispersal applicants: Pig pens | | | | | Requesting Party | |
| For ruminants dispersal applicants: Grazing area is required | | | | | Requesting Party | |
| For chicken dispersal applicants: Chicken house and enough range area | | | | | Requesting Party | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| 1. Fill out Animal Dispersal Application Form | * + - 1. Interview client if he/she is a suitable animal raiser/breeder | | None | 15 Minutes | | *Agriculturist II* City Veterinary Office |
| 1. Provide client with Animal Dispersal Application Form and give instructions on how to fill out the form | | None | 10 Minutes | | *Agriculturist II Supervising Agriculturist* City Veterinary Office |
| * + - 1. Proceed to the Barangay for certification of residency and submit the accomplished form to the animal dispersal in-charge | 1. Inspect area of client and certify if the applicant and his/her area is suitable for animal raising. Inform client that he/she will be notified when the animal will be dispersed. | | None | 30 Minutes | | *Agriculturist II*  *Supervising Agriculturist*  *City Veterinarian*  City Veterinary Office |
| None | 1. Forward the accomplished Animal Dispersal Application Form to the Office of the City Vice Mayor for recommending approval | | None | 1 Day | | *Messenger I* City Veterinary Office |
| None | 1. Forward the said form to the City Mayor for approval | | None | 1 Day | | *Messenger I* City Veterinary Office |
| None | 1. Retrieve the said approved form | | None | 2 Minutes | | *Messenger I* City Veterinary Office |
| None | 1. Inform the client when he/she can receive the animal or when the animal will be dispersed | | None | 5 Minutes | | *Agriculturist II Supervising Agriculturist* City Veterinary Office |
| None | 1. Secure the animal. | | None | Upon availability of the animal to be dispersed | | *Agriculturist II Supervising Agriculturist* City Veterinary Office |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. For chicken dispersal applicant: Pay the 20% of the cost of dispersed chicken | 3. Compute the 20% of the cost of dispersed chicken and issue a payment order slip | None | 30 Minutes | *Agriculturist II Supervising Agriculturist* City Veterinary Office |
| 1. Receive the requested animal | 4. Disperse the requested animal to the client | None | 2 Hours | *Agriculturist II Supervising Agriculturist* City Veterinary Office |
| **TOTAL** | | **None** | **2 Days,  3 Hours,  32 Minutes**  **+ Time to secure the animal** |  |

1. **Artificial Insemination Service (Cattle and Carabao)**

This is a breeding service for cattle and carabao using semen of high quality bulls and carabulls produced by the National Artificial Breeding Center.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/Division:** | | **Animal Improvement Division, City Veterinary Office** | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizens | | | |
| **Who may Avail:** | | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Accomplished Request Form | | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for an artificial insemination service | * + - 1. Inquire the client when the animal was detected to be “in heat”. If within 16-18 Hours upon detection of “in heat”, prepare the materials for artificial insemination | | None | 10 Minutes | *Agriculturist II*  *(A.I. Technician) Supervising, Agriculturist* City Veterinary Office |
| 2. Fabricate a make-shift animal chute to restrain the animal | 1. Check the animal if “in heat” or pregnant.    1. If “in heat”, inseminate the animal.    2. If not “in heat”, inject estrous synchronizing hormone. Coach client how to detect “standing heat” within 3 Days    3. Remind client to observe for the possible return of “heat” after 18-21 Days and to request for insemination service. | | None | 30 Minutes | *Agriculturist II,*  *Supervising Agriculturist*  City Veterinary Office |
| **TOTAL** | | | **None** | **40 Minutes** |  |

1. **Artificial Insemination Service (Hog)**

Breeding service for pigs using semen of high quality boar.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/Division:** | | Animal Improvement Division, City Veterinary Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Accomplished Request Form | | | | City Veterinary Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for artificial insemination service | * + - 1. Inquire the client when the animal was detected to be “in heat”   1. If within 3 Days upon detection of “in heat”, prepare the materials for artificial insemination | | None | 10 Minutes | *Agriculturist II*  *Supervising Agriculturist*  City Veterinary Office |
| 1. Present the animal | 1. Check the animal if “in heat” or pregnant.    1. If “in heat”, inseminate the animal.    2. If not “in heat”, remind client to observe for possible return of “heat” after 18-21 Days and to request for insemination service. | | None | 30 Minutes | *Agriculturist II Supervising Agriculturist*  City Veterinary Office |
| **TOTAL** | | | **None** | **40 Minutes** |  |

1. **Technical Assistance: Seminar on Animal Production and Animal Health**

Technical assistance service may be in the form of seminar on animal production, animal health and public health.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | Animal Improvement Division, City Veterinary Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | Organization or group of residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| Request Letter (1 original) | | | Client | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| * + - 1. Request for seminar | 1. Approve request for seminar    1. Arrange and record schedule of seminar. | None | 5 Minutes | *Supervising Agriculturist,*  *City Veterinarian*  City Veterinary Office |
| * + - 1. Participate in seminar | 1. Conduct the seminar in accordance to schedule | None | 3 Hours | *Commodity Focal Person,*  *Supervising Agriculturist*  City Veterinary Office |
| **TOTAL** | | **None** | **3 Hours,  5 Minutes** |  |

1. **Technical Assistance: One-On-One Coaching**

One-on-one coaching conducted by technicians for farmers with specific technical concerns.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | Animal Improvement Division, City Veterinary Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizens | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| None | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for technical assistance | 1. Assess request and refer client to Commodity Focal Person. | None | 5 Minutes | *Supervising Agriculturist,*  *City Veterinarian*  City Veterinary Office |
| 1. Interact with the Commodity Focal Person | 1. Coach the client | None | 30 Minutes | *Commodity Focal Person,*  *Supervising Agriculturist*  City Veterinary Office |
| **TOTAL** | | **None** | **35 Minutes** |  |

1. **Castration of Animals**

Performed by technicians on male animals to prevent expression of breeding behavior. This will prevent the development of unpleasant odor in pork. It will also make dogs less aggressive.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/Division:** | | Animal Health and Regulatory Division, City Veterinary Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizens | | | |
| **Who may Avail:** | | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| None | | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for castration service | 1. Interview client | | None | 2 Minutes | *Livestock Inspector,*  *City Veterinarian*  City Veterinary Office |
| 1. Arrange schedule | 1. Arrange schedule    1. Instruct the client on pre-castration preparations. | | None | 5 Minutes | *Livestock Inspector,*  *City Veterinarian*  City Veterinary Office |
| 1. Procure the prescribed medicine | 1. Write the prescription for medicine to purchase | | None | 3 Minutes | *City Veterinarian*  City Veterinary Office |
| 1. Restrain the animal | 1. For cats and dogs, administer pre-castration medication | | None | 30 Minutes | *Livestock Inspector,*  *City Veterinarian*  City Veterinary Office |
| 1. Castrate the animal | | None | 30 Minutes |
| 1. Administer recommended amount of antibiotic | | None | 5 Minutes |
| 1. Instruct the client on post-castration care | | None | 10 Minutes |
| **TOTAL** | | | **None** | **1 Hour,  25 Minutes** |  |

1. **Consultation Service**

This service provided by veterinarians to determine the veterinary services needed by clients to restore, maintain or attain the optimum health and productivity of animals being raised.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | Animal Health and Regulatory Division, City Veterinary Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizens | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| None | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Provide clinical data of animal | 1. Make tentative clinical diagnosis | None | 15 Minutes | *Veterinarian I,*  *Veterinarian IV*  City Veterinary Office |
| 1. Procure the prescribed supplies/drugs | 1. Write prescription if necessary or direct Livestock Inspector to administer drugs if the item is in the inventory | None | 5 Minutes | *Veterinarian I,*  *Livestock Inspector,*  *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **None** | **20 Minutes** |  |

1. **Deworming/Treatment/Vaccination (Home Service)**

To prevent animal diseases, services are provided by the City Veterinary Office like vaccination against specific diseases and provision of vitamin-mineral supplementation. Deworming of animal is also done to control internal parasites. This service also includes treatment of sick animals. In this variant, services are delivered to the home of client.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | **Animal Health and Regulatory Division, City Veterinary Office** | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| None | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for the service and arrange schedule for home service delivery.   Provide data pertaining to the animal  If the drug needed is not in the inventory, procure the needed drug | 1. Receive request and arrange schedule | None | 5 Minutes | *Livestock Inspector,*  *Veterinarian IV*  City Veterinary Office |
| 1. Record the client and service requested in the Service Request Board and arrange schedule 2. Provide drug if the item is in the inventory and if not, write a prescription. 3. Proceed to the client’s house per schedule | None  None | 5 Minutes  15 Minutes  1 Day | *Livestock Inspector,*  *Veterinarian IV*  City Veterinary Office  *Livestock Inspector,*  *Veterinarian IV*  City Veterinary Office |
| 1. Restrain the animal as instructed by the Livestock Inspector and sign the supplies liquidation report if drug administered is in the inventory | 1. Administer the right amount of needed drug if drug administered is in the inventory 2. Fill out the Supplies Liquidation Report | None | 5 Minutes | *Livestock Inspector,*  *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **None** | **1 Day, 30 Minutes** |  |

1. **Deworming/Treatment/Vaccination Service (Walk-In)**

To prevent animal diseases, services are provided by City Veterinarian like vaccination against specific diseases and provision of vitamin-mineral supplementation. Deworming of animal is also done to control internal parasites. The service also includes treatment of sick animals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | **Animal Health and Regulatory Division, City Veterinary Office** | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| None | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request the service and provide data pertaining to the animal.   If the medicine is not available in the inventory, procure the needed medicine. | 1. Interview client and check the animal    1. Provide and release the needed medicine.   If the drug is not in the inventory, write prescription. | None  None | 5 Minutes  5 Minutes | *Livestock Inspector,*  *Veterinarian IV*  City Veterinary Office  *Livestock Inspector,*  *Veterinarian IV*  City Veterinary Office |
| 1. If owner brought the animal, restrain the animal | 1. If owner brought the animal, administer the drug to the animal. If the client did not bring the animal, dispense the drug. | None | 5 Minutes | *Livestock Inspector,*  *Veterinarian IV*  City Veterinary Office |
| 1. If the drug administered is from the inventory, sign the Supplies Liquidation Report. | 1. If the drug is taken from the inventory, fill out the Supplies Liquidation Report   If the client did not bring the animal, give instructions on how to administer the drug. | None | 5 Minutes | *Livestock Inspector,*  *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **None** | **20 Minutes** |  |

1. **Examination of Laboratory Samples**

A service for animal raisers to determine the presence of internal parasites in their animals. The result of which is the basis in determining the additional veterinary services needed by the client.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | Animal Health and Regulatory Division, City Veterinary Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| None | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the samples for laboratory examination | 1. Receive the sample. Get the name and address of client | None | 1 Minute | *Laboratory Technician*  City Veterinary Office |
| 1. Wait for the result | 1. Examine the samples | None | 15 Minutes | *Laboratory Technician,*  *Veterinarian IV*  City Veterinary Office |
| 1. Write result in the Laboratory Examination Result Logbook | None | 2 Minutes |
| 1. Receive the Laboratory Examination Result Slip | 1. Inform the client with the findings of the examination.   If necessary, refer the client to the veterinarian or livestock inspector on duty | None | 1 Minutes | *Laboratory Technician,*  *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **None** | **19 Minutes** |  |

1. **Issuance of Rabies Vaccination Certificate**

A Rabies Vaccination Certificate is issued to clients to ascertain the status of rabies vaccination of their dogs and Cats. The document is required for the issuance of Animal Transport Permit by the Veterinary Quarantine Service and as supporting document for financial assistance for animal bite victims.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | Animal Health and Regulatory Division, City Veterinary Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| None | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request the issuance of rabies vaccination certificate and provide data of the dog or cat. | * + - 1. Interview Client regarding the biting incident and details of the animals.   1. Electronically search the name of the dog owner from Dog Registry and Rabies Vaccination Information System. If the dog is vaccinated, print the Certification   If the name of the owner is not found, but the owner insists that the dog is vaccinated, make manual search from raw file and print the appropriate certification. | None | 30 Minutes | *DEMO I*  *Admin. Asst. II*  City Veterinary Office |
| * 1. Affix signature on the certification | None | 2 Minutes | *City Veterinarian*  City Veterinary Office |
| 1. Accept the certification | 1. Release the certification and record the transaction on the logbook. | None | 2 Minutes | *DEMO I*  City Veterinary Office |
| **TOTAL** | | **None** | **34 Minutes** |  |

1. **Issuance of Veterinary Health Certificate**

A Veterinary Health Certificate is issued to clients who intend to transport healthy animals from Gingoog City to other localities. The document is a prerequisite for the issuance of an Animal Transport Permit by the Veterinary Quarantine Service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | Animal Health and Regulatory Division, City Veterinary Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| 1. For chicken/dog/cat: Animal Vaccination Certificate. | | | City Veterinary Office | |
| 1. For large animal: Certificate of Ownership. | | | City Veterinary Office | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Ask for the issuance of a Veterinary Health Certificate and present the required documents | * + - 1. Interview the client regarding the details of the animal, owner, and location of farm.   1. Examine the documents.   2. Animal Inspection conducted by the Veterinarian or Animal Livestock Inspector | None | 15 Minutes | *Veterinarian IV*  *Livestock Inspector*  City Veterinary Office |
| 1. Pay the certification fee | 1. If valid, issue a Payment Order Slip and instruct the client to pay the amount at the Treasurer’s Office. | None | 2 Minutes | *Veterinarian IV*  City Veterinary Office |
| 1. Accept payment and issue Official Receipt. | PHP 50 | 5 Minutes | *Cashier*  City Treasurer’s Office |
| 1. Present the Official Receipt and provide necessary data | 1. Fill out and sign the Animal Veterinary Health Certificate | None | 1 Minute | *Veterinarian IV*  City Veterinary Office |
| 1. Receive the Veterinary Health Certificate and sign on the logbook to acknowledge the receipt of the said certificate. | 1. Check O.R. and mark it “Issued” specifying the current date and affix signature | None | 1 Minute | *Veterinarian IV*  City Veterinary Office |
| 1. Log in the transaction Logbook and release the certification | None | 1 Minute | *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **PHP 50** | **25 Minutes** |  |

1. **Redemption of Impounded Animals**

Owners whose dogs are caught in public places and impounded at the City Pound may redeem the animals after payment of corresponding penalty.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office/Division:** | | Animal Health and Regulatory Division, City Veterinary Office | | | |
| **Classification:** | | Simple | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | |
| **Who may Avail:** | | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| None | | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Ask for release of impounded animal | 1. Interview the client    1. Verify the animal from the Records of Impounded Animals Logbook | | None | 3 Minutes | *Animal Keeper I*  *Veterinarian IV*  City Veterinary Office |
| * 1. Issue Billing Slip and instruct client to pay the amount at the City Treasurer’s Office | | None | 5 Minutes | *Animal Keeper I Veterinarian IV*  City Veterinary Office *Cashier* |
| 1. Pay the penalty fee and bring Official Receipt to the City Veterinary Office | 1. Accept the payment and issue Official Receipt | | PHP 500  PHP 10 x # of the Days the dog was impounded | 5 Minutes | *Cashier*  City Treasurer’s Office |
| 1. Present the receipt to the In-charge | 3. Record the name and address of the owner and O.R. number in the Records of Impounded Animals Logbook.   * 1. Contact the City Pound In-charge regarding the payment for the redemption of the animal | | None | 2 Minutes | *Animal Keeper I*  City Veterinary Office |
| 1. Present official receipt to the caretaker of the City Pound. | 1. Record the name and address of the owner and O.R. number in the Records of Impounded Animals Logbook. | | None | 5 Minutes | *Animal Keeper I*  *City Pound In-charge*  City Veterinary Office |
| 1. Sign logbook and receive the animals | 1. Let the client sign the logbook and release the animal to the client | | None | 5 Minutes | *Animal Keeper I*  *City Pound In-charge*  City Veterinary Office |
| **TOTAL** | | | **PHP 500**  **PHP 10 x # of Days the dog was impounded** | **25 Minutes** |  |

1. **Technical and Pesticide Assistance for Fly Control**

Poultry raisers may avail of the pesticide assistance provided by the local government to help them in the control of flies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | Animal Health and Regulatory Division, City Veterinary Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| None | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request for pesticide assistance | 1. Verify name of client in the list of poultry raisers | None | 1 Minute | *Pest Control Worker I*  *Veterinarian IV*  City Veterinary Office |
| 1. Sign the Supplies Liquidation Report and accept the chemicals | 1. Remind client of proper dung disposal, frequency of dung removal and methods of fly control. | None | 10 Minutes | *Pest Control Worker I*  *Veterinarian IV*  City Veterinary Office |
| 1. Instruct the client on safe use of pesticide | None | 10 Minutes | *Pest Control Worker I*  *Veterinarian IV*  City Veterinary Office |
| 1. Fill out Supplies Liquidation Report and release the chemicals to the client | None | 5 Minutes | *Pest Control Worker I*  *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **None** | **26 Minutes** |  |

1. **Vaccination of Dogs (Home Service)**

Vaccination is provided for dogs to protect them against rabies infection. In this variant, service is performed in the home of client.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | **Animal Health and Regulatory Division, City Veterinary Office** | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| None | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request service and arrange a schedule of vaccination with a technician. If the vaccine is not in the inventory, accept the prescription slip and procure the prescribed vaccine. | 1. Take note of the schedule and refer to a veterinarian if necessary | None | 2 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| 1. If vaccine is not available in the inventory, write prescription for needed the needed vaccine. | None | 2 Minutes | *Veterinarian IV*  City Veterinary Office |
| 1. Restrain the dog as directed by the technician | 1. Proceed to the house of the client, assess the health of the animal and prepare then administer the vaccine | None | 3 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| 1. Provide data of dog and owner. | 1. Enter data of the owner and the dog in the Rabies Vaccination Report. | None | 3 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| 1. Affix signature on the Rabies Vaccination Report. | 1. Let the client affix his signature on the said report. | None | 2 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| 1. Accept the vaccination card. | 1. Accomplish the vaccination card and issue it to the client. | None | 2 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **None** | **14 Minutes** |  |

1. **Vaccination of Dogs (Walk-In)**

Vaccination is provided for dogs to protect them against rabies infection. In this variant, service is performed in the home of client.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | **Animal Health and Regulatory Division, City Veterinary Office** | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| None | | | None | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Request service and arrange a schedule of vaccination with a technician. If the vaccine is not in the inventory, accept the prescription slip and procure the prescribed vaccine. | 1. Refer to a veterinarian if necessary | None | 2 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| 1. If vaccine is not available in the inventory, write prescription for needed the needed vaccine. | None | 2 Minutes | *Veterinarian IV*  City Veterinary Office |
| 1. Restrain the dog as directed by the technician | 1. Assess the health of the animal and prepare then administer the vaccine | None | 3 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| 1. Provide data of dog and owner. | 1. Enter data of the owner and the dog in the Rabies Vaccination Report. | None | 3 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| 1. Affix signature on the Rabies Vaccination Report. | 1. Let the client affix his signature on the said report | None | 2 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| 1. Accept the vaccination card. | 1. Accomplish the vaccination card and issue it to the client. | None | 2 Minutes | *Livestock Inspector*  *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **None** | **14 Minutes** |  |

1. **Voluntary Surrender Of Dog**

Dogs which are sick and could not be treated anymore, very old or very vicious and already a threat to public safety can be surrender to the City Veterinary Office.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | **Animal Health and Regulatory Division, City Veterinary Office** | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| Certificate of Ownership | | Barangay Hall | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Arrange for the impounding of dog provide requested data. | 1. Record the name and address of client. | None | 5 Minutes | *City Pound In-charge*  *Veterinarian IV*  City Veterinary Office |
| 1. Sign the Voluntary Surrender Form. | 1. Prepare the Voluntary Surrender Form and Request the client to affix signature on the Form. | None | 5 Minutes | *City Pound In-charge*  *Veterinarian IV*  City Veterinary Office |
| 1. Set the schedule of impounding activity | None | 5 Minutes | *City Pound In-charge*  *Veterinarian IV*  City Veterinary Office |
| 1. Present the animal | 1. Secure animal for impounding. | None | 30 Minutes | *City Pound In-charge*  *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **None** | **45 Minutes** |  |

Note: The owner shall provide the food for the impounded animal.

1. **Voluntary Impounding Of Dog**

Owners of dogs which bit human beings may be temporarily impounded at the City Pound for a 14-Day observation period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office/Division:** | Animal Health and Regulatory Division, City Veterinary Office | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C | | | |
| **Who may Avail:** | Residents of Gingoog City | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| Certificate of Ownership | | | Barangay Hall | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Arrange for the impounding of dog. Provide requested data. | 1. Record the name and address of client | None | 5 Minutes | *City Pound In-charge*  *Veterinarian IV*  City Veterinary Office |
| 1. Sign the Voluntary Surrender Form. | 1. Prepare the Voluntary Surrender Form and Request the client to affix signature on the Form. | None | 5 Minutes | *City Pound In-charge*  *Veterinarian IV*  City Veterinary Office |
| 1. Set the schedule of impounding activity | None | 5 Minutes | *City Pound In-charge*  *Veterinarian IV*  City Veterinary Office |
| 1. Present the animal | 1. Secure animal for impounding. | None | 30 Minutes | *City Pound In-charge*  *Veterinarian IV*  City Veterinary Office |
| **TOTAL** | | **None** | **45 Minutes** |  |

**LOCAL CIVIL REGISTRY OFFICE**

**External Services**

1. **Batch Requests Entry System (BREQS) AT PSA**

Facilitating the request of copies of Security Papers at PSA through Batch Requests Entry System (BREQS).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division** | Local Civil Registry Office (LCRO) | | | | |
| **Classification** | Simple | | | | |
| **Type of Transaction** | G2C – Government to Citizen | | | | |
| **Who may avail:** | The document owner, direct member/s of the family and authorized representative | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Valid Identification (ID) of owner ( 1 original, 1 photocopy) | | | Applicant | | |
| Authorization Letter with valid ID (1 original) | | | Authorized Representative | | |
| Accomplished Request Form (1 original) | | | LCRO | | |
| Official Receipt of payment (1 original) | | | LCRO | | |
| For indigent, Certificate of Indigency 1 original) | | | City Social Welfare and Development (CSWD) | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client’s Log  Book at the front desk | | 1. Provide the Logbook  for the client to fill out | None | 2 Minutes | *Admin. Aide I*  LCRO |
| 2. Request and accomplish  PSA Security Paper  (SECPA) form  \*Make sure to secure the Order of Payment that will be issued | | 2. Require Valid ID  and/or Authorization  Letter and provide  client with forms to  accomplish  2.1 Issue the Order of  payment | None  None | 5 Minutes  2 Minutes | *Registration Officer III*  LCRO  *Registration Officer III*  LCRO |
| 3. Pay the required fees to the  assigned LCR personnel and  accept Official Receipt | | 3. Accept the payment  and issue Official  Receipt | Service Fee PHP 50.00 | 5 Minutes | *Registration Officer II*  *LCRO* |
| 3.1 Give payment for SECPA  to person responsible | | 3.1 Accept the payment  for SECPA and issue  the claim slip | Birth, Marriage and Death Certificate – PHP 155.00 each  (Pay to PSA)  Certificate of No Marriage (CENOMAR) –PHP210.00  (Pay to PSA) | 5 Minutes | *Registration Officer III*  LCRO |
| None | | 3.2 Encode the  request through  BREQS | None | 10 Minutes | *Registration Officer III*  LCRO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 3.3 Submit BREQS  request and payments  to PSA Regional  Office | None | 1 Day | *Registration Officer III*  LCRO |
| 4. Claim SECPA when notified  through text message. | 4. Notify client thru text  message  4.1. Release SECPA  request to client | None | 5 Minutes | *Registration Officer III*  LCRO |
| **TOTAL:** | | **PHP 415.00**  **Service Fee is FREE with CSWD Certificate of Indigency** | **1 Day, 34 Minutes** |  |

1. **Birth Registration**

Receiving and preparing of all timely (within 30 Days) and delayed registration of birth including out-of-town registrations.

|  |  |  |
| --- | --- | --- |
| **Office or Division** | Local Civil Registry Office (LCRO) | |
| **Classification** | Simple | |
| **Type of Transaction** | G2C – Government to Citizen | |
| **Who may avail:** | Parents, Guardians, Attendant-at-birth, Barangay Secretaries, Concerned Person; | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| ***Timely Registration (within 30 Days from Birth)*** | | |
| If born at home, Duly accomplished Birth Guide (1 original) | | LCRO |
| If born at home, Certification from Barangay Chairman (1 original) | | Barangay Captain or his authorized official representative |
| If born at hospital,  Duly Accomplished Certificate of Live Birth (COLB) (MF-102) (4 originals) | | Hospital/Clinic |
| Duly Accomplished Muslim/IP Form attachment for Muslim/Indigenous People (3 original) | | LCRO |
| Marriage Certificate of Parents (1 photocopy) | | Applicant, Philippine Statistics Authority (PSA), LCRO |
| Informant’s Valid ID (1 photocopy) | | Applicant |
| Official Receipt of payment (1 original) | | LCRO |
| For Indigent, Certificate of Indigency (1 original) | | City Social Welfare and Development |

|  |  |
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| **CHECKLIST OF REQUIREMENTS** | **WHERE TO SECURE** |
| ***For Not Married Parents (Illegitimate Child)*:** | |
| Personal Appearance of Parents to sign the Acknowledgment of the child at the back of COLB | LCRO |
| Affidavit to Use the Surname of the Father executed by Mother  for children born under the effectivity of R.A. 9255 (3 original) | Public Attorney’s Office (PAO), Notary Public |
| Valid IDs of Parents (1 photocopy) | Applicant |
| **Additional Documents for Delayed Registration** | |
| PSA Certificate of No record of birth (1 original, 2 photocopies) | PSA |
| LCR Certificate of No Record of Birth (1 original, 2 photocopies) | LCRO |
| If born at home, Barangay Certification (1 original, 2 photocopies) | Barangay Chairman’s Office |
| Sworn Affidavit of Two Disinterested Persons (1 original, 2 photocopies) | PAO, Notary Public |
| Any two (2) of the following documentary evidence which may show the name of the child, date and place of birth and name of the mother (and name of the father if the child has been acknowledged)  Baptismal Certificate (2 photocopies)  School records (2 photocopies)  Insurance policy (2 photocopies)  Medical records (2 photocopies)  Voter’s certification (2 photocopies) | Church, any religious organization  School attended  Insurance Office  Hospital/Clinic  Commission on Elections (COMELEC) |
| Official Receipt of Payments (1 original) | LCRO |
| Other Documents that reflect Place of Birth (2 photocopies) |  |
| **Out-Of-Town Registration for Delayed Registration** | |
| Same requirements as stated above, whichever is applicable, plus mailing services to receiving LCRO | LCRO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client’s Log Book at the front desk | 1. Provide the Logbook for the client to fill out | None | 2 Minutes | *Admin. Aide I*  LCRO |
| 2. If born at home,  accomplish the registration guide and attach the required supporting documents  If born at hospital,  submit duly  accomplished  Certificate of Live Birth  (COLB) with attach  required supporting  documents  \*Make sure to secure  the Order of Payment  that will be issued | 2. Receive and scrutinize  the accomplished  registration guide with  supporting documents  Receive the duly  accomplished COLB from  hospital by affixing  signature at the receive  portion of the certificate  2.1 Issue the Order of  Payment | None  None    None | 5 Minutes  5 Minutes  2 Minutes | *Administrative Aide III (Clerk I)*  LCRO  *Administrative Aide III (Clerk I)*  LCRO  *Administrative Aide III (Clerk I)*  LCRO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 3. Pay the required fees  to the assigned LCR  personnel and receive  O.R.  3.1 Give O.R. to person  responsible | 3. Accept the payment and  Issue the Official Receipt  3.1 Accept the Official  Receipt and prepare the  COLB if born at home | Birth Form -PHP50.00  LCR No Record -PHP80.00  Registration of Legal Instruments -PHP300.00  None | 5 Minutes  10 Minutes | *Registration*  *Officer II*  *LCRO*  *Administrative Aide III (Clerk I)*  *LCRO* |
| 4. Check as to  correctness of data  entered and sign the  COLB  4.1 Receive the  registered Certificate  of Live Birth and  acknowledge receipt  by signing in the  logbook  For Delayed  registration, receive  the Certificate of Live  Birth after the  10-Day posting  mandatory period.  For Out-of-town,  mail to LCRO,  (place of birth)  after 10-Day  posting | 4. Finalize and print the  COLB  4.1 Register COLB by affixing signature  4.2 Assign Registry Number  and record in the  Book of register of Birth.  Release the COLB.  Request client to  acknowledge receipt by  signing in the logbook. | None  None  None  None | 10 Minutes  5 Minutes  10 Minutes  11 Days | *Administrative Aide III (Clerk I)*  *LCRO*  *City Civil Registrar,*  *Asst City Civil Registrar,*  *Registration Officer*  LCRO  *Administrative Aide III (Clerk I)*  *LCRO*  *Administrative Aide III (Clerk I)*  *LCRO* |
| **TOTAL:** | | **PHP 430.00**  **For those with CSWD Certificate of Indigency - FREE** | **11 Days, 54 Minutes** |  |

Pursuant to Republic Act No. 3753, the Civil Registry Law

* 1. **Copy Issuance, Authentication and Certification of Civil Registry Documents**

Issue True Copy Certification from Book of Registry, Certified True Machine Copy of Civil Registry Documents from the Original and Certificate of No Record

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| **Office or Division** | Local Civil Registry Office (LCRO) | | | |
| **Classification** | Simple | | | |
| **Type of Transaction** | G2C – Government to Citizen | | | |
| **Who may avail:** | Concerned person and direct member/s of the family; Authorized Person | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| Valid ID (1 photocopy) | | Applicant, Authorized Person | | |
| Filled out research guide (1 original) | | LCRO | | |
| Official Receipt of payment (1 original) | | LCRO | | |
| If Indigent, Certificate of Indigency (1 original) | | City Social Welfare and Development (CSWD) | | |
| If not the document owner, Authorization Letter (1 original) | | Applicant | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client’s Log Book at the front desk | 1. Provide the Logbook for the client to fill out | None | 2 Minutes | *Admin. Aide I* LCRO |
| 1. Request and fill-out research guide for true copy and/or Certified copy from the original for authentication | 1. Provide client with research guide, require valid ID and/or authorization letter. 2. Research in the Book of Registry for true copy/transcription of record and/or the Archives for certified photocopy for authentication 3. Issue the Order of payment | None  None  None | 5 Minutes  30 Minutes  2 Minutes | *Admin. Assistant I*  LCRO  *Admin. Assistant I*  LCRO  *Admin. Assistant I*  LCRO |
| 1. Pay the required fees to the assigned LCR Personnel and receive Official Receipt (O.R.) | 3. Accept the payment &  issue O.R. | True Copy-PHP 80.00  Certified photocopy  PHP 50.00  Research Fee  PHP 50.00  Certificate of No Record  PHP 80.00 | 5 Minutes | *Registration*  *Officer II,*  *LCR* |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 3.1 Give O.R. to person  responsible | 3.1 Prepare and print  the true copy/transcription  of record from registry  book and/or photocopy of  the original, attach the  O.R.  3.2 Route the true  copy/transcription  of record from registry  book and/or photocopy of  the original for  verification and  approval | None  None | 10 Minutes  15 Minutes | *Admin. Assistant I*  LCRO  *Admin. Assistant I,*  *Asst Registration Officer,*  *Registration Officer III*  LCRO |
| 4. Receive the requested Certificate and acknowledge receipt by signing in the logbook | 4. Record the transaction in  the logbook and release  the Certificate. Request  client to acknowledge  receipt by signing in the  logbook | None | 5 Minutes | *Admin. Assistant I*  LCRO |
| **TOTAL:** | | **PHP 180.00**  **For those with CSWD Certificate of Indigency - FREE** | **1 Hour, 14 Minutes** |  |

* 1. **Correction of Clerical or Typographical Error and Annotation in the Civil Registry Document**

RA 9048 - An act authorizing the City or Municipal Civil Registrar or the Consul General to correct a clerical or typographical error (CCE) in an entry and/or Change of First Name (CFN) or nickname in the civil register without need of a judicial order.

### RA 10172- An act further authorizing the city or municipal civil registrar or the consul general to correct clerical or typographical errors in the Day and month in the date of birth or sex of a person appearing in the civil register without need of a judicial order

Acceptance of Migrant Petition (MP) is applicable to person who is already residing in this city but his/her vital event was registered to another place in the Philippines except for correction of entry in Sex in the Certificate of Live Birth.

Once the Affirmed is received from the Office of the Civil Registrar General (OCRG) at the PSA, a request for annotation is necessary to complete the correction process.

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| **Office or Division** | Local Civil Registry Office (LCRO) | |
| **Classification** | Simple | |
| **Type of Transaction** | G2C – Government to Citizen | |
| **Who may avail:** | The document owner, the petitioner (direct member/s of the family or authorized representative) | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| Civil Registry Document to be corrected (3 photocopies) | | Both PSA and LCRO |
| Baptismal Certificate and other documents issued by religious authorities.  In case where the petitioner/document owner has no baptismal certificate or similar documents, an affidavit attesting to the facts shall be submitted. (1 original, 3 photocopies) | | Church / Parish  Notary Public |
| Valid ID (3 photocopies) | | Petitioner/ Document Owner |
| Clearance or a certification that the owner of the document has no pending administrative, civil or criminal case, or no criminal record, which shall be obtained from the following:  1 Employer, if employed;  2 National Bureau of Investigation and  3 Philippine National Police  If document owner is a minor (under 18 years old), such clearances shall be complied with only if required by the C/MCR  If not employed, an Affidavit of Non-employment shall be submitted  (1 original, 3 photocopies) | | Employer  National Bureau of Investigation  Philippine National Police  Notary Public |

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| **CHECKLIST OF REQUIREMENTS** | **WHERE TO SECURE** |
| If CFN, Earliest school record or  If CCE Sex and Day and Month of Birth in the COLB, Earliest school documents (Elementary Record)  In case where the petitioner/document owner never entered school, an affidavit attesting to the facts shall be submitted. (1 original, 3 photocopies) | School’s Registrar Office  Notary Public |
| Medical Certification issued by an accredited government physician  (1 original)  If correction of SEX, Medical Record and Certification issued by an accredited government physician that the petitioner has not undergone sex change or sex transplant  C/MCR shall issue a certification of authenticity of the medical certification issued by the accredited government physician (3 original) | City Health Office (CHO)  City Health Office (CHO)  LCRO |
| If CFN and CCE of Sex and Day and Month of Birth, Proof of Publication, copy of the newspaper clipping of the published petition and Affidavit of publication from the publisher (3 original) | Publisher |
| Affidavit of Discrepancy/ Explanation (3 photocopies) | Notary Public |
| Other documents which the petitioner or the city or municipal civil registrar or the consul general may consider relevant and necessary for the approval of the petition (3 photocopies) | Petitioner |
| Notice of Posting, Certificate of Posting and Record Sheet | LCRO |
| For annotation, Approved Petition for CCE/ CFN (1 original, 2 photocopies) | Philippine Statistics Authority (PSA) |
| Certificate of Finality (3 original) | LCRO |
| Annotated Civil Registry Document (3 original) | LCRO |
| Unannotated Civil Registry Document (3 original) | LCRO |
| Valid ID of applicant and representative (3 photocopies) | Applicant/Representative |
| Official Receipt of Payments (1 original) | LCRO |
| For indigent, Certificate of Indigency (1 original) | City Social Welfare and Development (CSWD) |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client’s Log Book at the front desk | 1. Provide the Logbook for the client to fill out | None | 2 Minutes | *Admin. Aide I*  LCRO |
| 2. Submit copies of the  required documents to  support the petition  2.1 Receive the printed  petition form and have it  subscribed  2.2 Make sure to secure the  Order of Payment that  will be issued  2.3 Pay the required fees to  the assigned LCR  Personnel  2.3 Attach the O.R. to the  subscribed petition and  give to person responsible | 2. Receive and examine the  Petition and its  supporting documents as  to completeness and  sufficiency  2.1 Prepare and print the  petition in the form of an  affidavit  2.2 Issue the order of  Payment and receive the  Official Receipt (OR)  2.3 Accept the payment &  issue OR  2.3 Receive the subscribed  petition and record the  receipt of the petition in  the logbook, prepare the  Notice of Posting  2.4 Post the petition in a  conspicuous place  provided for that purpose  for ten (10) working Days  after the petition and  its supporting documents  sufficient in form and  substance | None  None  None  Filing Fee RA 9048  PHP 1000.00  Filing Fee RA 10172  PHP 3000.00  Service Fee Migrant Petition  PHP 500.00  Annotated Civil Registry Document  PHP 80.00  Un-annotated Civil Registry Document  PHP 80.00  Certification of Finality  PHP 50.00  Certified true copy from the original  PHP 50.00 per page  None  None | 5 Minutes  15 Minutes  5 Minutes  5 Minutes  15 Minutes  10 Days | *Asst Registration Officer*  LCRO  *Notary Public*  *Asst Registration Officer*  LCRO  *Registration Officer II*  LCRO  *Asst Registration Officer*  LCRO  *Asst Registration Officer*  LCRO |
| 3. If CFN and CCE of Sex  and Day and Month of  Birth, have the petition  published in a newspaper  of general circulation at  least once a week for two  consecutive weeks    If Migrant petition, mail  the petition with its  supporting documents to  the LCRO wherein the  affected registry document  was registered | 3. Accept the proof of  Publication, from the  publisher, the copy of the  newspaper clipping of the  published petition and  Affidavit of publication.  Prepare and print the  Certificate of Posting and  Record Sheet  3.1. Act on the petition and  shall render a decision not  later than five (5) working  Days after the completion  of the posting and/or  publication requirement;    If Migrant Petition,  order to indorse the  petition to the LCRO  wherein the affected civil  registry document was  registered  3.2 Transmit a copy of the  decision together with the  records of the proceedings  to the Office of the Civil  Registrar General (OCRG)  within five (5) working Days  from the date of the  decision. | None  None  Courier Delivery Fee will apply  Courier Delivery Fee will apply | 14 Days, 10 Minutes  5 Days  15 Minutes | *Asst Registration Officer*  LCRO  *City Civil Registrar*  LCRO  *Asst Registration Officer*  LCRO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 4. Secure Copy of the  corrected/Annotated Civil  Registry document at PSA | 4. Once the granted petition  is received from the CRG  (**Within 3 months**),  prepare and print the  Request for Annotation in  the civil registry document,  attach copies of the  approved petition,  Certificate of Finality,  Annotated and Un-  annotated Civil Registry  Document  4.1 Approve the request by  affixing signature  4.2 Indorse the request  to PSA Document Division  Services (LCR Desk) for  entry to the PSA Civil  Registry System (CRS)  database | None  None  Courier Delivery Fee will apply | 15 Minutes  15 Minutes  15 Minutes | *Asst. Registration Officer*  LCRO  *City Civil Registrar*  LCRO  *Asst Registration Officer*  LCRO |
| **TOTAL:** | | **May vary depending on the nature of petition**  **For those with CSWD Certificate of Indigency - FREE** | **29 Days, 117 Minutes** |  |

* 1. **Death Registration**

Receiving timely and delayed (beyond 30 Days after death) registration of death

A Certificate of Death (COD) is an official document setting forth particulars relating to a dead person, including the name of the individual, the date of birth and the date of death.

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| **Office or Division** | | Local Civil Registry Office (LCRO) | | | | |
| **Classification** | | Simple | | | | |
| **Type of Transaction** | | G2C – Government to Citizen | | | | |
| **Who may avail:** | | Direct members of the family; Authorized Person | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| Duly accomplished Certificate of Death (MF-102) (3 original) | | | | CHO | | |
| Burial/Cremation Permit, Transfer Permit (1 original) | | | | CHO | | |
| Affidavit of explanation if informant is not from the direct family (1original) | | | | Notary Public | | |
| Incident Record Form (1 photocopy) | | | | PNP | | |
| **Additional Requirements for Delayed Registration:** | | | | | | |
| PSA Copy No Record of Death (1 original) | | | | Philippine Statistics Authority (PSA) | | |
| LCR Copy No Record of Death (1 original, 2 photocopies) | | | | LCRO | | |
| If died at home, Barangay Captain Certification (1 original) | | | | Barangay | | |
| Sworn Affidavit of two disinterested persons attesting to the facts and circumstances of death (3 original) | | | | Public Attorney’s Office (PAO),  Notary Public | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client’s Log Book at the front desk | 1. Provide the Logbook for the client to fill out | | None | | 2 Minutes | *Admin. Aide I*  LCRO |
| 2. Submit duly accomplished  Certificate of Death | 2. Receive and scrutinize the COD and other required documents  2.1 Enter the Burial/ Cremation of Transfer Permit Number (Item 24a/24b) and signed the Receive portion in the COD | | None  None | | 5 Minutes  10 Minutes | *Administrative Aide,*  LCRO  *Administrative Aide,*  LCRO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 3. Receive the registered  COD and acknowledge  receipt by signing in the  logbook.  If Delayed registration,  receive the COD after the  10-Day posting  mandatory period. | 3. Register the COD by affixing Signature   * 1. Record the COD in the Book of Register of Death by assigning a Registry Number   2. Release the COD. Request client to acknowledge receipt by signing in the logbook. | None  None  None | 10 Minutes  10 Minutes  5 Minutes | *City Civil Registrar,*  *Asst. City Civil Registrar*  LCRO  *Administrative Aide,*  LCRO  *Administrative Aide,*  LCRO |
| **TOTAL** | | **None** | **42 Minutes** |  |

Pursuant to Republic Act No. 3753, the Civil Registry Law

* 1. **Electronic Endorsement and Request for Clear Copy of Civil Registry Document**

Electronic Endorsement (EE) is applicable to cases when record being requested is not available in the PSA Civil Registry System (CRS) database and a negative certification was issued but available in the LCRO Registry Book and/or Archive. And for clients who want to expediate the entry of their newly registered registry document to PSA CRS Database.

Requests for clear copy is applicable to birth, marriage or death certificates which resulted to records which are blurred and/or have unreadable entries in the PSA Civil Registry System (CRS) database.

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| **Office or Division:** | Local Civil Registry Office (LCRO) | | | | | |
| **Classification:** | Simple | | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | | |
| **Who may avail:** | The document owner, direct member/s of the family and authorized representative | | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | | |
| No Record/ Negative Certification of Civil Registry Document (1 original, 2 photocopies) | | | | PSA | | |
| Civil Registry Document to be cleared (3 photocopies) | | | | Both PSA and LCRO | | |
| Certified photocopy of the original record filed at the Archives and/or Registry Book | | | | LCRO | | |
| Certified transcription of record from the Registry Book | | | | LCRO | | |
| Certified photocopy of the Page of the Registry Book where vital event is entered | | | | LCRO | | |
| Valid ID (1 photocopy) | | | | The document owner, direct member/s of the family and authorized representative | | |
| Authorization Letter (1 original) | | | | Applicant | | |
| Official Receipt of payment (1 original) | | | | LCRO | | |
| For Indigent, Certificate of Indigency (1 original) | | | | City Social Welfare and Development (CSWD) | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client’s Log Book at the front desk | | 1. Provide the Logbook for the client to fill out | None | | 2 Minutes | *Admin. Aide I*  LCRO |
| 2. Request for endorsement of the record/s and submit copies of the required documents.  \*Make sure to secure the  Order of Payment that  will be issued | | 2. Receive and evaluate the documents submitted.    2.1 Issue the order  of Payment | None  None | | 10 Minutes  5 Minutes | *Registration Officer III*  LCRO  *Registration Officer III*  LCRO |
| 3. Pay the required fees to  assigned LCR Personnel | | 3. Accept the  payment based  on the Order of  payment  3.1. Prepare the request for EE or Clear copy, attach the Official Receipt  3.2. Approve by affixing signature | Annotated Copy  PHP 80.00  Certified True Copy from the original – PHP50.00  Electronic Endorsement Fee – PHP50.00  Mailing Fee –  PHP 110.00  None  None | | 5 Minutes  15 Minutes  10 Minutes | *Registration Officer II*  *LCR*  *Registration Officer III*  LCRO  *City Civil Registrar*  *LCRO* |
| 4. Receive client’s copy of  the request to PSA  with proof of mailing and  acknowledge receipt by  signing in the logbook.  \*Follow-up at PSA  Regional Office | | 4. Endorse the  Civil Registry  Document via  courier to PSA  Regional Office | Courier Delivery Fee will apply | | 15 Minutes | *Registration Officer, Admin.Officer,*  LCRO |
| **TOTAL:** | | | **PHP 290.00**  **For those with CSWD Certificate of Indigency - FREE** | | **1 Hour, 2 Minutes** |  |

* 1. **Registration of Application for Marriage License**

Prepare and register application of marriage license as one of the formal requisites for marriage. Marriage License is valid for 120 Days.

Marriages that are exempted from Marriage License are those that will be solemnized in accordance with Executive Order No. 209 and P.D. 1083 or Code of Muslim Personal Laws.

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| **Office or Division:** | Local Civil Registry Office (LCRO) | | | | |
| **Classification:** | Complex | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | |
| **Who may avail:** | The Contracting parties (Groom and Bride) | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| Certificate of Live Birth (1 Original, 2 Photocopies) | | | | PSA, LCRO | |
| Certificate of No Marriage (CENOMAR) (1 Original, 2 Photocopies) | | | | Philippine Statistics Authority (PSA) | |
| CSWD-Population Section Pre-Marriage Counseling Certificate  (1 Original, 2 Photocopies) | | | | City Social Welfare and Development (CSWD) | |
| Duly Accomplished MF-90 Application of Marriage License (4 Original) | | | | LCRO | |
| Official Receipt (1 Original) | | | | LCRO | |
| Valid Identification Card (ID) (1 Original, 2 Photocopies) If No valid ID:  Community Tax Certificate of Groom and Bride (1 Original, 2 Photocopies)  Barangay Certification (1 Original, 2 Photocopies) | | | | Government Agency/ Company  City Treasurer’s Office (CTO)  Barangay | |
| Additional Requirements: | | | |  | |
| If applicant is 18-21 years old, Parental Consent (2 Originals) | | | | LCRO | |
| If applicant is 22-25 years old, Parental Advice (2 Originals) | | | | LCRO | |
| If widow/widower, Death Certificate of deceased spouse  (1 Original, 2 photocopies) | | | | PSA, LCRO | |
| If previously married, Judicial Order of Absolute Divorce, Annulment, Presumptive Death or Declaration of Nullity of previous Marriage (1 Original, 2 Photocopies) | | | | Court | |
| If foreigner, Certificate of Legal Capacity (1 Original, 2 Photocopies) or Affidavit of Legal Capacity (1 Original, 2 Photocopies) | | | | Embassy  Notary Public/Attorney/Lawyer | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client’s Log Book in the client’s desk | | 1. Give the Logbook to the client | None | 2 Minutes | *Desk Officer*  *Admin. Aide* |
| 2. Submit required  documents  2.1 Receive the order of  payment | | 2. Interview and  scrutinize  submitted  requirements  2.1 Issue Order of  Payment | None  None | 5 Minutes  5 Minutes | *Registration Officer II,*  LCRO  *Registration Officer II,*  LCRO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 3. Pay the required fees to  the assigned LCR  Personnel  3.1 Submit O.R. to in-charge  and fill-in Marriage  License Application form  3.2 Check the printed MF-90  Application of Marriage  License (sworn  application) as to  correctness of data  entered and affix  signature | 3. Accept the payment and issue the Official Receipt  3.1 Prepare and  print the MF-90  Application of  Marriage License  (sworn application)    3.2 Post the  application in a  conspicuous  place provided for  that purpose for  ten (10)  consecutive Days  3.3 Sign the MF-90  Application of  Marriage License  (sworn application)  3.4 Register the  Marriage License  in the Registry  Book for Marriage  License | Application Fee (Local) – PHP 300.00  Application Fee (Foreigner) – PHP 400.00  Marriage License Fee –  PHP 100.00  Marriage Application Form  -PHP 50.00  None  None  None  None | 5 Minutes  10 Minutes  10 Days  10 Minutes  10 Minutes | *Registration Officer II,*  LCRO  *Registration*  *Officer II,*  LCRO  *Registration*  *Officer II,*  LCRO  *City Civil Registrar*  LCRO  *Registration*  *Officer II,*  LCRO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 4. Receive the Marriage  License and acknowledge  receipt by signing in the  logbook | 4. Record the  transaction in the  logbook  4.1 Release the  Marriage License a  Day after posting.    4.2 Request client to  acknowledge  receipt by signing  in the logbook. | None  None    None | 5 Minutes  1 Day  5 Minutes | *Registration*  *Officer II,*  LCRO |
| **TOTAL:** | | **PHP 850.00** | **11 Days,  57 Minutes** |  |

Pursuant to Republic Act No. 3753, the Civil Registry Law

* 1. **Registration of Marriage**

Marriage Certificate is a document that shows social union or a legal contract between people that creates kinship.

In ordinary marriage, the time for submission of the Certificate of Marriage is within fifteen (15) Days following the solemnization of marriage while in marriages exempt from license requirement, the prescribed period is thirty (30) Days, at the place where the marriage was solemnized

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| **Office or Division:** | Local Civil Registry Office (LCRO) | | | | |
| **Classification:** | Simple | | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | | |
| **Who may avail:** | Husband and Wife, Authorized Person | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| Duly Accomplished Certificate of Marriage (COM) Form No. 97 (4 originals) | | | Church/Religious Authorities, Court | | |
| Valid ID of husband and wife (1 photocopy) | | | Government Agency | | |
| For Delayed Registration:  - PSA Negative- No Record of Marriage  - LCR No Record of Marriage  - Certificate of No Marriage (CENOMAR) Spouses  - Affidavit of Two (2) Disinterested Persons stating the exact place and date of marriage, the facts of circumstances surrounding the marriage and the reason or cause of the delay  - Certification from the Solemnizing Officer  -Documentary evidence of the performance or existence of the marriage (old COM)  - Valid ID | | | PSA  LCRO  PSA  Notary Public  Solemnizing Officer  Spouse/ Authorized person | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| * + - 1. Sign in the Client’s Log Book in the client’s desk | | 1. Give the Logbook to the client | None | 2 Minutes | *Desk Officer*  *Admin. Aide* |
| 2. Submit duly  accomplished Certificate  of Marriage (COM)  (Form No. 97) and signed  by the couple and by all in  attendance. | | 2. Acknowledged  Receipt by  signing the  COM (Form  No. 97) | None | 5 Minutes | *Registration Officer II*  LCRO |
| 3. If delayed registration,  attached required  supporting documents  3.1 Pay the required fees to  assigned LCR Personnel  and receive O.R.  3.2 Give O.R to in-charge | | 3. If delayed,  Receive and  scrutinize  supporting  documents and  issue order of  payments  3.1 Accept the  payment based  on the Order of  payment and  issue O.R.  3.2 Prepare and  print the COM  containing the  important details  of the marriage  attach the Official  Receipt,  Certificate of No  Record and other  supporting  documents  3.2 Proceed to the  Posting of the  application for  ten (10) Days | None  Certificate of Marriage Form  PHP 50.00  Certificate of No Record  PHP 80.00  None  None | 10 Minutes  5 Minutes  15 Minutes  10 Days | *Registration Officer II*  LCRO  *Registration Officer II*  LCRO  *Registration Officer II*  LCRO  *Registration Officer II*  LCRO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 4. Receive the Certificate  and acknowledge receipt  by signing in the logbook | 4. Evaluate all  documents  and approve  registration by  affixing signature  4.1 Assign  Registry Number  and record in the  Book of register  of Marriage  4.2 Record the  transaction in  the logbook and  release  the Certificate.  Request  client to  acknowledge  receipt by signing  in the logbook | None  None | 1 Day  10 Minutes | *City Civil Registrar,*  *Asst City Civil Registrar*  LCRO  *Registration Officer II*  LCRO |
| **TOTAL:** | | **PHP 130.00** | **11 Days (for delayed), 47 Minutes timely** |  |

* 1. **Registration of Court Decree and Legal Instrument (CDLI) and request for Annotation/Amendment of Civil Registry Documents**

The successful petitioner shall have the decree/order registered in the LCRO where the court

is functioning after the decree/order becomes final and request for the proper annotation in the

document and in the applicable registry book at the LCRO where an event affected was

originally registered.

Acceptance of request for Legitimation by subsequent marriage between parents, Authority to

Use Surname of the Father and Acknowledgment of Paternity and Supplemental Report to

supply entries or information in the civil registry document which are inadvertently omitted

when the document was registered; and request for the proper annotations in the

civil registry document

Out-of-town is accepted/applicable to vital events registered outside this City

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| **Office or Division** | Local Civil Registry Office (LCRO) | |
| **Classification** | Simple | |
| **Type of Transaction** | G2C – Government to Citizen | |
| **Who may avail:** | Concern Person/s, Authorized Person | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| For Court Decree/Order:  Certified true machine copy of the Court Order (1 original, 2 photocopies)  Certified true machine copy of Certificate of Finality (1 original, 2 photocopies)  Civil Registry Document to be annotated/ amended (1 original, 2 photocopies)  Certificate of Registration from the C/MCR of the place where the Regional Trial Court which rendered the order is located (3 original)  Valid ID of applicant (3 photocopies) | | Court  Court  Applicant, PSA, LCRO  LCRO  Applicant |
| For Legitimation:  PSA copy of birth certificate of child (3 photocopies)  LCR copy if birth is blurred (3 photocopies)  Marriage Certificate of Parents (3 photocopies)  Mother Advisory on Marriage (Form No.5) (3 photocopies)  Father Advisory on Marriage (Form No.5) (3 photocopies)  Valid IDs of Mother and Father (3 photocopies)  Joint Affidavit of Legitimation (1 original, 2 photocopies)  Affidavit of Acknowledgment (1 original, 2 photocopies)  Supplemental Affidavit of Minority if mother or father minor when the child was conceived (1 original, 2 photocopies) | | PSA  LCR  PSA  PSA  PSA  Applicant  Notary Public  Notary Public  Notary Public |
| For Authority to Use Surname of the Father (AUSF):  Certificate of Live Birth of the Child (3 photocopies)  LCR copy if birth is blurred  Affidavit of Acknowledgment (1 original, 2 photocopies)  Authority to Use Surname of the Father (1 original, 2 photocopies)  Valid IDs of Mother and Father (3 photocopies) | | PSA  LCR  Notary Public  Notary Public  Applicant |

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| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| For Supplemental Report:  Civil Registry Document with omitted entries  Affidavit of Supplemental Report  Medical Record for Sex  Documents that may be considered relevant and necessary for its approval (3 photocopies) | | | PSA, LCRO  Notary Public  Hospital/Clinic  Applicant | | |
| Official Receipt of payment | | | LCRO | | |
| For Indigent, Certificate of Indigency (1 original) | | | CSWD | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Sign in the Client’s Log Book at the front desk | 1. Provide the Logbook for the client to fill out | None | | 2 Minutes | *Admin. Aide I*  LCRO |
| 1. Submit the required documents | 1. Receive and scrutinize the required documents   2.1 Issue the Order of  payment | None  None | | 5 Minutes  2 Minutes | *Registration Officer III*  LCRO  *Registration Officer III*  LCRO |
| 1. Pay the required fees at the assigned LCRO Personnel and receive O.R. | 3. Accept the payment &Issue the Official Receipt (O.R.) | Certified true copy: Annotated & Unannotated - PHP 160  Registration Annulment -PHP1,000.00  Registration  Adoption (Local) -PHP500.00  Registration Adoption (Foreign) - PHP1,000.00  Cancellation of Birth -PHP300.00  Certification Fee -PHP50.00 x No. of pages  Registration of Legal Instrument PHP300.00  Legitimation Fee -PHP100.00 | | 5 Minutes | *Registration Officer II*  *LCR* |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 3.1 Give O.R. to person  responsible  If out-of-town, receive  the registered Court  Decree/Order or Legal  Instrument with  Certificate of  Registration, and certified  true copy of supporting  documents and shall  forward to the LCRO  where an event affected  was originally registered  to make the proper  annotation in the  document and in the  applicable registry book | 3.1 Receive O.R. and  register Court  Decree or Legal  Instrument in the  Registry Book, issue  Certificate of  Registration and  certify supporting  documents  If out-of-town, give  client the  registered Court  Decree/Order or  Legal Instrument  with Certificate of  Registration, and  certified true copy of  supporting  documents  3.2 Prepare the request  for Annotation/ Amendment for adoption,  attach the Official  Receipt  3.3 Affix signature as approval | None  None  None | 15 Minutes  15 Minutes  10 Minutes | *Registration Officer III*  LCRO  *Registration Officer III*  LCRO  *City Civil Registrar*  LCRO |
| 4. Secure copy of Annotated/Amended Civil Registry Document | 4. Send the request to  the office of the Civil Registrar-General  via courier | Courier Fee | 15 Minutes | *Registration Officer III*  LCRO |
| **TOTAL:** | | **May vary depending on the nature of CDLI**  **For those with CSWD Certificate of Indigency - FREE** | **69 Minutes** |  |

**GENERAL SERVICES OFFICE**

**External Services**

* 1. **Payment of Goods**

The payment of LGU procured goods will be done under Republic Act 9184 of the Government Procurement Reform Act.

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| **Office or Division:** | City Accountants Office  Bids and Awards Committee  City Treasurer's Office  City Mayor's Office  City Budget Office  City General Services Office | | | | |
| **Classification:** | Complex | | | | |
| **Type of Transaction:** | G2G – Government to Government | | | | |
| **Who may avail:** | Supplier | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| * Charge Invoice or Sales Invoice | | | Supplier | |
| * Approved Purchase Order | | | Bids and Awards Committee | |
| * For Motor Vehicles- LTO Official Receipt (OR) and Certificate of Registration (CR) (1 Certified true copies) | | | Supplier | |
| * Warranty Certificates (1 Original) (If applicable) | | | Supplier | |
| * Attendance sheet (1 original) (If applicable) | | | Supplier | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** | |
| 1. Supplier Deliver Procured Goods, Issue Delivery Receipts and Charge Invoice or Sales Invoice | 1. Receive and validate Charge Invoice or Sales Invoice. | None | 5 Minutes | *GSO Staff* General Services Office  *Supply Officer III* General Services Office | |
| None | 1. Inspect the delivered goods if it is in accordance to the specification and exact quantity stated in the approved Purchase Order. | None | 1 Hour | *GSO Staff* General Services Office  *Technical Working Group* | |
| None | 1. Prepare the following Acceptance and Inspection Report (AIR), Request Issuance Slip (RIS), Acknowledgement Receipt of Equipment (ARE)/ Inventory Custodian Slip (ICS). | None | 2 Hours | *GSO Staff* General Services Office | |

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| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Approval of Acceptance and Inspection Report (AIR) | None | | 4 Hours | *Technical Working Group  General Services Officer* General Services Office |
| None | 1. Submit copies of Approved Acceptance and Inspection Report together with the related requirements to Commission on Audit and secure 2 copies with COA received stamp | None | | 15 Minutes | *GSO Staff* General Services Office |
| None | 1. GSO personnel deliver and issue items to End User or to office concerned | None | | 1 Hour | *GSO Staffs* General Services Office |
| None | 1. End-user receives item and approves Request Issuance Slip (RIS), Acknowledgement Receipt of Equipment (ARE)/ Inventory Custodian Slip (ICS) | None | | 10 Minutes | *End-User or Office-Concerned* |
| None | 1. Review and compilation of additional requirements. | None | | 10 Minutes | *Supply Officer III* General Services Office |
| None | 1. Prepare Disbursement Voucher. | None | | 10 Minutes | *GSO Staff* General Services Office |
| None | 1. Review of Disbursement Voucher | None | | 10 Minutes | *Supply Officer III* General Services Office |
| None | 1. Process Disbursement Voucher for End-user Approval. | None | | 30 Minutes | *GSO Staff* General Services Office |
| None | 1. Forward End-user approved Disbursement Voucher together with the attached documents to Bids and Awards Committee. | None | | 5 Minutes | *GSO Staff* General Services Office |
| None | 1. Receives and record voucher on the log book. | None | | 5 Minutes | *Receiving Clerk* BAC, CMO |
| None | 1. Compilation of related documents based on Checklist of requirements. | None | | 1 Hour | *BAC Staff* BAC, CMO |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Forward Disbursement Voucher together with the attached documents to City Budget Office. | None | 5 Minutes | *BAC Staff* BAC, CMO |
| None | 1. Receive documents from the Bids and Awards Committee and record in the logbook, input transaction to eBudget System and assign control number. | None | 5 Minutes | *Receiving Clerk* City Budget Office |
| None | 1. Control Disbursement Voucher as to existence of appropriation and update records in the eBudget System. | None | 5 Minutes | *Budgeting Assistant*  City Budget Office |
| None | 1. Check documents and affix initial. | None | 5 Minutes | *Budget Officer IV* City Budget Office |
| None | 1. Certify Disbursement Voucher as to the existence of appropriation. | None | 5 Minutes | *City Budget Officer* City Budget Office |
| None | 1. Return certified Disbursement Voucher to releasing clerk. | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Update transaction status of Disbursement Voucher as "out" in the eBudget System | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Forward documents to the City Accountant's Office | None | 5 Minutes | *Administrative Aide* City Budget Office |
| None | 1. Receive and record documents from the City Budget Office. | None | 5 Minutes | *Receiving Clerk* City Accountant’s Office |
| None | 1. Examine and evaluate the completeness and propriety of supporting documents | None | 1 Hour | *Asst. City Accountant / Management and Audit Analyst I* City Accountant’s Office |
| None | 1. Post claim to individual ledger | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Post to Fund Control Ledgers and Prepare the Journal Entry | None | 5 Minutes | *Supervising Administrative Officer* City Accountant’s Office |
| None | 1. Assign control number to Disbursement Voucher | None | 5 Minutes | *Accounting Clerk* City Accountant’s Office |
| None | 1. Review and certify the Disbursement voucher and CAFOA, together with the approval of the journal entry | None | 15 Minutes | *Asst./City Accountant*  City Accountant’s Office |
| None | 1. Record and forward Disbursement Voucher to the City Mayor's Office for Approval. | None | 5 Minutes | *Releasing Clerk* City Accountant’s Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Receive and record documents from the City Accountant's Office. | None | 5 Minutes | *Receiving Clerk* Office of the City Administrator  *Receiving Clerk* Office of the City Mayor |
| None | 1. Review and approval of Disbursement Voucher | None | 2 Hours | *City Administrator* Office of the City Administrator  *City Mayor* Office of the City Mayor |
| None | 1. Forward documents to City Treasurers Office. | None | 5 Minutes | *Releasing Clerk* Office of the City Administrator  *Releasing Clerk* Office of the City Mayor |
| None | 1. Received documents from City Mayor's Office and record the said transaction in the logbook. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| None | 1. Certification of Disbursement Voucher | None | 5 Minutes | *City Treasurer* City Treasurer's Office |
| None | 1. Forward Documents to Cashier for check preparation. | None | 5 Minutes | *Cashier IV* City Treasurer's Office |
| None | 1. Approval of Check by the City Treasurer | None | 5 Minutes | *City Treasurer* City Treasurer's Office |
| None | 1. Forward Documents and check to City Mayor's Office. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| None | 1. Receive and record documents and check from the City Treasurer's Office. | None | 5 Minutes | *Receiving Clerk* Office of the City Administrator  *Receiving Clerk* Office of the City Mayor |
| None | 1. Approval of Check by the City Mayor or authorized representative. | None | 2 Hours | *City Administrator* Office of the City Administrator  *City Mayor* Office of the City Mayor |
| None | 1. Forward documents and approved check to City Accountant's Office. | None | 5 Minutes | *Releasing Clerk* Office of the City Administrator  *Releasing Clerk* Office of the City Mayor |
| None | 1. Receive and record documents and approved check from City Mayor's Office in the logbook. | None | 5 Minutes | *Receiving Clerk* City Accountant's Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| None | 1. Prepare TAX Certificate and Accountant's Advice. | None | 15 Minutes | *Accounting in-charge* City Accountant's Office |
| None | 1. Approval of TAX Certificate and Accountant's Advice. | None | 5 Minutes | *Asst./ City Accountant* City Accountant's Office |
| None | 1. Forward the Accountants Advice to LandBank and secure 2 copies with received stamp. | None | 5 Minutes | *Administrative Aide*  City Accountant's Office |
| None | 1. Record and forward documents to the City Treasurer's Office. | None | 5 Minutes | *Releasing Clerk* City Accountant's Office |
| None | 1. Receive and record documents from City Accountant's Office in the logbook. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| 2. Present ID and Receive Check Payment | 2. Ask for valid identification card of payee and validate. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| 3. Issue Official Receipt, sign logbook and sign Disbursement Voucher | 3. Ask for Official Receipt from Supplier and release check. | None | 5 Minutes | *Administrative Aide I* City Treasurer's Office |
| **TOTAL** | | **None** | **2 Days,  2 Hours,  35 Minutes** |  |

**CITY ENVIRONMENT & NATURAL RESOURCES MANAGEMENT OFFICE**

**External Services**

**15.1. Quarry Permit and Issuance of Locational Clearance for Quarry Permit**

A Quarry Permit can be secured by any interested persons since Gingoog City is abundant with sand and gravel of good quality which is used for construction. There are also circumstances that rivers need to be dredged for the water to flow continuously.

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| **Office or Division:** | City Environment and Natural Resources Management Office (CENRMO),  Sangguniang Panlungsod (SP),  City Planning and Development Office (CPDO) | |
| **Classification:** | Highly Technical | |
| **Type of Transaction:** | G2C – Government to Citizen | |
| **Who may avail:** | Any persons interested to apply for quarry operation | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** |
| Letter of intent to the City Mayor  (1 original) | | Client/Requesting Party |
| Letter of Intent to the Provincial Governor | | Client/Requesting Party |
| Structural Certification (1 original) | | Department of Public Works and Highway |
| Certification of the Road Right of Way (1 original) | | City Engineer’s Office |
| Community Acceptance/ Social Acceptability (1 original) | | Barangay where the area is applied for operation |
| Barangay Resolution of No Objection of the application (1 original) | | Barangay where the area is applied for operation |
| Zoning Certification (1 original) | | City Planning and Development Office |
| Lot Title (1 Certified True Copy) | | Register of Deeds |
| Tax Declaration (1 photocopy) | | City Assessor’s Office |
| Sketch Plan (1 original) | | City Assessor’s Office |
| Real Property Tax Clearance (1 original) | | City Treasurer’s Office |
| Environmental Compliance Certificate (1 original) | | DENR – Environmental Management Bureau |
| MGB Report (1 original) | | Mines and Geosciences Bureau (MGB) |
| SP Resolution, No Objection of the application  (1 original) | | Sangguniang Panlungsod |
| Locational Clearance (1 original) | | City Planning and Development Office |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit required documents for quarry permit | 1. Receive the required documents and prepare a Memorandum for area survey and validation 2. Conduct Area survey and validation 3. Prepare report that has transpired from the field 4. Endorse the report and other pertinent documents to the Office of the City Mayor for recommendation 5. The Office of the City Mayor sends a letter request to the Sangguniang Panlungsod for a resolution interposing no objection for the issuance of a quarry permit. | None | 1 Day (depending on the distance of the quarry location)  1 Day | *CENRMO Staff* CENRMO  *Supervising Environmental Management Specialist* CENRMO  *CMO Staff* CMO  *City Mayor* CMO |
| None | 1. Receive the letter request along with other pertinent documents for agenda for the next regular session of the SP 2. Conduct session; Refer to the Committee on the Environment for further study and recommendation to the city council. 3. Conduct committee meeting 4. Submit committee report and recommendation to the city council. 5. Conduct session; Adoption of the committee report containing the recommendation of the committee   Issuance of the resolution of no objection or objection to the approval for the issuance of quarry permit. | None | 14 Days  4 Days | SP Secretariat  City Council  Sangguniang Panlungsod | |
| 1. Receive the *Resolution of No Objection or Objection of the Quarry Application* | 1. The SP shall furnish copies of the resolution of no objection to the Office of the Provincial Governor, Provincial Environment and Natural Resources Office, CPDO, applicant and other concerned offices. However, should there be an objection, a resolution of objection specifying the reasons for objection to the Office of the City Mayor, CENRMO, CPDO and applicant. | None | 30 Minutes thru postal office | SP Secretariat  City Council  Sangguniang Panlungsod | |

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| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Proceed to the CPDO. Fill-out Application for Locational Clearance form and submit required documents. | 1. Receive accomplished Application for Locational Clearance form and review required documents. 2. Conduct site inspection. 3. Prepare evaluation report and assess payment. 4. Issue Order of Payment | None | 1 Day | Land Use Management Section Staff CPDO  Zoning Officer CPDO | |
| 1. Pay the required fees indicated in the Order of Payment | 1. Receive payment and issue official receipt. | Below  PHP 2 Million:  PHP 5,000  Over  PHP 2 Million:  PHP 5,000  + 1/10 of 1% of the cost in excess of  PHP 2 Million | 10 Minutes | Cashier CTO | |
| 1. Submit the Official Receipt (OR) at the CPDO | 1. Receive OR and prepare Locational Clearance 2. Route Locational Clearance for initials and signatory. 3. Scan locational clearance including the pertinent documents. 4. Notify client for the release of the clearance 5. Release Locational Clearance and return pertinent documents | None | 2 Days | Land Use Management Section Staff CPDO  Zoning Officer CPDO  CPDC | |
| 1. Claim the Locational Clearance and pertinent document from the CPDO then proceed to the CENRMO for submission | 1. Check the required documents if complete    1. Forward all the required documents to the Office of the City Mayor for recommendation and endorsement to Provincial Environment and Natural Resources Office (PENRO) Misamis Oriental and Office of the Provincial Governor. | None | 30 Minutes | CENRMO Staff CENRMO  CENRMO | |
| **TOTAL** | | **Below  PHP 2 Million:**  **PHP 5,000**  **Over  PHP 2 Million:**  **PHP 5,000  + 1/10 of 1% of the cost in excess of  PHP 2 Million** | **23 Days,**  **1 Hour** |  | |

**15.2. Collection of Segregated Waste including Extraordinary Garbage and Special Wastes**

Gingoog City is implementing the mandate of RA 9003, especially on Waste Disposal Management. The following service specification is for collection of extra ordinary garbage only. There is a regular collection for ordinary waste as scheduled and no fees to be paid.

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| **Office or Division:** | Environment and Natural Resources Division(ENRD), City Mayor’s Office (CMO) | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2C – Government to Citizen | | | |
| **Who may avail:** | All residents and business operators in the City | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| Signed Letter Request (1 original) | | Requesting Party | | |
| **CLIENT STEPS** | **AGENCY ACTION** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the *Letter Request* to the office or make request through phone | 1. Receive the letter, SMS or call 2. Estimate the volume of wastes to be collected 3. Inform the client about the volume of waste estimated and the amount to be paid | None | 20 Minutes  6 Hours | *ENRD Staff* CMO-ENRD  *Metro Aide II* CMO-ENRD  *Supervising Environmental Management Specialist* CMO-ENRD |
| 1. Pay the required fees at the CTO by showing the *Order of Payment*.   \*Secure *Official Receipt (OR)* that will be issued upon payment. | 1. Receive payment based on the *Order of Payment* 2. Issue *Official Receipt (OR)* | For extra ordinary garbage –  PHP 100 per cubic meter  For Special Waste –  Free/None | 5 Minutes | *Cashier* City Treasurer’s Office |
| 1. After paying the required fees at the City Treasurer’s Office, go back to ENRU and present Official Receipt then wait for the garbage to be collected | 1. Check *Official Receipt* 2. Schedule collection of the extraordinary garbage within 2 days upon receipt of the OR 3. Collect the extraordinary garbage | None | (Within)  2 Days | *ENRD Staff/*  *Metro Aide II* CMO-ENRD  *Supervising Environmental Management Specialist* CMO-ENRD |
| **TOTAL:** | | **For extra ordinary garbage –**  **PHP 100 per cubic meter**  **For Special Waste –**  **Free/None** | **2 days,**  **6 Hours,**  **25 Minutes** |  |

**CITY INVESTMENT PROMOTIONS OFFICE**

**External Services**

**16.1. Business Name Registration Assistance**

Provide assistance to all entrepreneurs for new business name registration and renewal. The required fees are in accordance to Republic Act No. 10644 or the Go Negosyo Act of 2014.

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| **Office or Division:** | | City Investment Promotion Office (CIPO), City Treasurer’s Office (CTO) | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | | |
| **Who may avail:** | | All business establishments and new enterprises. | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| Valid Identification Card | | | Government Agency | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| 1. Present identification card of the applicant and provide pertinent information. | 1. Encode the client’s information in the Business Name Registration System Website.    1. Advise clients on establishment of effective dominant business names and business name descriptors.    2. Provide *Order of Payment* slip and advise client to pay the required fees online except for the Certification Fee which shall be paid at the City Treasurer’s Office | | None | 5 Minutes | | DEMO I  CIPO |
|  |  | |
| 1. Pay the required fees online except for the Certification Fee which shall be paid at the City Treasurer’s Office | 1. Assist client for the online payment of the Business Coverage and Online Documentary Stamp which will be received by the Department of Trade and Industry (DTI) | | Business Coverage:  Barangay- 200.00  City- 500.00  Regional- 1,000.00  National- 2,000.00  Plus Online Documentary Stamp- 30.00  (Payment shall be made online thru PayMaya, GCash, Debit and Credit Cards) | 5 Minutes | DEMO I  CIPO  Business and Cooperative Development Division Personnel | |

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| 3. Pay the Certification Fee at the City Treasurer’s Office | 1. Received payment of the Certification Fee and Issue Official Receipt (OR) | Certification Fee - 50.00 | 5 Minutes | Cashier CTO |
| 1. Present OR and receive Business Name Registration Certificate. | 1. Download and print the Business Name Registration Certificate. 2. Issue Business Name Registration Certificate 3. File a copy of the Business Name Registration Certificate | None | 5 Minutes | DEMO I  CIPO |
| **TOTAL** | | **None** | **20 Minutes** |  |

**17.2. Business Advisory for Product Development, Promotion and Financing**

Assist the needs of a client and answer their queries related to business such as product development, product promotion and financing facilitation.

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| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Investment Promotion Office | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | | |
| **Who may avail:** | | Business Operators/Entrepreneurs | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| None | | | N/A | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| * + - 1. Calls, emails or visits the office for inquiries about economic and investment activities or services.   For walk-in visitor, register at the logbook. | 1. Interview and assess client’s needs    1. Provide appropriate business learning interventions and/or recommend financing inputs    2. Provide learning materials and guide clients on product development and innovation.    3. Provide feedback form | | None | 30 Minutes | | Supervising Administrative Officer CIPO  Supervising Cooperatives Development Specialist CIPO |
|  |  | |
| 1. Receive learning materials and accomplish feedback form. | 2. Receive and compile accomplished feedback form. | | None | 5 Minutes | DEMO I CIPO | |
| **TOTAL** | | | **None** | **35 Minutes** |  | |

**CITY TOURISM OFFICE**

**External Services**

* 1. **Tourism Information Assistance**

Provide clients with the information and assistance they need. This is also in accordance to Republic Act 9593, The Tourism Act of 2009.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Tourism Office | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | | |
| **Who may avail:** | | All | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| None | | | Tourism Office | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** | |
| 1. Calls, emails or visits the office for inquires about tourism services.  1.1. For walk-in visitor, Register at the logbook | 1. Answer the queries of the client and provide details of the services offered.  1.1 Inform the client about the tourist destinations, accommodation, restaurants and other tourism related services.  1.2 Provide information materials | | None  None  None | 10 Minutes  10 Minutes  20 Minutes | Admin Aide III  Supervising Tourism Operation Officer  City Tourism Officer  Tourism Office Personnel  City Tourism Officer  Tourism Office Personnel  City Tourism Officer | |
|  | |  |
| **TOTAL** | | | **None** | **40 Minutes** | |  |

**17.2. Tour Guide Assistance**

The City of Gingoog welcomes visitors and guests. And, the City Tourism Office provides tour guides as well as sees visitors and guests off upon departure.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Tourism Office | | | | |
| **Classification:** | | Simple | | | | |
| **Type of Transaction:** | | G2C – Government to Citizen | | | | |
| **Who may avail:** | | All | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | | |
| None | | | Not applicable | | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** | |
| 1. Register name, address and purpose of visit. | 1. Welcome client and provide logbook for registration.  1.1 Provide flyers/ brochures.  (as requested).  1.2. Confer with client regarding desired itinerary including, type of tour and length of stay.  1.3. Arrange domestic transportation, accommodation and other tourism related services.   * 1. Assign Tour Guide   2. Conduct guided tour | | None  None  None  None  None  None | 3 Minutes  1 Minute  10 Minutes  30 Minutes  2 Minutes  Depending on the Itinerary | Admin Aide III  Supervising Tourism Operation officer  City Tourism Officer | |
| Admin Aide III  City Tourism Officer  Admin Aide III  Tour Guide/s | |
| 2. Fill out the feedback form for comments and suggestions. | 2. Provide Feedback Form.  2.1. Accept accomplished feedback form and see guests off upon departure. | | None  None | 1 Minute  1 Minute | | Administrative, Events and Services Section Personnel |
| **TOTAL** | | | **NONE** | **48 Minutes** | |  |

**CITY INTERNAL AUDIT SERVICES DEPARTMENT**

**External Services**

* 1. **Response to Complaints (8888)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office or Division:** | | City Internal Audit Services Department | | | |
| **Classification:** | | Simple to Complex | | | |
| **Type of Transaction:** | | G2G – Government to Government | | | |
| **Who may avail:** | | All | | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | | |
| * 8888 Complaint | | | ARTA/8888 | | |
| * Evidence to support compliance | | | ARTA/8888 | | |
| **CLIENT STEPS** | **AGENCY ACTION** | | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Send the complaint via 8888 thru mail or email or thru DILG | 1. Receive the complaint. | | None | 2 Minutes | *Receiving Clerk* |
| None | 1. Review and recommend to what department it should be addressed to be answered | | None | 5 Minutes | *Internal Audit Service Officer* |
| None | 1. Prepare the transmittal letter (endorsement letter) with attachment (photocopy of 8888 complaint letter) and transmit to the concerned department. Retain original copy for filing. | | None | 15 Minutes | *CIASD Staff* |
| None | 1. A First Endorsement email should be sent immediately to DILG Regional Office X, as well. | | None | 2 Minutes | *CIASD Staff* |
| None | 1. Monitor compliance within 72 Hours | | None | 2 Minutes | *CIASD Staff* |
| None | 1. Send reply and address the complaint. | | None | 1 Day 7 Hours, 24 Minutes | *Concerned Agency or Person* |
| 1. Receive the reply from the concerned agency/office | 2. Submit respective department’s reply to DILG Regional Office X via email as well as postal mail to both DILG Regional Office X and to complainant, if the address is known. | | None | 10 Minutes | *CIASD Staff* |
| **TOTAL:** | | | **None** | **2 Days** |  |

Paragraph d, Section 10 of Executive Order No. 6: “**Section 10. Administrative Sanctions.** Without prejudice to the appropriate criminal liability, failure on the part of the government agency or employee to timely respond to the public’s concerns received through the 8888 Citizens Complaint Center, or any other violation of the provision of this Order, shall be ground for administrative sanctions under existing laws and regulations.”

1. **Feedback and Complaints**

|  |  |
| --- | --- |
| **FEEDBACK AND COMPLAINTS MECHANISM** | |
| How to send feedback | Answer the client feedback form and drop it at the designated drop box at the Public Assistance and Complaints Desk (PACD) located at the ground floor of the City Hall.  Contact Info: (088-42) 7888 or lgugingoog@gmail.com |
| How feedbacks are processed | Every Friday, the Public Information Officer opens the drop box and compiles and records all feedback submitted.  Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) Days from the receipt of the feedback.  The answer of the office is then relayed to the citizen.  For inquiries and follow-ups, clients may contact the following telephone number:(088-42) 7888 |
| How to file a complaint | Answer the Client Feedback/Complaint Form and drop it at the designated drop box at the PACD located at the ground floor of the City Hall.  Complaints can also be filed via telephone. Make sure to provide the following information:   * Name of person being complained * Incident * Evidence   For inquiries and follow-ups, clients may contact the following telephone number:(088-42) 7888 |
| How complaints are processed | The Complaints Officer opens the complaints box on a daily basis and evaluates each complaint.  Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.  The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.  The Complaints Officer will give the feedback to the client.  For inquiries and follow-ups, clients may contact the following telephone number:(088-42) 7888 |
| Contact Information of ARTA, PCC, CCB | ARTA: (02) 8478-5091 • (02) 8478-5093 • (02) 8478-5099 [complaints@arta.gov.ph](mailto:complaints@arta.gov.ph)  PCC: 8888  CCB: 0908-881-6565(SMS) |

1. **List of Offices**

|  |  |  |
| --- | --- | --- |
| **OFFICE** | **ADDRESS** | **CONTACT NO.** |
| City Mayor’s Office | Ground Floor, City Hall, F.Dugenio St., Brgy. 22-A | 0955-884-6018 |
| Sangguniang Panlungsod | City Hall Compound, Motoomull-F.Dugenio Sts., Brgy. 22-A | 0917-549-1447 |
| City Disaster Risk Reduction and Mngt. Office | Condeza-Rodriguez Sts., Brgy.15 | 0917-144-5697 |
| City Tourism Office | City Hall Compound, F.Dugenio St.,  Brgy. 22-A | (088) 328-0799 |
| City Environment and Natural Resources Management Office | City Hall Compound, F.Dugenio St.,  Brgy. 22-A | (088) 861-1054 |
| City Accountant’s Office | Ground Floor, City Hall, F.Dugenio St.,  Brgy. 22-A | 0945-709-5486 |
| City Agriculturist’s Office | Motorpool Compound, Motoomull St.,  Brgy. 22-A | 0926-817-4023 |
| City Assessor’s Office | City Hall Compound, F.Dugenio St.,  Brgy. 22-A | (088) 328-2237 |
| City Budget’s Office | 2nd Floor, City Hall, F.Dugenio St.,  Brgy. 22-A | 0917-301-1137 |
| City Economic Enterprise Department | Gingoog City Public Market, Doña Graciana St. | (088) 861-0736 |
| City Engineer’s Office | Motorpool Compound, Motoomull St.,  Brgy. 22-A | 0995-238-9591 |
| City Internal Audit Service Department | 2nd Floor, City Hall, F.Dugenio St.,  Brgy. 22-A | 0926-548-6239 |
| City Health Office | Rizal St., Brgy. 15 | (088) 861-0567 |
| City Planning and Development Office | 2nd Floor, City Hall, F.Dugenio St.,  Brgy. 22-A | 0905-923-3233 |
| City Prosecutor’s Office | Hall of Justice,  F. Dugenio St. | (088) 328-1007 |
| City Social Welfare and Development Office | City Hall Compound, F.Dugenio St.,  Brgy. 22-A | 0955-457-5180 |
| City Treasurer’s Office | Ground Floor, City Hall, F.Dugenio St., Brgy. 22-A | 0955-184-4141 |
| City Veterinarian’s Office | City Hall Compound, F.Dugenio St.,  Brgy. 22-A | (088) 856-2489 |
| Local Civil Registrar’s Office | City Hall Compound, F. Dugenio St.,  Brgy. 22-A | 0997-834-7606 |
| City Investment Promotion Office | City Hall Compound, F. Dugenio St.,  Brgy. 22-A | (088) 856-9778 |
| General Services Office | Motorpool Compound, Motoomull St.,  Brgy. 22-A | (088) 861-2766 |
| Gingoog City Community College | Motoomull St., Brgy. 22-A | (088) 327-1022 |