





# > > AGENCY PROFILE





#### I. Mandate:

Roxas City is a medium-sized city in the province of Capiz, Philippines. It is considered as one of Panay Islands' center of education, trade, economic activity and logistics. Once known as the Municipality of Capiz, the origin of the present name of the province, was renamed into Roxas City in honor of native Manuel Roxas, the First President of the Philippine Third Republic, after it became a chartered city on May 12, 1951 through House Bill 1528. It was approved by President Elpidio Quirino on April 11, 1951 through Republic Act No. 603.

# REPUBLIC ACT NO. 603 AN ACT CREATING THE CITY OF ROXAS

Be it enacted by the Senate and House of Representatives of the Phillippines in Congress assembled:

Section 1. This Act shall be known as the Charter of the City of Roxas.

#### ARTICLE I – General Provisions

Section 2. *Territory of the City*. "The City of Roxas, which is hereby created shall comprise the present territorial jurisdiction of the municipality of Capiz in the Province of Capiz.

Section 3. Corporate character of the city. "The City of Roxas constitutes a political body corporate and is endowed with the attribute of perpetual succession and possessed of the powers which pertain to a municipal corporation, to be exercised in conformity with the provisions of this Charter.

Section 4. Seal and general powers of the city. "The City shall have a common seal, and may alter the same at pleasure. It may take, purchase, receive, hold, lease, convey, and dispose of real and personal property for the general interests of the city, condemn private property for public use, contract and be contracted with, sue and be sued, prosecute and defend to final judgment and execution wherein said city is a party, and exercise all the powers hereinafter conferred."



Section 5: The city not liable for damages. "The City shall not be liable or held for damages or injuries to persons or property arising from the failure of the Municipal Board, the Mayor, or any other city officer or employee, to enforce the provisions of this Charter, or any other law or ordinances, or from negligence of said Municipal Board, mayor or other city officers or employees while enforcing or attempting to enforce the provisions thereof."

Section 6. Jurisdiction of the City. "The jurisdiction of the City of Roxas for police purposes shall be coextensive with its territorial jurisdiction, and for the purpose of protecting and insuring the purity of the water supply of the city, such police jurisdiction shall also extend over all territory within the drainage area of such water supply, or within one hundred meters of any reservoir, conduit, canal, aqueduct or pumping station used in connection with the city water service."

#### II. Vision:

"Roxas City as the cleanest, most livable, progressive and preferred sustainable community that preserves its natural character and historical charm."

# **III. Mission:**

"Roxas City commits to provide excellent public service in transparent, efficient, and collaborative manner in order to build and sustain a preferred community to live, work, play and invest in."

# IV. Service Pledge:

"The Local Government of Roxas City pledge to deliver efficient and effective public service and strives to serve with transparency, accountability, integrity, competence, honesty and sincerity."

# INTRODUCTION



Change has always been the battle cry of City Mayor, Ronnie T. Dadivas. This administration had embraced change in as much as it is a force that is to be reckoned with if progress is the end objective. As a result of this mindset and orientation, the local government of Roxas City has gone full speed ahead in terms of infrastructural development, social development, and even organizational development. Proof of this is the numerous awards and recognitions that the City has received for its innovative, successful, and effective programs and projects. The root of all these, is of course, a functional, dynamic, active, sincere, and responsive local government unit which is a result of proper, decisive, and pro-active organizational management.

The Citizen's Charter is the testament to this brand of organizational management, currently being spearheaded by the City Chief Executive. With the implementation of internal policies and procedures to ensure the efficiency of local government employees, the apolitical move of enhancing tax collections, the successful traffic regulation, impeccable health services the streamlining of implementation processes and procedures aimed at improving basic and governmental services, and many more, the City of Roxas has repeatedly been chosen as the destination of choice for other local governments seeking to improve their own services. All these are merely outward manifestations of the organizational change that has occurred and is still occurring within the walls of the Roxas City Hall and beyond.

The organizational and developmental platform of the Roxas City Local Government is hinged on the principle that change should not be viewed hostilely; rather, it has to be viewed as a measure of improvement so that whatever currently,, adamantly resist change becomes a barrier for the realization of developmental plans and the implementation of progress agendas. This administration strives to make every public servant understand that in government., it is not seniority that matters and neither the force of habit or the culture of pessimism, instead, it is the sincere dedication of each public servant to truly want to serve the public as best as possible and in response and acceptance of the mandate that emanated from the public to begin with.

The Citizen's Charter is as much a legacy as it is a monument to the organizational goals of this city – it is a concrete materialization of the sincerity to serve and the dedication of local leaders and lawmakers to the welfare of the people and continued progress of this city.



# **FOREWORD**

The government exists because of the mandate it was given by the people. As such, the government is, first and foremost, duty bound to ensure that the people are served with a commitment to efficient, effective, and fast public service in mind. This would not be possible unless every local government is able to articulate its commitment and dedication to public service. The Citizen's Charter is an articulation of this commitment and dedication.

Nonetheless, the Citizen's Charter will inevitably be a waste of paper and ink if not for the commitment of all the members of the local government to the implementation of the changes and reforms articulated in the said document. The drive for change should be consistently pursued if any improvements in local government service are to be expected as a consequence of the implementation and operationalization of our Citizen's Charter. In addition, the Citizen's charter is not just an attempt to articulate the local government's commitment to quality public service but also an invitation for the public to be dynamic and active partners in local governance and development.

While Republic Act 7160 empowered local governments to decentralize public service said legislation will remain a white elephant if not for the sincere commitment of local governments to embrace change and reform. The Citizen's Charter is a manifestation of the power of local governments to implement reforms. Moreover, it is the product of tangible and materialized efforts to illicit change within the organization and enable a more progressive approach to systems thinking and organizational management. Along with Republic Act 7160 is Republic Act 9485 or the Anti-Red Tape Law which is embodied by our Citizen's charter as such seeks not only to be a useful operational manual for local government employees but also to become a pact between the government and the people for a transparent, responsive, and accountable local government unit.

In pursuant to Republic Act No. 11032, Section 5, "All offices and agencies which provide government services are hereby mandated to regularly undertake cost compliance analysis, time and motion studies, undergo evaluation and improvement of their transaction systems and procedures and reengineer the same if deemed necessary to reduce bureaucratic red tape and processing time."

In compliance with the provisions of Republic Act No. 11032, the Roxas City- Local Government Unit initiate review of existing policies, and operations and commence with the reengineering of systems and procedures in all frontlines services. Hence, the Roxas City- LGU Citizen's Charter Fourth Edition embodies the reengineering of Systems and Procedures in all its' Frontline Services.



# LIST OF ALL DEPARTMENT HEADS & UNIT HEADS

| NAME                    | OFFICE                                                       | TELEPHONE NO. |
|-------------------------|--------------------------------------------------------------|---------------|
| RONNIE T. DADIVAS       | City Mayor's Office                                          | 6212-049      |
| TERESA H. ALMALBIS      | Vice Mayor Office                                            | 522-2785      |
| LORIE BELLE O. USISON   | City Administrator's Office/<br>City General Services Office | 520-1520      |
| ATTY. ANTONIO A. BISNAR | City Legal Office                                            | 522-1990      |
| TERESITA T. BIDIONES    | City Accountant's Office                                     | 6215-428      |
| EDGARDO A. ALFON        | City Budget Office                                           | 6211-912      |
| MIMI B. RIANO           | City Treasurer's Office                                      | 520-7103      |
| SAMUEL C. NARCISO       | City Assessor's Office                                       | 522-3987      |
| ARNOLD B. ALARCON, JR.  | City Planning & Dev't. Office                                | 620-2787      |
| ANTONIO V. AMOROSO, JR. | City Engineer's Office                                       | 620-5877      |
| JOANNE A. AZARCON       | <b>Human Resource Management Office</b>                      | 6516-053      |
| LORY V. CAHILOG         | City Health Office                                           | 6215-686      |
| PERSEUS L. CORDOVA      | City Social Welfare & Dev't. Office                          | 620-3190      |
| BRYAN MARI J. ARGOS     | City Tourism Office                                          | 6200-544      |
| MARY ANN V. BARIA       | City Agriculture's Office/<br>City Veterinarian's Office     | 6214-913      |
| DINO D. BELUSO          | Sangguniang Panlungsod Office                                | 522-2785      |
| HELOISE C. MENDOZA      | CMO- Market Operation                                        | 09955571145   |
| RONALD A. AMIGO         | CENRO                                                        | 09395168748   |
| LEONARDO A. AGANA (OIC) | City Civil Registrar's office                                | 6211-679      |



| NAME                       | OFFICE                              | TELEPHONE NO. |
|----------------------------|-------------------------------------|---------------|
| GARRET ANSEL S. BAES (OIC) | CMO-Fishing Port                    | 09088884574   |
| CAROLINE T. DADIVAS        | PESO                                | 09190099137   |
| DENNIS A. SANEO            | CDRRMO                              | 522-7878      |
| ROSELYN L. ESTREBILLA      | BPLO                                | 6202-216      |
| EDGAR ANDRADE              | TFRU                                | 620-5745      |
| JUVY A. TABARANZA          | TRANSPORT UNIT                      | 09994411989   |
| REBECCA Y. ANDRADE         | CMO-ZONING                          | 09999923748   |
| SALVADOR BARTOCILLO, JR.   | CMO- HOUSING UNIT                   | 09467170558   |
| ERNESTO DELA CRUZ          | CMO-OSCA                            | 6215-174      |
| VICTOR A. ARCENAS          | RCITT                               | 09989885147   |
| RICHARD DELOS REYES        | CMO-ICT                             | 09262517366   |
| GONZALO ANDRADA            | CMO-TMU                             | 5207-361      |
| ERWIN DEVIENTE             | SLAUGHTER HOUSE                     | 09485600607   |
| ARNI DIOSDADO ARTATES      | DRCC                                | 09773921614   |
| CHERYL ANNE DEL ROSARIO    | ROXAS CITY PANUBLION MUSEUM         | 09685544007   |
| MELVIN GALAGATE            | ROXAS CITY COMMUNICATION            | 09514428913   |
| ENGR. JOEL ALCAZAR         | GROUP (RCCG) CMO-MOTORPOOL DIVISION | 09302221337   |





# Republic of the Philippines City of Roxas



Office of the Sangguniang Panlungsod

EXCERPTS FROM THE MINUTES OF THE REGULAR SESSION OF THE HONORABLE SANGGUNIANG PANLUNGSOD OF THE CITY OF ROXAS, HELD AT THE SP SESSION HALL ON JANUARY 16, 2024.

| PRESENT: | Hon. Victor Federico B. Acepcion             | <br>Sanggunian Member I  |
|----------|----------------------------------------------|--------------------------|
|          |                                              | Acting Presiding Officer |
|          | Hon. Jaime Cortes M. Altavas                 | <br>Sanggunian Member I  |
|          | Hon. John Paul J. Arcenas                    | <br>Sanggunian Member I  |
|          | Hon. Paul Ivan R. Baticados                  | <br>Sanggunian Member I  |
|          | Hon. Reynaldo C. Magallanes                  | <br>Sanggunian Member I  |
|          | Hon. Albert Gregory Y. Potato                | <br>Sanggunian Member I  |
|          | Hon. Herbert S. Chu                          | <br>Sanggunian Member I  |
|          | Hon. Earl C. Sicad                           | <br>Sanggunian Member I  |
|          | Hon. Fernando Luis A. Viterbo                | <br>Sanggunian Member I  |
|          | Hon. Moreno A. Gonzaga                       | <br>Sanggunian Member I  |
|          | Hon. Roberto Ross E. Roldan (ABC Rep.)       | <br>Sanggunian Member I  |
|          | Hon. Martin Antonio II S. Pimentel (SK Rep.) | <br>Sanggunian Member I  |
| ABSENT:  | •                                            |                          |
|          | Hon. Teresa H. Almalbis                      | <br>Vice Mayor I (PTL)   |
|          |                                              |                          |

#### RESOLUTION NO. 008 - 2024

# RESOLUTION APPROVING AND ADOPTING THE REVISED CITIZEN'S CHARTER OF THE ROXAS CITY GOVERNMENT

WHEREAS, the Anti-Red Tape Act of 2007 otherwise known as Republic Act No. 9485 declared the policy of the State to promote integrity, accountability, proper management of public affairs and public property as well as establish effective practices aimed at the prevention of graft and corruption in government:

WHEREAS, Republic Act No. 11032: "An Act Promoting Ease of Doing Business and Efficient Delivery of Government Service", states in Section 5 that all government agencies and offices covered by the Act are mandated to regularly undergo evaluation and improvement of their transaction systems and procedures and reengineer the same if deemed necessary to reduce bureaucratic red tape and processing time;

WHEREAS, the reengineering process also entails an interagency review and harmonization of permitting and licensing laws, policies, regulations and issuances to eliminate redundant and undue regulatory burdens to the transacting public;

**WHEREAS**, in compliance to this Act, the different offices in the Roxas City-LGU submitted the Initial Reengineering Plan, as per the Anti-Red Tape Authority (ARTA) Memorandum Circular 2021-09, whereby updating the Citizen's Charter;

NOW THEREFORE, on motion of Hon. Paul Ivan R. Baticados, unanimously seconded, it was

**RESOLVED, AS IT IS HEREBY RESOLVED,** TO APPROVE AND ADOPT THE REVISED CITIZEN'S CHARTER OF THE ROXAS CITY GOVERNMENT.

I hereby certify that this Resolution was duly passed and approved by the Sangguniang Panlungsod of Roxas City on the date herein stated.

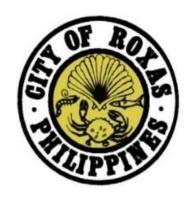
14

NO C. BELUSO SP Secretary

ATTESTED:

VICTOR FEDERICOB. ACEPCION

SP Member 1 Acting Presiding Officer



# COMPLETE LIST OF FRONTLINE SERVICES



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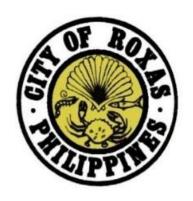


| NAME OF OFFICE        | FRONTLINE SERVICES                                                                         | PAGE<br>NUMBER |  |
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# DD EXTERNAL SERVICES



# >>>>> CITY MAYOR'S OFFICE



| Service Name               | I. Securing mayor's clearance for employment purpose, to travel abroad, for taking board examination                    |  |  |  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Description                | Issuance of Mayor's Clearance for those clients who are seeking employment, wants to travel abroad and for students who |  |  |  |
|                            | will be taking the Board Examination.                                                                                   |  |  |  |
| Office/Division            | City Mayor's Office/ Administrative Division                                                                            |  |  |  |
| Classification             | Simple                                                                                                                  |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                     |  |  |  |
| Who May Avail of the       | Any Filipino citizen who is a bonafide resident of the City of Roxas.                                                   |  |  |  |
| Service                    |                                                                                                                         |  |  |  |
| Requirements               | 1. Police/NBI Clearance, 2. Documentary Stamp, 3. Receipt of Payment.                                                   |  |  |  |
| Duration                   | 1 hour & 6 minutes                                                                                                      |  |  |  |

| STEP<br>NO. | CLIENT STEPS                                 | SERVICE PROVIDER/<br>AGENCY ACTION                                        | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE        |
|-------------|----------------------------------------------|---------------------------------------------------------------------------|-----------------------|--------------------|------------------------------|
| 1           | Submit requirements to the Service provider. | Prepares the Mayor's Clearance upon submission of requirements by client. | P100.00               | 5 minutes          | Administrative<br>Officer II |



| STEP<br>NO. | CLIENT STEPS | SERVICE PROVIDER/<br>AGENCY ACTION           | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME                                                                   | PERSON<br>RESPONSIBLE                        |
|-------------|--------------|----------------------------------------------|-----------------------|--------------------------------------------------------------------------------------|----------------------------------------------|
| 2           |              | Submit clearance for signature by the Mayor. |                       | 1 hour if the Mayor is around, but subject to change upon availability of the Mayor. | Administrative Officer<br>II<br>Adm. Aide II |
| 3           |              | Release the Mayor's Clearance                |                       | 1 minute                                                                             | Administrative Officer<br>II<br>Adm. Aide II |
|             |              | End of transactions                          |                       |                                                                                      |                                              |



| Service Name               | II. Securing Recommendation Letter for Employment.                                             |
|----------------------------|------------------------------------------------------------------------------------------------|
| Description                | Issuance of recommendation letter for clients who are seeking employment in the City of Roxas. |
| Office/Division            | City Mayor's Office/ Administrative Division                                                   |
| Classification             | Simple                                                                                         |
| <b>Type of Transaction</b> | G2C                                                                                            |
| Who May Avail of the       | Any Filipino citizen who is a bonafide resident of the City of Roxas.                          |
| Service                    |                                                                                                |
| Requirements               | 1. Resume/Bio-data, Endorsement Letter from the Barangay.                                      |
| Duration                   | 1 hour & 31 minutes                                                                            |

| STEP<br>NO. | CLIENT STEPS                                                                                          | SERVICE PROVIDER/<br>AGENCY ACTION                                              | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME                                                                  | PERSON<br>RESPONSIBLE                        |
|-------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------|----------------------------------------------|
| 1           | Ask Permission from the<br>Secretary of the Mayor & submit<br>requirements to the service<br>provider | Prepares the Letter of recommendation upon submission of requirement by client. | None                  | 30 minutes                                                                          | Administrative<br>Officer II                 |
| 2           |                                                                                                       | Submit recommendation letter for signature of the Mayor.                        |                       | 1 hour if the Mayor is around but subject to change upon availability of the Mayor. | Administrative<br>Officer II<br>Adm. Aide II |



| STEP<br>NO. | CLIENT STEPS        | SERVICE PROVIDER/<br>AGENCY ACTION               | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                        |  |
|-------------|---------------------|--------------------------------------------------|-----------------------|--------------------|----------------------------------------------|--|
| 3           |                     | Release the recommendation letter to the client. |                       | 1 minute           | Administrative<br>Officer II<br>Adm. Aide II |  |
|             | End of transactions |                                                  |                       |                    |                                              |  |



| Service Name               | III. Securing Special Permit for Benefit Dance.                                                                     |
|----------------------------|---------------------------------------------------------------------------------------------------------------------|
| Description                | Issuance of Special Permit to Barangay Officials and association officers for the conduct of Benefit Dance in their |
|                            | respective barangays.                                                                                               |
| Office/Division            | City Mayor's Office/ Administrative Division                                                                        |
| Classification             | Simple                                                                                                              |
| <b>Type of Transaction</b> | G2G                                                                                                                 |
| Who May Avail of the       | Any Filipino citizen who is a bonafide resident of the City of Roxas.                                               |
| Service                    |                                                                                                                     |
| Requirements               | Association/Barangay resolution, Photo copy of the business permit of the accompanying Sound system, O.R.           |
| Duration                   | 11 minutes                                                                                                          |

| STEP<br>NO. | CLIENT STEPS                                 | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                          | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                        |
|-------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|----------------------------------------------|
| 1           | Submit requirements to the Service Provider. | Prepares the Special Permit.                                                                                                                | P100.00               | 5 minutes          | Administrative<br>Officer II                 |
| 2           |                                              | Special Permit to be signed by the applicant & facilitate Special Permit for signature by the Barangay Captain/DSWD Head & Chief of Police. |                       | . 5 minutes        | Administrative<br>Officer II<br>Adm. Aide II |



| STEP<br>NO. | CLIENT STEPS        | SERVICE PROVIDER/<br>AGENCY ACTION                                    | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                        |  |
|-------------|---------------------|-----------------------------------------------------------------------|-----------------------|--------------------|----------------------------------------------|--|
| 3           |                     | Submit Special Permit for signature by the Acting City Administrator. |                       | 5 minutes          | Administrative<br>Officer II<br>Adm. Aide II |  |
| 4           |                     | Release Special Permit for Benefit Dance.                             |                       | 1 minute           | Administrative<br>Officer II<br>Adm. Aide II |  |
|             | End of transactions |                                                                       |                       |                    |                                              |  |

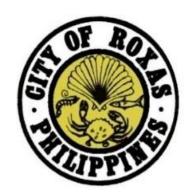


| Service Name               | IV. Special Permit (MOTORCADE, CARAVAN, PARADE, RALLY, CONCERT, PROMOTIONAL).                                         |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Description                | Issuance of Special Permit to clients for motorcade, caravan, parade, rally, concert and other promotional activities |
|                            | conducted within the City of Roxas.                                                                                   |
| Office/Division            | City Mayor's Office/ Administrative Division                                                                          |
| Classification             | Simple                                                                                                                |
| <b>Type of Transaction</b> | G2C                                                                                                                   |
| Who May Avail of the       | Any Filipino citizen who is a bonafide resident of the City of Roxas.                                                 |
| Service                    |                                                                                                                       |
| Requirements               | Letter request to the event, receipt of payment, Vehicles Plate No. for Conveyance.                                   |
| Duration                   | 11 minutes & 30 seconds                                                                                               |

| STEP<br>NO. | CLIENT STEPS                                                                  | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                    | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE               |
|-------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-------------------------------------|
| 1           | Submit letter of request to the Receiving Section of the City Mayor's Office. | Receive approved request for the issuance of a Special Permit upon Payment of required fee.                                           | P100.00               | 5 minutes          | Mayor's Office<br>Receiving Section |
| 2           |                                                                               | Special Permits to be signed by the applicant & facilitate signing of Special Permit by the Chief of Police, as Recommending Officer. |                       | . 30 seconds       | Applicant                           |



| STEP<br>NO. | CLIENT STEPS        | SERVICE PROVIDER/<br>AGENCY ACTION                                            | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                        |  |
|-------------|---------------------|-------------------------------------------------------------------------------|-----------------------|--------------------|----------------------------------------------|--|
| 3           |                     | Submit Special Permit for Approval by the City Administrator/ Representative. |                       | 5 minutes          | Administrative<br>Officer II<br>Adm. Aide II |  |
| 4           |                     | Release Special Permit to client.                                             |                       | 1 minute           | Administrative<br>Officer II<br>Adm. Aide II |  |
|             | End of transactions |                                                                               |                       |                    |                                              |  |



# BUSINESS PERMIT LICENSING DIVISION



| Service Name               | I. Issuance of Business Permit                                                                           |                                                                                                                      |  |  |  |  |
|----------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Description                | Business Permit is issued to Business Owners to ena                                                      | Business Permit is issued to Business Owners to enable them to legally operate and do business in the City of Roxas. |  |  |  |  |
| Office/Division            | City Treasurer's Office/ Business Permit & Licensin                                                      | City Treasurer's Office/ Business Permit & Licensing Division                                                        |  |  |  |  |
| Classification             | Simple                                                                                                   |                                                                                                                      |  |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                      |                                                                                                                      |  |  |  |  |
| Who May Avail of the       | Citizens doing business or Planning to do business i                                                     | n the City.                                                                                                          |  |  |  |  |
| Service                    |                                                                                                          |                                                                                                                      |  |  |  |  |
| Requirements               | NEW                                                                                                      |                                                                                                                      |  |  |  |  |
|                            | 1. Duly filled-out Business Application Form                                                             |                                                                                                                      |  |  |  |  |
|                            | 2. Barangay Clearance (for Business)                                                                     |                                                                                                                      |  |  |  |  |
|                            | 3. DTI Business Name Registration (for Single Proprietor)                                                |                                                                                                                      |  |  |  |  |
|                            | 4. SEC Registration (for Partnership/Corporation)                                                        |                                                                                                                      |  |  |  |  |
|                            | 5. Cooperative Development Authority (CDA) Registration (fo                                              |                                                                                                                      |  |  |  |  |
|                            | <ol> <li>BIR Registration Certificate (COR) and Annual Registration</li> <li>Invested Capital</li> </ol> | 1 Fee                                                                                                                |  |  |  |  |
|                            | 8. Community Tax Certificate (Cedula)                                                                    |                                                                                                                      |  |  |  |  |
|                            | 9. Other document/s necessary to support application                                                     |                                                                                                                      |  |  |  |  |
|                            | FOR PARTNERSHIP/CORPORATION/COOPERATIVE:                                                                 | FOR DEALER/DISTRIBUTOR/WHOLESALER:                                                                                   |  |  |  |  |
|                            | -Constitution and By Laws                                                                                | -Dealership Agreement between two partie                                                                             |  |  |  |  |
|                            | -Secretary's Certificate                                                                                 | -Certificate of Exclusivity                                                                                          |  |  |  |  |
|                            | -Board Resolution                                                                                        | - If Warehousing, present proof of no income reported in Roxas City                                                  |  |  |  |  |
|                            | FOR BANKS & OTHER FINANCIAL INSTITUTIONS:                                                                | FOR RADIO/TELEVISION:                                                                                                |  |  |  |  |
|                            | -License or Authority to operate (From BSP)  - NTC Registration                                          |                                                                                                                      |  |  |  |  |
|                            |                                                                                                          | FOR COCKPIT:                                                                                                         |  |  |  |  |
|                            |                                                                                                          | - Local Francise Registration (From SP)                                                                              |  |  |  |  |
|                            |                                                                                                          | -Secretary's Certificate                                                                                             |  |  |  |  |
|                            |                                                                                                          | -Board Resolution                                                                                                    |  |  |  |  |
|                            |                                                                                                          |                                                                                                                      |  |  |  |  |



|              | 3. Fire Safety Inspection Certificate from Bureau of Fire Protection  4. Sanitary Permit from City Health Office                                                                                                                                                                                                                                                                                                        |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | 1. Zoning Clearance from Zoning Section 2. Certificate of Annual Inspection from City Engineer's Office                                                                                                                                                                                                                                                                                                                 |
|              | REGULATORY Inspection Certificates from the following Offices:                                                                                                                                                                                                                                                                                                                                                          |
|              | FOR SECURITY AGENCY/MILITARY SUPPLIES AND EQUIPMENT BUSINESS/SHOOTING RANGE: -CAMP CRAME Accreditation                                                                                                                                                                                                                                                                                                                  |
|              | FOR SMOKE EMMISSION TESTING CENTERS AND OTHER RELATED BUSINESS: -DOST accreditation                                                                                                                                                                                                                                                                                                                                     |
|              | FOR CHAINSAW OPERATOR: -DENR Accreditation                                                                                                                                                                                                                                                                                                                                                                              |
|              | FOR HOTELS/MOTELS/LODGING HOUSES AND OTHER RELATED BUSINESS (WITH MORE THAN 5 ROOMS): -DOT Accreditation                                                                                                                                                                                                                                                                                                                |
|              | FOR GENERAL ENGINEERING/BUILDING & INFRASTRUCTURE CONTRACTOR: -Notice of Award from 1 <sup>st</sup> & 2 <sup>nd</sup> District of Capiz and/or with Branches from other places (If none, Certification of No Transaction/Project from DPWH, Capiz and Concerned Agencies.                                                                                                                                               |
|              | <ol> <li>Barangay Clearance (for Business)</li> <li>Sworn Declaration of Gross Receipts for the Preceding Year supported by copies of BIR Quarterly Tax Payment</li> <li>Community Tax Certificate (Cedula)</li> <li>Previous year business permit and receipt of payment</li> <li>Other document/s necessary to support application         FOR CONTRACTOR:         -Contract/Agreement Between Two Parties</li> </ol> |
| Requirements | RENEWAL  1. Duly filled-out Business Application Form                                                                                                                                                                                                                                                                                                                                                                   |

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| STEP<br>NO. | CLIENT STEPS                                                                                                             | SERVICE PROVIDER/<br>AGENCY ACTION                      | FEES<br>TO BE<br>PAID                                                      | PROCESSIN<br>G TIME | PERSON<br>RESPONSIBLE                        |
|-------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------|---------------------|----------------------------------------------|
| 1           | Submit application with complete documentary requirements                                                                | Receive and verify the validity of documents submitted. | None                                                                       | 5 minutes           | Licensing Staff                              |
| 2           | Wait for the computation of<br>business taxes and other fees and<br>pay to the Cashier at the City<br>Treasurer's Office | Assess Taxes due and other Fees involved                | Depending on the Capitalizati on/Gross Receipts and nature of the business | . 30 minutes        | Licensing Staff  Revenue Collection  Officer |
| 3           | Receive Business Permit                                                                                                  | Print, Sign and Issues Business Permit                  | None                                                                       | 2 days              | Licensing Staff<br>BPLD Head<br>City Mayor   |
|             |                                                                                                                          | End of transactions                                     |                                                                            |                     |                                              |



| Service Name               | II. ISSUANCE OF MAYOR'S CLEARANCE FOR LOCAL EMPLOYMENT                                                                                                                                                                                            |  |  |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Description                | Mayor's Clearance is issued to clients for employment in the City of Roxas.                                                                                                                                                                       |  |  |
| Office/Division            | City Treasurer's Office/ Business Permit & Licensing Division                                                                                                                                                                                     |  |  |
| Classification             | Simple                                                                                                                                                                                                                                            |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                                                                                                                                               |  |  |
| Who May Avail of the       | Any person who wants to apply for an employment in Roxas City                                                                                                                                                                                     |  |  |
| Service                    |                                                                                                                                                                                                                                                   |  |  |
| Requirements               | Filled-out application form, NBI or Police Clearance (Original), Health Card/Certificate (Photocopy), Valid ID (Photocopy), 1x1 ID Picture, Community Tax Certificate (Cedula) (original), Official Receipt paid from the City Treasurer's Office |  |  |
| Duration                   | 1 day maximum                                                                                                                                                                                                                                     |  |  |

| STEP<br>NO.                            | CLIENT STEPS | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|----------------------------------------|--------------|------------------------------------|-----------------------|--------------------|-----------------------|
| Submit application with complete data. |              | Review accomplished form           | None                  | 5 minutes          | Licensing Staff       |



| STEP | CLIENT STEPS                     | SERVICE PROVIDER/                             | FEES   | PROCESSING  | PERSON             |
|------|----------------------------------|-----------------------------------------------|--------|-------------|--------------------|
| NO.  |                                  | AGENCY ACTION                                 |        | TIME        | RESPONSIBLE        |
|      |                                  |                                               | PAID   |             |                    |
|      |                                  |                                               |        |             |                    |
| 2    | Pay the corresponding fee to the | While the client pays the corresponding fee,  | P80.00 | . 5 minutes | Licensing Staff/   |
|      | Cashier.                         | the application is being prepared to process. |        |             | Revenue Collection |
|      |                                  |                                               |        |             | Clerk              |
| 3    | Receives Mayor's Clearance.      | Prints, Sign, Issues & releases Mayor's       | None   | 30 minutes  | Licensing Staff/   |
|      | -                                | Clearance                                     |        |             | City Treasurer     |
|      |                                  |                                               |        |             | City Administrator |
|      | End of transactions              |                                               |        |             |                    |



| Service Name               | III. ISSUANCE OF CERTIFIED COPY/IES OF BUSINESS PERMIT & CERTIFICATION                                                                                                                                                                                                        |  |  |  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                            | (No business, Retired/Closed Business)                                                                                                                                                                                                                                        |  |  |  |
| Description                | Certified true copies and certification is issued to requesting clients/business establishment owners for any legal purpose.                                                                                                                                                  |  |  |  |
| Office/Division            | City Treasurer's Office/ Business Permit & Licensing Division                                                                                                                                                                                                                 |  |  |  |
| Classification             | Simple                                                                                                                                                                                                                                                                        |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                                                                                                                                                                           |  |  |  |
| Who May Avail of the       | Business owner or duly authorized representative. Party requesting for Certification of No Business Operation.                                                                                                                                                                |  |  |  |
| Service                    |                                                                                                                                                                                                                                                                               |  |  |  |
| Requirements               | For Certified True Copy: Request Letter for Certification; in case of representative, valid ID, authorization letter from the owner/manager/president; Original & photocopy of Business Permit (Notarized Affidavit of loss in case; Official Receipt (Php50.00)              |  |  |  |
|                            | For Certification of No business/retired/closed business: Request Letter of business record stating the purpose; Photocopy of valid ID of the requestor and /or its manager or president; Authorization Letter and valid ID (if representative); Official Receipt (Php100.00) |  |  |  |
| Duration                   | 10 minutes                                                                                                                                                                                                                                                                    |  |  |  |

| STEP<br>NO. | CLIENT STEPS                                                       | SERVICE PROVIDER/<br>AGENCY ACTION     | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|--------------------------------------------------------------------|----------------------------------------|-----------------------|--------------------|-----------------------|
| 1           | Request for a certified true copy of Business Permit/Certification | Verify/check record of Business Permit | None                  | 2 minutes          | Licensing Staff       |



| STEP<br>NO. | CLIENT STEPS                                                     | SERVICE PROVIDER/<br>AGENCY ACTION                                              | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                           |
|-------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------|--------------------|-------------------------------------------------|
| 2           | Pay to the City Treasurer's Office                               | While the client pays the corresponding fee, the application is being prepared. | P50.00                | 5 minutes          | Licensing Staff/<br>Revenue Collection<br>Clerk |
| 3           | Receives Certified True copy of<br>Business Permit/Certification | Issues certified true copy/ies of business permit/Certification                 |                       | 3 minutes          | Licensing Staff                                 |
|             | End of transactions                                              |                                                                                 |                       |                    |                                                 |



# CMO- OFFICE FOR SENIOR CITIZENS AFFAIRS (OSCA)



| Service Name               | I. ISSUANCE OF SENIOR CITIZENS' I.D. CARDS / REPLACEMENT I.D. / LOST I.D., AND BOOKLETS                                     |                                                           |  |  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|--|
|                            | FOR MEDICINE AND GROCERIES                                                                                                  |                                                           |  |  |
| Description                | A Senior Citizen's ID Card is one of the valid IDs in the Philippines issued to Senior Citizens. The Card owner is entitled |                                                           |  |  |
|                            | to avail benefits, privileges and governmen                                                                                 | t assistance.                                             |  |  |
| Office/Division            | City Mayor's Office- OSCA                                                                                                   |                                                           |  |  |
| Classification             | Simple                                                                                                                      |                                                           |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                         |                                                           |  |  |
| Who May Avail of the       | Roxas City Citizens who are (60) sixty yea                                                                                  | rs old and above                                          |  |  |
| Service                    |                                                                                                                             |                                                           |  |  |
| Requirements               | For New I.D. Applicants                                                                                                     |                                                           |  |  |
|                            | 1. 3 pcs. I.D. picture 1"x1" (Latest Picture)                                                                               |                                                           |  |  |
|                            | 2. Barangay Certification (Latest Issue at least 1 month)                                                                   |                                                           |  |  |
|                            | 3. For Dual Citizen: submit Xerox copy of order of Approval/Citizenship Retention and Re-acquisition)                       |                                                           |  |  |
|                            | 4. Any of the following (1 xerox/ photocopy)                                                                                |                                                           |  |  |
|                            | 4a. Valid Government ID                                                                                                     |                                                           |  |  |
|                            | 4a1. Driver's License                                                                                                       | 4c. Birth Certificate                                     |  |  |
|                            | 4a2. SSS I.D.                                                                                                               | For married female: submit Marriage Contract/1 xerox copy |  |  |
|                            | 4a3. GSIS I.D.                                                                                                              | 4d. Baptismal Certificate                                 |  |  |
|                            | 4a4. COMELEC I.D.                                                                                                           | 4e. Latest Passport                                       |  |  |
|                            | 4a5. Latest                                                                                                                 | 4f. PHILHEALTH MDR/I.D.                                   |  |  |
|                            | 4b. Latest Police/NBI Clearance                                                                                             | 4g. COMELEC Certification                                 |  |  |
|                            | NOTE: Present original copy for verificati                                                                                  | on                                                        |  |  |



| Requirements   | For Replacement/Lost I.D.  1. Submit 1 pc. 1"x1" picture  2. One Hundred Pesos (Php100.00) to be paid to the City Treasurer's Office (OSCA Fund) |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Other Services | a. Issuance of purchase Booklets for Medicines, Groceries and Agricultural Products b. Replacement of purchase booklets                          |
| Duration       | 1 Hour & 2 minutes                                                                                                                               |

#### **HOW TO AVAIL OF THE SERVICE : For New Member**

| STEP<br>NO. | CLIENT STEPS                                                      | SERVICE PROVIDER/<br>AGENCY ACTION                                      | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                          |
|-------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|--------------------|------------------------------------------------|
| 1           | Submit requirements to Office for Senior Citizens Affairs (OSCA). | Receives, reviews and process application forms                         | None                  | 3 minutes          | OSCA Personnel                                 |
| 2           |                                                                   | Encode data and prepare I.D. Cards                                      | None                  | 5 minutes          | Maria Lie B. Fajartin<br>Administrative Aide I |
| 3           |                                                                   | Review all entries of I.D. cards and initial for signature of OSCA Head | None                  | 1 minute           | Josman A. Bolaño<br>Administrative Asst. II    |
| 4           |                                                                   | OSCA Head checks step1,2,3, and sign I.D. Cards                         | None                  | 5 minutes          | OSCA Head                                      |



| STEP<br>NO. | CLIENT STEPS                          | SERVICE PROVIDER/<br>AGENCY ACTION                    | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|---------------------------------------|-------------------------------------------------------|-----------------------|--------------------|-----------------------|
| 5           |                                       | Indorse I.D. Cards for Signature of the City<br>Mayor | None                  | 15 minutes         | City Mayor            |
| 6           | Receiving of I.D cards w/<br>Booklets | Releasing of new Senior Citizens I.D                  | None                  | 15 minutes         | OSCA Personnel        |
|             |                                       | End of Transaction                                    |                       |                    |                       |

#### **HOW TO AVAIL OF THE SERVICE: For Replacement of Lost I.D.**

| STEP | CLIENT STEPS                    | SERVICE PROVIDER/                              | FEES    | PROCESSING | PERSON         |  |
|------|---------------------------------|------------------------------------------------|---------|------------|----------------|--|
| NO.  |                                 | AGENCY ACTION                                  | TO BE   | TIME       | RESPONSIBLE    |  |
|      |                                 |                                                | PAID    |            |                |  |
|      |                                 |                                                |         |            |                |  |
| 1    | Submit requirements to Office   | Verify records of applications, advise         | P100.00 | 5 minutes  | OSCA Personnel |  |
|      | for Senior Citizens Affairs     | applicants to pay the corresponding fee to the |         |            |                |  |
|      | (OSCA).                         | City Treasurer's Office.                       |         |            |                |  |
| 2    | Present official receipt to the | Same as steps 2,3,4,5,and 6 and 7 for new      | None    | 41 minutes | OSCA Personnel |  |
|      | OSCA personnel                  | applicants                                     |         |            |                |  |
|      | -                               |                                                |         |            |                |  |
|      | End of Transaction              |                                                |         |            |                |  |

NOTE: Releasing of I.D. depends upon the submission of complete requirements of the client for at least 5 working days.



# CMO- Aid to Individuals in Crisis Situation (AICS)



| I. Aid to Individuals in Crisis Situation (AICS)                                                                            |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| AICS serves as a social safety net or stop-gap mechanism meant to support the recovery of individuals and families from     |  |  |  |  |  |  |
| unexpected crisis such as illness or death of a family member, natural and man-made disasters, and other crisis situations. |  |  |  |  |  |  |
| City Treasurer's Office/ Business Permit & Licensing Division                                                               |  |  |  |  |  |  |
| Simple                                                                                                                      |  |  |  |  |  |  |
| G2C                                                                                                                         |  |  |  |  |  |  |
| All indigent Citizens of Roxas City, individuals and families on extreme difficulty brought about by a crisis and stressful |  |  |  |  |  |  |
| situation that prevent them from functioning normally.                                                                      |  |  |  |  |  |  |
| Medical (Medicines, Laboratory) Processing                                                                                  |  |  |  |  |  |  |
| 1. Medical Certificate ( Original)                                                                                          |  |  |  |  |  |  |
| 2. Prescriptions of Doctor                                                                                                  |  |  |  |  |  |  |
| 3. Brgy. Certification / Brgy. Indigency (Original)                                                                         |  |  |  |  |  |  |
| Hospital Bill Processing                                                                                                    |  |  |  |  |  |  |
| 1. Hospital Bill (Original Copy, Philhealth Deducted, Senior Citizen Discount if SC)                                        |  |  |  |  |  |  |
| 2. Medical Certificate                                                                                                      |  |  |  |  |  |  |
| 3. Brgy. Certification / Brgy. Indigency (Original)                                                                         |  |  |  |  |  |  |
| Funeral: Processing                                                                                                         |  |  |  |  |  |  |
| 1. Certified True Copy of Death Certificate  2. Pray Cartification / Pray Indigency (Original)                              |  |  |  |  |  |  |
| 2. Brgy. Certification / Brgy. Indigency (Original)                                                                         |  |  |  |  |  |  |
|                                                                                                                             |  |  |  |  |  |  |
|                                                                                                                             |  |  |  |  |  |  |
|                                                                                                                             |  |  |  |  |  |  |



#### Requirements

#### **CASH Financial Assistance:**

#### (For Medicines)

- 1. Medical\_Certificate
- 2. Prescription of Doctor
- 3. Brgy. Indigency/Brgy. Certification (Original)

#### (For Hospitalization)

- 1. Original Copy of Hospital Bill
- 2. Medical Certificate
- 3. Brgy. Indigency/Brgy. Certification (Original)

#### (For Funeral/Burial)

- 1. Certified Tru Copy of Death Certificate
- 2. Brgy. Indigency/Brgy. Certification (Original)

#### (For Guarantee Letter)

#### **Hospital Bill**

- 1. Medical Certificate (Original)
- 1. Hospital Bill (Original Copy, Philhealth Deducted, Senior Citizen (if CS) deducted
- 3. Brgy. Certification / Brgy. Indigency (Original)



| Requirements | Funeral / Burial ( Guarantee Letter)                                                                                                                                                                         |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | <ol> <li>Certified True Copy of Death Certificate</li> <li>Brgy. Certification / Brgy. Indigency (Original)</li> </ol>                                                                                       |
|              | Red Cross 1. Blood Request 2. Brgy. Indigency/Brgy. Certification                                                                                                                                            |
|              | Rabies Center (Medicus)  1. Medical Certificate  2. Prescription  3. Brgy. Indigency/ Brgy. Certification                                                                                                    |
| Duration     | CASH FINANCIAL ASSISTANCE: 40 minutes FINANCIAL ASSISTANCE Through Guarantee Letter: 49 minutes FINANCIAL ASSISTANCE (Individual & Group Check): 1 hour & 5 minutes – Individual Check 2 hours – Group Check |



#### HOW TO AVAIL OF THE SERVICE: CASH FINANCIAL ASSISTANCE

| STEP<br>NO. | CLIENT STEPS                                                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                                                  | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME      | PERSON<br>RESPONSIBLE                    |
|-------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|-------------------------|------------------------------------------|
| 1           | Client submits documents                                                           | Verification/Initial assessment of documents for validity                                           | None                  | 10 minutes per client   | City Mayor's Office<br>Staff             |
| 2           | Client register his/her name at columnar notebook                                  | Interviews client to determine if qualified for financial assistance if qualified, register client. | None                  | 10 minutes per client   | CMO Staff                                |
| 3           | Client signs his/her name at<br>Certificate of Eligibility & Petty<br>Cash Voucher | Prepares Certificate of Eligibility & Petty Cash Voucher                                            | None                  | 10 minutes per client   | CMO Staff                                |
|             |                                                                                    | Prepares Certificate of Indigency                                                                   |                       | 5 minutes per client    | Social Worker                            |
| 4           | Proceeds to City Budget Office for issuance of cash                                | Brings Client to City Budget Office                                                                 | None                  | 3 minutes per client    | CMO Staff                                |
| 5           | Client receives cash                                                               | Releases cash to client                                                                             | None                  | 2 minutes per<br>client | City Budget Office<br>Disbursing Officer |
|             |                                                                                    | End of Transaction                                                                                  |                       |                         |                                          |

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#### **HOW TO AVAIL OF THE SERVICE: FINANCIAL ASSISTANCE Through Guarantee Letter:**

| NO. | CLIENT STEPS                                                                  | SERVICE PROVIDER/<br>AGENCY ACTION                                                                  | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME     | PERSON<br>RESPONSIBLE        |
|-----|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|------------------------|------------------------------|
| 1   | Client submits documents                                                      | Verification/Initial assessment of documents for validity                                           | None                  | 10 minutes per client  | City Mayor's Office<br>Staff |
| 2   | Client register his/her name at logbook                                       | Interviews client to determine if qualified for financial assistance if qualified, register client. | None                  | 10 minutes per client  | CMO Staff                    |
| 3   | Client signs his/her name at<br>Certificate of Eligibility &<br>Intake Form   | Prepares Certificate of Eligibility for client signature                                            | None                  | 10 minutes per client  | CMO Staff                    |
|     |                                                                               | Prepares Social Case Summary                                                                        |                       | 5 minutes per client   | Social Worker                |
| 3.1 |                                                                               | Prepares Guarantee Letter to Funeral Parlors,<br>Hospital, Rabies Center & Red Cross                | None                  | 3 minutes per client   | CMO Staff                    |
| 4   | Bring Guarantee Letter to hospital, funeral parlors, etc. as the case may be. | Issues Guarantee Letter to client                                                                   | None                  | 1 minute per<br>client | CMO Staff                    |

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#### HOW TO AVAIL OF THE SERVICE: FINANCIAL ASSISTANCE (Individual & Group Check)

| STEP | CLIENT STEPS                     | SERVICE PROVIDER/                               | FEES  | PROCESSING     | PERSON              |
|------|----------------------------------|-------------------------------------------------|-------|----------------|---------------------|
| NO.  |                                  | AGENCY ACTION                                   | TO BE | TIME           | RESPONSIBLE         |
|      |                                  |                                                 | PAID  |                |                     |
| 1    |                                  | X7 'C' ' /T' ' 1                                | N.T.  | 10             |                     |
| 1    | Client submits documents.        | Verification/Initial assessment of documents    | None  | 10 minutes per | City Mayor's Office |
|      |                                  | for validity                                    |       | client         | Staff               |
| 2    | Client registers his/her name at | Interviews client to determine if qualified for | None  | 10 minutes per | CMO Staff           |
|      | logbook                          | financial assistance if qualified, register     |       | client         |                     |
|      |                                  | client.                                         |       |                |                     |
| 3    | Client signs his/her name at     | Prepares Certificate of Eligibility for client  | None  | 10 minutes per | CMO Staff           |
|      | Certificate of Eligibility &     | signature                                       |       | client         |                     |
|      | Intake Form                      |                                                 |       |                |                     |
|      |                                  | Prepares Social Case Summary                    |       | 5 minutes per  | Social Worker       |
|      |                                  |                                                 |       | client         |                     |
| 4    |                                  | Prepares Social Case Summary                    | None  | 15 minutes per | Social Worker       |
|      |                                  |                                                 |       | client         |                     |
|      |                                  | Prepares Vouchers of Individual Client          | None  | 15 minutes per | CMO Staff           |
|      |                                  |                                                 |       | client         |                     |
| 5    | Client claims check at City      |                                                 | None  | 5 minutes      | Cashier – City      |
|      | Treasurer's Office               |                                                 |       |                | Treasurer's Office  |
| 6    |                                  | Delivers Check to funeral Parlors, Hospitals,   | None  | 2 hours        | Social Worker       |
|      |                                  | Rabies Center & Red Cross                       |       |                |                     |
|      |                                  | End of Transaction                              | _     | _              |                     |



# CMO- City Disaster Risk Reduction Management Office (CDRRMO)



| Service Name               | I. RESPONSE TO EMERGENCY CALLS (THRU LANDLINE/HANDHELD RADIO/SOCIAL MEDIA/                                               |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------|
|                            | CELLPHONE                                                                                                                |
| Description                | Accepting and responding to emergency calls during disaster or a calamity and provide assistance and intervention during |
|                            | or immediately after an emergency like vehicular accidents, medical emergencies, typhoon, earthquake, fire and flood.    |
| Office/Division            | City Mayor's Office- City Disaster Risk Reduction Management Office (CDRRMO)                                             |
| Classification             | Highly Technical                                                                                                         |
| <b>Type of Transaction</b> | G2C, G2G                                                                                                                 |
| Who May Avail of the       | General Public                                                                                                           |
| Service                    |                                                                                                                          |
| Requirements               | Call for emergency response                                                                                              |
| Duration                   | 17 minutes                                                                                                               |

| STEP<br>NO. | CLIENT STEPS                                                                    | SERVICE PROVIDER/<br>AGENCY ACTION                                       | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| 1           | Request for assistance via<br>Landline/Handheld Radio/Social<br>Media/Cellphone | Get data from caller and details of emergency and fill out Dispatch Form | None                  | 3 minutes          | Dispatcher            |
| 2           |                                                                                 | If confirmed & Emergency Response Team (ERT) available                   | None                  | 1 minutes          | Dispatcher            |



| STEP<br>NO. | CLIENT STEPS                | SERVICE PROVIDER/<br>AGENCY ACTION                               | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |  |  |
|-------------|-----------------------------|------------------------------------------------------------------|-----------------------|--------------------|-----------------------|--|--|
| 2.1         |                             | Dispatch ERT<br>or                                               | None                  | 5 minutes          | ERT Team Leader       |  |  |
| 2.2         |                             | If not refer to partner ERTs (CERT, Red Cross, BFP, PNP, or PCG) | None                  | 8 minutes          | Dispatcher            |  |  |
| 3           | Receives emergency response |                                                                  |                       |                    |                       |  |  |
|             | End of Transaction          |                                                                  |                       |                    |                       |  |  |



| Service Name               | II. ISSUANCE OF CERTIFICATES                                                                                           |
|----------------------------|------------------------------------------------------------------------------------------------------------------------|
| Description                | Certification is issued for damage caused by fire or any natural hazard or calamity affecting individuals or families. |
| Office/Division            | City Mayor's Office- City Disaster Risk Reduction Management Office (CDRRMO)                                           |
| Classification             | Simple                                                                                                                 |
| <b>Type of Transaction</b> | G2C                                                                                                                    |
| Who May Avail of the       | General Public                                                                                                         |
| Service                    |                                                                                                                        |
| Requirements               | Letter of Intent/Request, Lot Plan & Location                                                                          |
| Duration                   | 3 working days                                                                                                         |

| STEP<br>NO. | CLIENT STEPS                                         | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                              | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE          |  |  |
|-------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|--------------------------------|--|--|
| 1           | Submit a letter of intent or request and attachments | Receives and evaluate accomplished form & refer to Mines & Geoscience Bureau (MGB) Findings and conduct field evaluation for further assessment | None                  | 1-2 days           | Action Officer/DRRM<br>Staff   |  |  |
| 2           | Receives Certification                               | Issue certification of MGB Findings                                                                                                             | None                  | 1 day              | Action Officer/DRRM<br>Officer |  |  |
|             | End of Transaction                                   |                                                                                                                                                 |                       |                    |                                |  |  |



## CMO- Tricycle Franchising and Regulatory Unit (TFRU)



| Service Name               | I. PROCESSING OF APPLICATION OF MAYOR'S PERMIT AND FRANCHISE                                                                 |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Description                | The Mayor's Permit and francise is a privilege granted to qualified residents of Roxas City who desires to provide transport |
|                            | service to the general public by means of motorized tricycle for monetary consideration.                                     |
| Office/Division            | City Mayor's Office- Tricycle Franchising and Regulatory Unit (TFRU)                                                         |
| Classification             | Simple                                                                                                                       |
| <b>Type of Transaction</b> | G2C                                                                                                                          |
| Who May Avail of the       | Citizens Operating Motorcabs-for-Hire (MCH) or Planning to Operate MCH within the City of Roxas.                             |
| Service                    |                                                                                                                              |
| Requirements               | Franchise contract of Confirmation, LTO Certificate of Registration (C.R.) and Official Receipt (O. R), Brgy. Clearance,     |
|                            | Driver's License, Residence Certificate (XEROX) Operator / Driver, Voters Registration from the COMELEC,                     |
|                            | Compliance (Inspection) of Tricycle Body Specification and Attendance of Traffic Orientation Seminar Conducted by            |
|                            | TFRU.                                                                                                                        |
| Duration                   | 28 minutes                                                                                                                   |

| STE<br>NO |                                                                             | SERVICE PROVIDER/<br>AGENCY ACTION                                        | FEES<br>TO BE<br>PAID                                                | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-----------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------|-----------------------|
| 1         | Request payment and requirements for renewal of Franchises & Mayor's Permit | TFRU staff issue Order of Payments and requirements for the current year. | P385.00 –<br>Regular<br>Franchise<br>P240.00<br>Special<br>Franchise | 5 minutes          | TFRU Personnel/Staff  |



| STEP<br>NO. | CLIENT STEPS                                                                                                                                    | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                   | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| 2           | Submission of requirements for Renewal of Franchises.                                                                                           | Check various requirements and prepare applications for renewal of Franchises.                                                       | None                  | 5 minutes          | TFRU Personnel/Staff  |
| 3           | Bring his/her complete requirements & Motor Tricycle for Inspection.                                                                            | Checking all the requirement and the status of the Motor Tricycle.                                                                   | None                  | 10 minutes         | TFRU Personnel/Staff  |
| 4           | For final approval of Mayor's Permit and Franchises.                                                                                            | TFRU Head check/verify if all the requirements are complete and the Motor Tricycle was thoroughly inspected.                         | None                  | 5 minutes          | TFRU Personnel/Staff  |
| 5           | Furnishing copy of Client's application forms for renewal of Mayor's Permit/Franchise. Clients waiting for their documents while being process. | TFRU Office endorse their Application<br>Letter to the Office of Sangguniang<br>Panlungsod for approval.                             | None                  |                    | TFRU Personnel/Staff  |
| 6           | As soon as, if it is Approved. Tricycle Owner's. bring their documents for notarization.                                                        | The Officer/Staff received their Notarized Franchise documents and marked "RELEASED" and furnish a one (1) copy for Tricycle Owners. | None                  | 3 minutes          | TFRU Personnel/Staff  |
|             | 1                                                                                                                                               | End of Transaction                                                                                                                   | 1                     | 1                  |                       |

**End of Transaction** 



| Service Name               | II. PROCESSING OF APPLICATION OF CHANGE MOTOR AND CERTIFICATION                                   |
|----------------------------|---------------------------------------------------------------------------------------------------|
| Description                |                                                                                                   |
| Office/Division            | City Mayor's Office - Tricycle Franchising and Regulatory Unit (TFRU)                             |
| Classification             | Simple                                                                                            |
| <b>Type of Transaction</b> | G2C                                                                                               |
| Who May Avail of the       | Citizens Operating Motorcabs-for-Hire (MCH) or Planning to Operate MCH within the City of Roxas.  |
| Service                    |                                                                                                   |
| Requirements               | Tricycle Franchise Agreement, LTO Certificate of Registration (C.R.) and Official Receipt (O.R.). |
| Duration                   | 28 minutes                                                                                        |

| STEP<br>NO. | CLIENT STEPS                                                                           | SERVICE PROVIDER/<br>AGENCY ACTION                                                                          | FEES<br>TO BE<br>PAID                                                     | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|-----------------------|
| 1           | Request application for Change Motor and conversion of his/her Unit from TC to MC/MTC. | Issuance of Order of Payment and Photo copy of his/her Original Registration & Certificate of Registration. | P52.00<br>Change<br>Motor Fee.<br>P12.00<br>Conversion<br>of Unit<br>Fee. | 3 minutes          | TFRU Personnel/Staff  |



| NO. | CLIENT STEPS                                                                                         | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-----|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| 2   | After payment from the City<br>Treasurer, the clients wait for the<br>documents while being process. | Prepare the application for change motor and conversion of unit from TC to MC/MTC as required by the LTO.                         | None                  | 5 minutes          | TFRU Personnel/Staff  |
| 3   | Bring his/her complete requirements & Motor Tricycle for Inspection.                                 | Checking all the requirement and the status of the Motor Tricycle.                                                                | None                  | 10 minutes         | TFRU Personnel/Staff  |
| 4   | For final approval of application for Change Motor and Franchise Confirmation/ Verification.         | TFRU Head check/verify if all the requirements are complete and the Motor Tricycle was thoroughly inspected.                      | None                  | 3 minutes          | TFRU Personnel/Staff  |
| 5   | Client's have to wait for approval of their Documents.                                               | TFRU personnel bring their documents to the Office of the Mayor for final approval and provide one (1) copy for future reference. | None                  | 7 minutes          | TFRU Personnel/Staff  |

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## CMO- Public Employment Service Office (PESO)



| Service Name               | I. RESPONSE TO INQUIRIES ON JOB OPENINGS (Phone/Walk-in)                                   |
|----------------------------|--------------------------------------------------------------------------------------------|
| Description                | Answer query on job openings through Phone calls and walk-in clients in the City of Roxas. |
| Office/Division            | City Mayor's Office - Public Employment Service Office (PESO)                              |
| Classification             | Simple                                                                                     |
| <b>Type of Transaction</b> | G2C                                                                                        |
| Who May Avail of the       | General Public                                                                             |
| Service                    |                                                                                            |
| Requirements               | Resume, School Credentials (if available)                                                  |
| Duration                   | 20 minutes                                                                                 |

| STEP<br>NO. | CLIENT STEPS                                  | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                                                                                                      | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME                        | PERSON<br>RESPONSIBLE        |
|-------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------|------------------------------|
| 1           | Request for Referral to available Job Opening | <ul> <li>- Have Client fill-up the Applicants logbook &amp; NSRS form.</li> <li>- Borrow a Copy of Resume</li> <li>- Assist Client in seeking employment that match their skills &amp; educational qualification.</li> <li>- Gives referral to companies with Job Openings letter to Client.</li> </ul> | None                  | 10 minutes 2 minutes 15 minutes 5 minutes | PESO Manager & PESO<br>Staff |
|             |                                               | End of Transaction                                                                                                                                                                                                                                                                                      |                       |                                           |                              |



| Service Name               | II. RESPONSE TO INQUIRIES ON SPECIAL RECRUITMENT ACTIVITY (SRA) (Phone/thru Email/Walk-in)                        |
|----------------------------|-------------------------------------------------------------------------------------------------------------------|
| Description                | Answer query on special recruitment activity through Phone calls, Email and walk-in clients in the City of Roxas. |
| Office/Division            | City Mayor's Office - Public Employment Service Office (PESO)                                                     |
| Classification             | Simple                                                                                                            |
| <b>Type of Transaction</b> | G2C                                                                                                               |
| Who May Avail of the       | General Public                                                                                                    |
| Service                    |                                                                                                                   |
| Requirements               | For Local Establishments                                                                                          |
|                            | Letter of Intent                                                                                                  |
|                            | B.I.R Registration                                                                                                |
|                            | Phil-Jobnet Registration                                                                                          |
|                            | List of POEA Approval Job Description & Qualifications                                                            |
|                            | For International Employment                                                                                      |
|                            | Letter of Intent                                                                                                  |
|                            | B.I.R Registration                                                                                                |
|                            | Phil-Jobnet Registration                                                                                          |
|                            | List of POEA Approval Job Order                                                                                   |
| Duration                   | 10 minutes                                                                                                        |



| STEP<br>NO. | CLIENT STEPS                                      | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                       | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                         |
|-------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-------------------------------------------------------------------------------|
| 1           | Request Assistance through<br>Phone/email/walk-in | - Get information of client & fill out the data on the logbook, reply to queries for Local and International Employment. | None                  | 7 minutes          | PESO Manager & PESO<br>in-charge for Local and<br>International<br>Employment |
|             |                                                   | - Give no Objection Certificate for Conduct of SRA                                                                       |                       | 3 minutes          | - ,                                                                           |
|             |                                                   | End of Transaction                                                                                                       |                       |                    |                                                                               |



| Service Name               | III. RESPONSE TO INQUIRIES ON OVERSEAS WORKERS WELFARE ADMINISTRATION (OWWA) |
|----------------------------|------------------------------------------------------------------------------|
|                            | Programs or Services                                                         |
| Description                | Answer query of clients on OWWA Programs or Services.                        |
| Office/Division            | City Mayor's Office - Public Employment Service Office (PESO)                |
| Classification             | Simple                                                                       |
| <b>Type of Transaction</b> | G2C                                                                          |
| Who May Avail of the       | OFW Families & Ex-OFWs                                                       |
| Service                    |                                                                              |
| Requirements               | Copy of Passport, OWWA proof of membership                                   |
| Duration                   | 25 minutes                                                                   |

| STEP<br>NO. | CLIENT STEPS                        | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                              | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE          |
|-------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|--------------------------------|
| 1           | Inquires availment of OWWA programs | <ul> <li>- Have the client fill up the logbook</li> <li>- Inform the Client on the programs &amp; service that the client will avail</li> </ul> | None                  | 3 minutes 20 minutes | PESO/OWWA help<br>desk officer |
|             |                                     | - Provide the forms to the assistance /service that the client will avail.  End of Transaction                                                  |                       | 2 minutes            |                                |



| Service Name               | IV. RESPONSE TO INQUIRIES ON TUPAD (Tulong Panghanapbuhay sa Ating Disadvantaged/Displaced                           |  |  |  |
|----------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|--|
|                            | Workers) IMPLEMENTATION                                                                                              |  |  |  |
| Description                | Answer query of clients on TUPAD Programs. TUPAD is a community-based package of assistance that provides            |  |  |  |
|                            | emergency employment for displaced workers, underemployed and seasonal workers, for a minimum period of 10 days, but |  |  |  |
|                            | not to exceed a maximum of 30 days depending on the nature of work to be performed.                                  |  |  |  |
| Office/Division            | City Mayor's Office - Public Employment Service Office (PESO)                                                        |  |  |  |
| Classification             | Simple                                                                                                               |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                  |  |  |  |
| Who May Avail of the       | Displaced/Disadvantaged Workers                                                                                      |  |  |  |
| Service                    |                                                                                                                      |  |  |  |
| Requirements               | Copy of Valid ID                                                                                                     |  |  |  |
| Duration                   | 25 minutes                                                                                                           |  |  |  |

| STEP<br>NO. | CLIENT STEPS                         | SERVICE PROVIDER/<br>AGENCY ACTION                                                 | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                     |
|-------------|--------------------------------------|------------------------------------------------------------------------------------|-----------------------|--------------------|-------------------------------------------|
| 1           | Inquires availment of TUPAD program. | - Get a copy of Valid ID and have client fill-<br>up the Profile Form & NSRS form. | None                  | 20 minutes         | PESO Manager & PESO<br>TUPAD Focal Person |
|             |                                      | - Inform the Beneficiary about TUPAD Program.                                      |                       | 5 minutes          |                                           |
|             |                                      | End of Transaction                                                                 | •                     | •                  |                                           |

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| Service Name                                  | V. RESPONSE TO INQUIRIES ON TESDA TRAINING                                       |  |  |  |  |
|-----------------------------------------------|----------------------------------------------------------------------------------|--|--|--|--|
| Description                                   | Answer query of clients on TESDA Trainings to be conducted in the City of Roxas. |  |  |  |  |
| Office/Division                               | City Mayor's Office - Public Employment Service Office (PESO)                    |  |  |  |  |
| Classification                                | Simple                                                                           |  |  |  |  |
| <b>Type of Transaction</b>                    | G2C                                                                              |  |  |  |  |
| Who May Avail of the Unemployed/Self-employed |                                                                                  |  |  |  |  |
| Service                                       |                                                                                  |  |  |  |  |
| Requirements                                  | Copy of Valid ID                                                                 |  |  |  |  |
| Duration                                      | 10 minutes                                                                       |  |  |  |  |

| STEP<br>NO.        | CLIENT STEPS                                      | SERVICE PROVIDER/<br>AGENCY ACTION                                                 | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                |
|--------------------|---------------------------------------------------|------------------------------------------------------------------------------------|-----------------------|--------------------|------------------------------------------------------|
| 1                  | Inquires the availment of TESDA Skills Trainings. | - Get a copy of Valid ID and have client fill-<br>up the Profile Form & NSRS form. | None                  | 10 minutes         | TESDA personnel in-<br>charged of Skills<br>Training |
| End of Transaction |                                                   |                                                                                    |                       |                    |                                                      |



| Service Name            | VI. RESPONSE TO INQUIRIES ON LIVELIHOOD                              |  |  |  |
|-------------------------|----------------------------------------------------------------------|--|--|--|
| Description             | Answer query of clients on livelihood programs in the City of Roxas. |  |  |  |
| Office/Division         | City Mayor's Office - Public Employment Service Office (PESO)        |  |  |  |
| Classification          | Simple                                                               |  |  |  |
| Type of Transaction G2C |                                                                      |  |  |  |
| Who May Avail of the    | Jobseekers and unemployed/self-employed                              |  |  |  |
| Service                 |                                                                      |  |  |  |
| Requirements            | Copy of Valid ID                                                     |  |  |  |
| Duration                | 15 minutes                                                           |  |  |  |

| STEP<br>NO.        | CLIENT STEPS                                  | SERVICE PROVIDER/<br>AGENCY ACTION                                                 | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                  |
|--------------------|-----------------------------------------------|------------------------------------------------------------------------------------|-----------------------|--------------------|--------------------------------------------------------|
| 1                  | Inquires the availment of Livelihood program. | - Get a copy of Valid ID and have client fill-<br>up the Profile Form & NSRS form. | None                  | 15 minutes         | PESO personnel in-<br>charged of Livelihood<br>program |
| End of Transaction |                                               |                                                                                    |                       |                    |                                                        |





### DD CMO-ZONING UNIT



| Service Name               | I. ISSUANCE OF LOCATIONAL CLEARANCE (For Business Permit)                                                                  |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Description                | Locational Clearance is issued to business owners that serve as a pre-requisite document in issuance of Business Permit to |
|                            | guarantee that the business is in compliance with the Zoning Ordinance.                                                    |
| Office/Division            | City Mayor's Office - Zoning Unit                                                                                          |
| Classification             | Simple                                                                                                                     |
| <b>Type of Transaction</b> | G2B                                                                                                                        |
| Who May Avail of the       | Any individual/entity that will secure permit to operate a business within Roxas City.                                     |
| Service                    |                                                                                                                            |
| Requirements               | For those securing business permit:                                                                                        |
|                            | (FOR NEW):                                                                                                                 |
|                            | 2 against of duly subscribed/actorized application                                                                         |
|                            | -2 copies of duly subscribed/notarized application.                                                                        |
|                            | -1 copy of lease contract, if not owner of the building/Authorization from building owner                                  |
|                            | -1 copy of Brgy. Clearance and (Brgy. Resolution allowing to operate, if not in proper zone) -DTI/SEC                      |
|                            |                                                                                                                            |
|                            | -CNC if applicable                                                                                                         |
|                            | (FOR RENEWAL)                                                                                                              |
|                            | Previous Locational Clearance                                                                                              |
|                            | 1 revious Locational Cicarance                                                                                             |
| Duration                   | 15 minutes                                                                                                                 |

| STEP<br>NO. | CLIENT STEPS                                                                   | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                      | FEES<br>TO BE<br>PAID               | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                         |
|-------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------|-----------------------------------------------|
| 1           | Submits Zoning application form & requirements for Business Permits            | Receives, evaluates accomplished forms, records, assess payments, types related data of the applicant & signs Locational Clearance for Business Permit. | None                                | 8 minutes          | Zoning Staff & Acting<br>Zoning Administrator |
| 2           | Pay to the cashier business permit fees.                                       | Receives payment for business permit fees.                                                                                                              | P100.00/<br>business<br>application | 5 minutes          | City Treasurer                                |
| 3           | Presents official receipts & receives Locational Clearance for Business Permit | Records official receipts no.& releases Locational Clearance for Business Permits                                                                       | None                                | 2 minutes          | Zoning Staff                                  |
|             |                                                                                | End of Transaction                                                                                                                                      | •                                   |                    |                                               |



| Service Name         | II. ISSUANCE OF LOCATIONAL CLEARANCE (For Building Permit)                                                              |
|----------------------|-------------------------------------------------------------------------------------------------------------------------|
| Description          | A Locational Clearance, commonly referred to as Zoning Permit, is one of the prerequisite documents before a person can |
|                      | get a building permit. This is to ensure that construction of the building follows the Comprehensive Lands Use Plan and |
|                      | Zoning Ordinance of the City.                                                                                           |
| Office/Division      | City Mayor's Office - Zoning Unit                                                                                       |
| Classification       | Simple                                                                                                                  |
| Type of Transaction  | G2B                                                                                                                     |
| Who May Avail of the | Any individual/entity that will secure permit to operate a business within Roxas City.                                  |
| Service              |                                                                                                                         |
| Requirements         | 2 copies of duly subscribed/notarized application.                                                                      |
|                      | 1 copy of Appendix No.7                                                                                                 |
|                      | 1 set Perspective duly signed by a Civil Engineer or Architect                                                          |
|                      | 1 set building plans duly signed by a Prospective Engineer                                                              |
|                      | 1 copy of Bill of Materials                                                                                             |
|                      | 1 set Specifications                                                                                                    |
|                      | 1 copy TCT or Deed of Sale                                                                                              |
|                      | 1 copy Real Property Tax Declaration                                                                                    |
|                      | 1 copy of ECC, or CNC, if applicable                                                                                    |
|                      | 1 copy each of Contract of Lease & Authorization to occupy Lot, if not owned                                            |
|                      | 1 copy of Special Power of Attorney (SPA), if necessary                                                                 |
|                      | 1 copy of Brgy. Clearance (For Building Permit)                                                                         |
| Duration             | 2 hours & 40 minutes                                                                                                    |



| STEP<br>NO. | CLIENT STEPS                                                               | SERVICE PROVIDER/<br>AGENCY ACTION                                              | FEES<br>TO BE<br>PAID                         | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                         |
|-------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------|--------------------|-----------------------------------------------|
| 1           | Submits Zoning application form for Building Permit                        | Receives, evaluates accomplished forms,<br>Building Plans & other requirements. | None                                          | 10 minutes         | Zoning Staff                                  |
| 2           | Accompanies Zoning Inspectors for site inspection                          | Conducts site inspection.                                                       | None                                          | 1 hour             | Zoning Staff & Acting<br>Zoning Administrator |
|             |                                                                            | Records, assess fees & types related data of the applicant.                     |                                               | 10 minutes         | Zoning Staff                                  |
|             |                                                                            | Final evaluation and signs Locational Clearance                                 |                                               | 10 minutes         | Acting Zoning<br>Administrator                |
|             |                                                                            | Endorse to the City Mayor's Office for his signature                            |                                               | 1 hour             | City Mayor                                    |
| 3           | Claims order of payment & pay to the cashier for Building/Renovation Fees. | Receives payment for Building/Renovation<br>Permit Fees                         | Depending on the type & cost of the building. | 5 minutes          | City Treasurer                                |

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| STEP<br>NO. | CLIENT STEPS                                                                      | SERVICE PROVIDER/<br>AGENCY ACTION                                                       | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| 4           | Presents official receipts and receives Locational Clearance for Building Permit. | Records official receipts no. and releases<br>Locational Clearance for Building Permits. | None                  | 5 minutes          | Zoning Staff          |
|             | End of Transaction                                                                |                                                                                          |                       |                    |                       |



| Service Name               | III. ISSUANCE OF CERTIFICATION AS TO ZONE CLASSIFICATION                                                                   |  |  |  |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Description                | Zone Classification Certification is issued to land owners as per request to be used in business application, subdivision, |  |  |  |
|                            | high way clearance, loan applications & claims of right of way at DPWH and other legal purposes.                           |  |  |  |
| Office/Division            | City Mayor's Office - Zoning Unit                                                                                          |  |  |  |
| Classification             | Simple                                                                                                                     |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                        |  |  |  |
| Who May Avail of the       | Any individual/entity that will secure permit to operate a business within Roxas City.                                     |  |  |  |
| Service                    |                                                                                                                            |  |  |  |
| Requirements               | Application Form                                                                                                           |  |  |  |
|                            | Certified copy of Title                                                                                                    |  |  |  |
|                            | Certified copy of Tax Declaration                                                                                          |  |  |  |
|                            | Sketch Plan with Vicinity Map & sealed by Geodetic Engineer                                                                |  |  |  |
|                            | SPA (if Applicable)                                                                                                        |  |  |  |
|                            |                                                                                                                            |  |  |  |
| Duration                   | 1 hours & 40 minutes                                                                                                       |  |  |  |



| STEP<br>NO.        | CLIENT STEPS                                                                     | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                        | FEES<br>TO BE<br>PAID   | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE          |
|--------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|--------------------------------|
| 1                  | Submits Zoning application & requirements for Zone Classification.               | Receives & evaluates application.  Verifies application as to Zoning Ordinance & Zoning Map, records, assess fees & types | None                    | 5 minutes 20 minutes | Zoning Staff Zoning Staff      |
|                    |                                                                                  | related data of applicant.  Signs Certification                                                                           |                         | 5 minutes            | Acting Zoning<br>Administrator |
|                    |                                                                                  | Endorse to the City Mayor's Office for his signatures                                                                     |                         | 1 hour               | City Mayor                     |
| 2                  | Claims order of payment and pay to the cashier for Zone Classification Fees.     | Receives payment for Zone Classification.                                                                                 | P500.00/<br>application | 5 minutes            | City Treasurer                 |
| 3                  | Presents official receipts and receives Certification as to Zone Classification. | Records official receipts no. and releases Certification.                                                                 | None                    | 5 minutes            | Zoning Staff                   |
| End of Transaction |                                                                                  |                                                                                                                           |                         |                      |                                |



| Service Name                                                                         | IV. ISSUANCE FOR RECLASSIFICATION/REZONING                                                                                                           |  |  |  |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Description                                                                          | Reclassification is the act of specifying how agricultural lands shall be utilized for non-agricultural uses such as resident                        |  |  |  |
|                                                                                      | Industrial and Commercial, as embodied in the Land Use Plan, subject to the requirements and procedures for land                                     |  |  |  |
|                                                                                      | conversion. Rezoning is a process of introducing amendments or change in view of reclassification under Section 20 of F                              |  |  |  |
|                                                                                      | 7160.                                                                                                                                                |  |  |  |
| Office/Division                                                                      | City Mayor's Office - Zoning Unit                                                                                                                    |  |  |  |
| Classification                                                                       | Simple                                                                                                                                               |  |  |  |
| <b>Type of Transaction</b>                                                           | G2C                                                                                                                                                  |  |  |  |
| Who May Avail of the                                                                 | of the Any individual/entity that will secure permit to operate a business within Roxas City.                                                        |  |  |  |
| Service                                                                              |                                                                                                                                                      |  |  |  |
| Requirements                                                                         | For Reclassification                                                                                                                                 |  |  |  |
|                                                                                      | Letter request                                                                                                                                       |  |  |  |
|                                                                                      | Certified copy of lot title and tax declaration                                                                                                      |  |  |  |
|                                                                                      | Authorization or SPA from lot owner (if applicable)                                                                                                  |  |  |  |
| Barangay Resolution favorably endorsing the reclassification/conversion of lot usage |                                                                                                                                                      |  |  |  |
|                                                                                      | Certified copy of attendance sheet for public consultation                                                                                           |  |  |  |
|                                                                                      | Certification from the following: CASO that the lot/land applied for reclassification is not covered by SAFDZ and not feasible/viable for production |  |  |  |
|                                                                                      | DENR that the lot/land is not within 18% and above slope and not an ECAS/NIPAS                                                                       |  |  |  |
|                                                                                      | BFAR that the lot/land is not feasible/viable for fishpond operation.                                                                                |  |  |  |
|                                                                                      |                                                                                                                                                      |  |  |  |
|                                                                                      |                                                                                                                                                      |  |  |  |
| Duration                                                                             | 3 hours & 10 minutes                                                                                                                                 |  |  |  |



| STEP<br>NO. | CLIENT STEPS                                                     | SERVICE PROVIDER/ AGENCY ACTION                                                                                                   | FEES TO BE PAID         | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                    |
|-------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|------------------------------------------|
| 1           | Submits application & requirements for Reclassification/Rezoning | Receives & evaluates applications and other requirements.                                                                         | None                    | 10 minutes         | Zoning Staff                             |
| 2           | Accompanies Zoning Inspectors for site inspection                | Conducts site inspection. Within City proper Outside City proper                                                                  | P500.00/<br>application | 1 hour<br>2 hours  | Zoning Staff Acting Zoning Administrator |
|             |                                                                  | Submits inspection report, assess fees, encodes related data, prepares endorsement to Sangguniang Panlungsod thru the City Mayor. |                         | 45 minutes         | Zoning Staff                             |
|             |                                                                  | Signs endorsement and order of payment.                                                                                           |                         | 5 minutes          | Acting Zoning<br>Administrator           |



| STEP<br>NO. | CLIENT STEPS                                                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                | FEES<br>TO BE<br>PAID     | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------|--------------------|-----------------------|
| 3           | Claims order of payment and pay to the cashier for Reclassification/Rezoning Fees. | Receives payment for Reclassification/Rezoning Fees.              | P1,000.00/<br>application | 5 minutes          | City Treasurer        |
| 4           | Presents official receipts for Reclassification/Rezoning Fees.                     | Records official receipts no. and endorse to City Mayor's Office. | None                      | 5 minutes          | Zoning Staff          |
|             |                                                                                    | End of Transaction                                                |                           |                    |                       |



| Service Name               | V. ISSUANCE OF SUBDIVISION PERMIT (Simple Subdivision & Complex Subdivision with PALC and                                                                                                                                                                                                                     |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | Development Permit)                                                                                                                                                                                                                                                                                           |
| Description                | Subdivision Permit is a permit to subdivide any property granted in terms of section 41 of the Planning Act. Any land                                                                                                                                                                                         |
|                            | owner who wants to develop their property to residential or commercial purposes may request for a subdivision permit.                                                                                                                                                                                         |
| Office/Division            | City Mayor's Office - Zoning Unit                                                                                                                                                                                                                                                                             |
| Classification             | Highly Technical                                                                                                                                                                                                                                                                                              |
| <b>Type of Transaction</b> | G2C                                                                                                                                                                                                                                                                                                           |
| Who May Avail of the       | 1. Any individual/entity that will secure permit to operate a business within Roxas City.                                                                                                                                                                                                                     |
| Service                    | 2. Any individual/entity that will secure permit for Complex Subdivision (either under PD 957 or BP 220)                                                                                                                                                                                                      |
| Requirements               | For Simple Subdivision:                                                                                                                                                                                                                                                                                       |
|                            | <ol> <li>3 copies of application form</li> <li>3 copies of Title, Tax Declaration, Current Tax Receipt</li> <li>5 copies of Vicinity Map/Sketch Plan with Technical Description</li> <li>Affidavit of Road Right of Way</li> <li>Owner's Consent if lot is not owned</li> <li>Zoning Certification</li> </ol> |



| Requirements | For Complex Subdivision:                                             |
|--------------|----------------------------------------------------------------------|
|              | 1. Application Form of the Proposed Subdivision                      |
|              | 2. Sketch Plan & Vicinity Map duly Signed & Sealed by Geodetic Engr. |
|              | 3. Certified copy of Title & Tax Declaration.                        |
|              | 4. Current Tax Receipt                                               |
|              | 5. Site Zoning Certification, ECC and DAR Conversion (If Applicable) |
|              | 6. Lot Tabulation, Program of Works, Bill of Materials & Estimates   |
|              | 7. Certification of Road Right of Way & Drainage Outfall             |
|              |                                                                      |
|              | Complete Set of Plans Such As:                                       |
|              | a. Site Development Plan                                             |
|              | b. Topographic Map                                                   |
|              | c. Road Layout Plan, Section Detail                                  |
|              | d. Site Grading Plan                                                 |
|              | e. Electrical layout Plan                                            |
|              | f. Drainage Layout Plan                                              |
|              | g. Water System Layout Plan                                          |
|              | h. Tree Planting Layout Plan                                         |
|              |                                                                      |
| Duration     | 7 days, 2 hours & 50 minutes                                         |



| STEP<br>NO. | CLIENT STEPS                                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                        | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME       | PERSON<br>RESPONSIBLE |
|-------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|-----------------------|
| 1           | Submits application & requirements for Simple/Complex Subdivision. | Receives & evaluates as to requirements.  Simple Subdivision  Complex Subdivision  (Asks contact no. of applicant)  Reviews and evaluates plans and supporting documents. | None                  | 20 minutes<br>40 minutes | Zoning Staff          |
|             |                                                                    | Simple Subdivision Complex Subdivision                                                                                                                                    |                       | 1 day<br>3 days          | Zoning Staff          |



| STEP<br>NO. | CLIENT STEPS                                                           | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                | FEES<br>TO BE<br>PAID                   | PROCESSING<br>TIME                   | PERSON<br>RESPONSIBLE                                  |
|-------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------|--------------------------------------------------------|
| 2           | Accompanies Zoning Inspectors for site inspection.                     | Conducts site inspection. Within City proper Outside City proper  Prepares order of payment & signs, stamps, encodes & records related data of applicant.  Simple Subdivision Complex Subdivision | None                                    | 1 hour<br>2 hours<br>1 day<br>2 days | Zoning Staff Acting Zoning Administrator  Zoning Staff |
| 3           | Claims order of payments and pay to the cashier for Subdivision Permit | Receives payments for Subdivision Permit                                                                                                                                                          | Depends upon the type of project & area | 5. minutes                           | City Treasurer                                         |



| STEP<br>NO. | CLIENT STEPS                                          | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                  | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                |
|-------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|------------------------------------------------------|
| 4           | Submit official receipts for Subdivision Permit Fees. | Final evaluation and signs endorsement to Sangguniang Panlungsod thru the City Mayor.  Simple Subdivision  Complex Subdivision                      | None                  | 1 day<br>2 days    | Zoning Staff Acting Zoning Administrator  City Mayor |
|             |                                                       | City Mayor's endores to Sangguniang Panlungsod  Sangguniang Panlungsod approves & returns the approved Subdivision Permit to the Zoning Unit Office |                       |                    | Vice Mayor & Sangguniang Panlungsod Staff            |
| 5           | Receives approved Subdivision<br>Permit               | Releases approved Subdivision Permit                                                                                                                | None                  | 5. minutes         | Zoning Staff                                         |
|             |                                                       | End of Transaction                                                                                                                                  |                       |                    |                                                      |



# SANGGUNIANG PANLUNGSOD OFFICE



| Service Name               | I. SECURING CERTIFIED TRUE COPIES OF SANGGUNIANG PANLUNGSOD DOCUMENTS                                                |
|----------------------------|----------------------------------------------------------------------------------------------------------------------|
| Description                | A certified true copy of City Ordinances and resolutions issued to requesting clients.                               |
| Office/Division            | Sangguniang Panlungsod Office                                                                                        |
| Classification             | Simple                                                                                                               |
| <b>Type of Transaction</b> | G2C                                                                                                                  |
| Who May Avail of the       | Any citizen who have interest on the requested documents.                                                            |
| Service                    |                                                                                                                      |
| Requirements               | Letter-Request specifying the document needed or duly filled-up Request Form. Letter-Request specifying the document |
|                            | needed or duly filled-up Request Form.                                                                               |
| Duration                   | 20 minutes                                                                                                           |

| STEP<br>NO. | CLIENT STEPS                                                                                                     | SERVICE PROVIDER/<br>AGENCY ACTION                                                                | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
|-------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------|--------------------|-------------------------|
| 1           | Submit letter of request in securing certified true copies of ordinances/resolutions to the receiving personnel. | Receives letter, review and record in the logbook, then forwards the requests to the SP Secretary | None                  | 2 minutes          | Administrative Division |



| STEP<br>NO. | CLIENT STEPS                                                      | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                           | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME  | PERSON<br>RESPONSIBLE                 |
|-------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|---------------------------------------|
| 2           | Client waits while document (s) being processed.                  | SP Secretary accepts and evaluate the request.  Assigned staff(s) to research for the document(s) requested. If found, client will be advised to pay the corresponding fees. | None                  | 1 minute 10 minutes | SP Secretary  Administrative Division |
| 3           | Client to pay the corresponding fees                              | City Treasurer's Office will receive payment and issue receipt.                                                                                                              | P50.00 per page       | 5 minutes           | City Treasurer's Office               |
| 4           | Client present the official receipt (OR) to the service provider. | The releasing personnel will record the OR number in the Releasing Record book. Then attach the OR to the document(s) being requested.                                       | None                  | 1 minute            | Administrative Division               |
| 5           | Client receives the document.                                     | Release the document to the client.                                                                                                                                          | None                  | 1 minute            | Administrative Division               |
|             |                                                                   | End of Transaction                                                                                                                                                           |                       |                     |                                       |



# DD CITY TREASURER'S OFFICE



| Service Name               | I. PAYMENT OF REAL PROPERTY – TRANSFER TAX                                                                                   |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Description                | Real Property-Transfer Tax is imposed on the sale, donation, barter, or any other mode of transferring ownership or title of |
|                            | a real estate property.                                                                                                      |
| Office/Division            | City Treasurer's Office                                                                                                      |
| Classification             | Simple                                                                                                                       |
| <b>Type of Transaction</b> | G2C                                                                                                                          |
| Who May Avail of the       | General Public / Taxpayer                                                                                                    |
| Service                    | Declared Owner / Administrator                                                                                               |
| Requirements               | Deed of Sale or Any other Deed of Conveyance                                                                                 |
|                            | Latest Tax Declaration                                                                                                       |
| Duration                   | 12 minutes                                                                                                                   |

| STEP<br>NO. | CLIENT STEPS                                      | SERVICE PROVIDER/<br>AGENCY ACTION      | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME     | PERSON<br>RESPONSIBLE       |
|-------------|---------------------------------------------------|-----------------------------------------|-----------------------|------------------------|-----------------------------|
| 1           | Inquires how to pay Real<br>Property Transfer Tax | Requires to present necessary documents | None                  | 5 minutes/<br>Property | Business Tax Div. Personnel |



| 2 Presen | ts document needed | Issue of Official Receipt            | 750/ 610/                                                             |                       |                                |
|----------|--------------------|--------------------------------------|-----------------------------------------------------------------------|-----------------------|--------------------------------|
|          |                    | issue of official receipt            | 75% of 1% based on Market value or Purchase Value whichever is higher | 5 minutes/<br>Receipt | Business Tax Div.<br>Personnel |
| 3 Pays ( | Official Receipt   | Receives Payment  End of Transaction | None                                                                  | 2 minutes/<br>Receipt | Revenue Collector              |



| Service Name               | II. PAYMENT OF REAL PROPERTY TAX                                                                                               |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Description                | Real Property Tax is a levy on real properties such as land, building, machineries and other improvements affixed or           |
|                            | attached to real properties not specifically exempted under the law. It accrues on the 1st of January and is payable in one or |
|                            | four equal installments.                                                                                                       |
| Office/Division            | City Treasurer's Office                                                                                                        |
| Classification             | Simple                                                                                                                         |
| <b>Type of Transaction</b> | G2C                                                                                                                            |
| Who May Avail of the       | General Public / Taxpayer                                                                                                      |
| Service                    | Declared Owner / Administrator                                                                                                 |
| Requirements               | Latest Real Property Tax Receipt                                                                                               |
|                            | Latest Tax Declaration                                                                                                         |
| Duration                   | 13 minutes                                                                                                                     |

| STEP<br>NO. | CLIENT STEPS                             | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                       |
|-------------|------------------------------------------|------------------------------------|-----------------------|--------------------|---------------------------------------------|
| 1           | Inquires payment of Real<br>Property Tax | Requires necessary documents       | None                  |                    | Revenue Collectors (Real Property Tax Div.) |



| STEP<br>NO. | CLIENT STEPS                | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE<br>PAID                                                                                                                                                                                                | PROCESSING<br>TIME       | PERSON<br>RESPONSIBLE                       |
|-------------|-----------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------|
| 2           | Presents required documents | Computes tax due                   | 2.5% of Taxable assessed value for Basic & SEF 20% discount for advance payment 10% discount for prompt payment 2% per month for surcharge/in terest on unpaid amount of delinquent tax but not to exceed 36 months. | 5 min/Tax<br>Declaration | Revenue Collectors (Real Property Tax Div.) |



| STEP<br>NO. | CLIENT STEPS          | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE<br>PAID                                 | PROCESSING<br>TIME    | PERSON<br>RESPONSIBLE                       |
|-------------|-----------------------|------------------------------------|-------------------------------------------------------|-----------------------|---------------------------------------------|
| 3           |                       | Issues of Official Receipt         | None                                                  | 5 minutes/<br>Receipt | Revenue Collectors (Real Property Tax Div.) |
| 4           | Pays Official Receipt | Receives payment                   | Amount depends on Taxable assessed value of property. | 3 minutes             | Revenue Collector                           |
|             | 1                     | End of Transaction                 | ı                                                     | 1                     | ı                                           |



| Service Name               | III. PAYMENT OF BUSINESS TAX                                                                                            |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Description                | All entities doing business are required to pay local business tax., except for those granted exemption under the Local |
|                            | Government Code and special laws.                                                                                       |
| Office/Division            | City Treasurer's Office                                                                                                 |
| Classification             | Simple                                                                                                                  |
| <b>Type of Transaction</b> | G2C                                                                                                                     |
| Who May Avail of the       | General Public / Taxpayer                                                                                               |
| Service                    | Declared Owner / Administrator                                                                                          |
| Requirements               | Latest Tax Declaration                                                                                                  |
|                            | Latest Tax Payment / Official Receipt                                                                                   |
| Duration                   | 30 minutes                                                                                                              |

| STEP<br>NO. | CLIENT STEPS                       | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE<br>PAID                                          | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE       |
|-------------|------------------------------------|------------------------------------|----------------------------------------------------------------|--------------------|-----------------------------|
| 1           | Present Tax Order of Payment (TOP) | Issue Official Receipt             | Assessment of taxes based on kind business in the Revenue Code | 5 minutes          | Business Tax Div. Personnel |



| STEP<br>NO. | CLIENT STEPS          | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE<br>PAID                                          | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                  |
|-------------|-----------------------|------------------------------------|----------------------------------------------------------------|--------------------|----------------------------------------|
| 2           | Pays Official Receipt | Receives payment                   | Assessment of taxes based on kind business in the Revenue Code | 5 minutes          | Revenue Collectors (Business Tax Div.) |
|             |                       | End of Transaction                 |                                                                |                    |                                        |



| Service Name               | IV. SECURING REAL PROPERTY TAX CLEARANCE CERTIFICATE                                                        |
|----------------------------|-------------------------------------------------------------------------------------------------------------|
| Description                | Real Property Tax Clearance is issued to the property owner as proof of complete Real Property tax payment. |
| Office/Division            | City Treasurer's Office                                                                                     |
| Classification             | Simple                                                                                                      |
| <b>Type of Transaction</b> | G2C                                                                                                         |
| Who May Avail of the       | General Public / Taxpayer                                                                                   |
| Service                    | Declared Owner / Administrator                                                                              |
| Requirements               | Latest Tax Declaration                                                                                      |
|                            | Latest Tax Payment / Official Receipt                                                                       |
| Duration                   | 30 minutes                                                                                                  |

| STEP<br>NO. | CLIENT STEPS                                       | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                  |
|-------------|----------------------------------------------------|------------------------------------|---------------|--------------------|----------------------------------------|
|             |                                                    |                                    | PAID          |                    |                                        |
| 1           | Inquires how to secure tax clearance / certificate | Requires necessary documents.      | None          | 2 minutes          | Real Property Tax Div. Personnel       |
| 2           | Presents documents needed                          | Issue Official Receipt             | Php 100.00    | 5 Min./Receipt     | Revenue Collectors (Business Tax Div.) |



| STEP<br>NO. | CLIENT STEPS                                  | SERVICE PROVIDER/<br>AGENCY ACTION                            | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME           | PERSON<br>RESPONSIBLE                  |
|-------------|-----------------------------------------------|---------------------------------------------------------------|-----------------------|------------------------------|----------------------------------------|
| 3           | Pays Official Receipts                        | Receives payment                                              | None                  | 5 minutes                    | Revenue Collectors (Business Tax Div.) |
| 4           | Presents Official Receipt                     | prepare Certificate of Tax Clearance                          | None                  | 15 Min. / Tax<br>Declaration | Real Property Tax Div.<br>Personnel    |
| 5           | Received approved tax clearance / certificate | Release approve Tax Clearance Certificate to Requesting Party | None                  | 3 Min./Tax<br>Declaration    | Real Property Tax Div.<br>Personnel    |
|             |                                               | End of Transaction                                            |                       |                              |                                        |



| Service Name               | V. SECURING COMMUNITY TAX CERTIFICATE (INDIVIDUAL)                                                                    |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Description                | Community Tax Certificate is issued to a person or corporation upon payment of Community Tax. A community tax is paid |
| •                          | in place of residence of the individual or in place where the principal office of the juridical entity is located.    |
| Office/Division            | City Treasurer's Office                                                                                               |
| Classification             | Simple                                                                                                                |
| <b>Type of Transaction</b> | G2C                                                                                                                   |
| Who May Avail of the       | General Public / Taxpayer                                                                                             |
| Service                    | Declared Owner / Administrator                                                                                        |
| Requirements               | Tax payers information data form                                                                                      |
|                            | Identification card / driver's license / voter's ID                                                                   |
| Duration                   | 12 minutes                                                                                                            |

| STEP<br>NO. | CLIENT STEPS                                  | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE<br>PAID                                              | PROCESSING<br>TIME    | PERSON<br>RESPONSIBLE              |
|-------------|-----------------------------------------------|------------------------------------|--------------------------------------------------------------------|-----------------------|------------------------------------|
| 1           | Accomplishes taxpayer's information data form | Requires necessary documents.      | None                                                               | 3 minutes/<br>Client  | Business Tax Division<br>Personnel |
| 2           | Presents documents needed                     | Computes Tax Due                   | 1 peso for<br>every 1,000<br>based on<br>Annual<br>Gross<br>Income | 5 minutes/<br>Receipt | Business Tax Division<br>Personnel |



| STEP<br>NO. | CLIENT STEPS          | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME    | PERSON<br>RESPONSIBLE              |  |
|-------------|-----------------------|------------------------------------|-----------------------|-----------------------|------------------------------------|--|
| 3           |                       | Issue Official Receipt             | None                  | 3 minutes/<br>Receipt | Business Tax Division<br>Personnel |  |
| 4           | Pays Official Receipt | Receives payment                   | None                  | 1 minute              | Business Tax Division<br>Personnel |  |
|             | End of Transaction    |                                    |                       |                       |                                    |  |



# **DDD** CITY ASSESSOR'S OFFICE



| Service Name               | I. OCULAR INSPECTION (LAND, NEW BUILDING, DEMOLISHED BUILDING AND MACHINERY)                                             |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Description                | This service allows a property owner to have a property assessment on field for the issuance of a new Tax Declaration of |
|                            | Land/Building /Machinery.                                                                                                |
| Office/Division            | City Assessor's Office                                                                                                   |
| Classification             | Highly Technical                                                                                                         |
| <b>Type of Transaction</b> | G2C                                                                                                                      |
| Who May Avail of the       | Declared Owner/Administrator or Duly Authorized Representative                                                           |
| Service                    |                                                                                                                          |
| Requirements               | Ocular Inspection Request                                                                                                |
| Duration                   | 1 hour and 30 minutes                                                                                                    |

| STEP<br>NO. | CLIENT STEPS                                                                     | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                           | FEES<br>TO BE<br>PAID                   | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                      |
|-------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------|----------------------------------------------------------------------------|
| 1           | Request for service and pays<br>corresponding fees to City<br>Treasurer's Office | Gather details of the request and fill in provided Service Slip form for endorsement to Supervising Administrative Officer (SUPAO) for the preparation of Ocular Inspection.                 | P500.00-<br>Ocular<br>Inspection<br>Fee | 3 minutes          | Action Officer Administrative Division personnel City Treasurer's Office   |
| 2           |                                                                                  | Supervising Administrative Officer prepares the request, initials and endorses to the Head of Office for approval and assigns the task to the personnel in-charge of the concerned barangay. |                                         | 5 minutes          | Supervising. Admin. Officer City Assessor Local Assmt. Operations Officer. |

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| STEP<br>NO. | CLIENT STEPS | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                             | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME                                                                                              | PERSON<br>RESPONSIBLE                                         |
|-------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 3           |              | Local Assessment Operations Officer (LAOO) accompanied by the client conducts the ocular inspection of the specific property.                                                                                                  |                       | May vary depending on the property's size, location, distance, as well as the means of transportation. (1 hour) | Local Assessment Operations Officer                           |
|             |              | The Local Assessment Operations Officer (LAOO) prepares the Field Inspection Report.  The Asst. City Assessor reviews and recommends the Field Inspection Report for approval.  The City Assessor signs and approves the Field |                       | 10 minutes 5 minutes                                                                                            | Local Assessment<br>Operations Officer<br>Asst. City Assessor |
|             |              | Inspection Report and the tax declaration.  End of Transaction                                                                                                                                                                 |                       | 5 minutes                                                                                                       | City Assessor I                                               |



| Service Name               | II. ISSUANCE OF TAX DECLARATION FOR CHANGE OR TRANSFER OF OWNERSHIP                                                       |  |  |  |  |  |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|                            | (SIMPLE TRANSFER OF LAND, BUILDING AND MACHINERY)                                                                         |  |  |  |  |  |
| Description                | This service includes the Issuance of New Tax Declarations of Real Property at the City Assessor's Office.                |  |  |  |  |  |
| Office/Division            | City Assessor's Office                                                                                                    |  |  |  |  |  |
| Classification             | Simple                                                                                                                    |  |  |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                       |  |  |  |  |  |
| Who May Avail of the       | Declared Owner/Administrator or Duly Authorized Representative                                                            |  |  |  |  |  |
| Service                    |                                                                                                                           |  |  |  |  |  |
| Requirements               | Deed of Conveyances (Sale, Inheritance, Donation, etc.) duly notarized, Certificate of Real Property Tax Payment/Official |  |  |  |  |  |
|                            | Receipt, Transfer Tax Receipt, Electronic Certificate Authorizing Registration (ECAR) and Photo copy of Title.            |  |  |  |  |  |
|                            |                                                                                                                           |  |  |  |  |  |
| Duration                   | 30 minutes (Simple Transfer)                                                                                              |  |  |  |  |  |

| STEP<br>NO. | CLIENT STEPS                                                                            | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                         | FEES<br>TO BE<br>PAID                       | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                     |
|-------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------|-------------------------------------------|
| 1           | Request for the service and pays the corresponding fees to the City Treasurer's Office. | Gather details of request and fill in provided<br>Service Slip form for endorsement to the<br>Local Assmt. Operation's Officer (In-<br>Charge of Barangay) | P100.00-<br>Processing<br>Fee per<br>parcel | 7 minutes          | Action Officer<br>City Treasurer's Office |



| STEP<br>NO. | CLIENT STEPS                                                                               | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                                                                                                                                                                       | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME                                                                                | PERSON<br>RESPONSIBLE                  |
|-------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------|----------------------------------------|
| 2           | Waits for the documents to be evaluated by the designated Local Assmt. Operations Officer. | Local Assessment Operations Officer<br>Evaluates and review the documents<br>carefully.                                                                                                                                                                                                                                                                                  | None                  | 5 minutes                                                                                         | Local Assessment<br>Operations Officer |
| 3           |                                                                                            | The Local Assessment Operations Officer. Facilitates the request. Prepares the Field Appraisal Assessment Sheet/Tax Declaration and indicate the new data on the Transferred property/ies and other details. Routes to Local Assessment Operations Officer IV to carefully check all details and affix initials to Field Appraisal Assessment Sheet and Tax Declaration. | None                  | May vary depending on the number of parcels to be transferred. (10 minutes for 1 simple transfer) | Local Assessment<br>Operations Officer |
| 4           |                                                                                            | From the Local Assessment Operations Officer IV, the Asst. City Assessor subscribes Tax Declaration, reviews and recommends the Field and Tax Declaration for approval.                                                                                                                                                                                                  | None                  | 5 minutes                                                                                         | Local Assessment Operations Officer    |



| STEP<br>NO. | CLIENT STEPS                                                        | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                          | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE               |
|-------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-------------------------------------|
| 5           | The client signs the logbook upon receiving the new tax declaration | The Head of the office signs the approved FAAS Tax Declaration and the Local Assessment Officer Operations Officer incharge releases the new tax declaration to the client. | None                  | 5 minutes          | Local Assessment Operations Officer |
|             |                                                                     | End of Transaction                                                                                                                                                          |                       |                    |                                     |



| Service Name               | III. ISSUANCE OF TAX DECLARATION FOR CHANGE OR TRANSFER OF OWNERSHIP                                                  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------|
|                            | (SEGREGATION OR CONSOLIDATION/RE-ASSESSMENT)                                                                          |
| Description                | This service includes the Issuance of New Segregated Tax Declarations of Real Property at the City Assessor's Office. |
|                            |                                                                                                                       |
| Office/Division            | City Assessor's Office                                                                                                |
| Classification             | Simple                                                                                                                |
| <b>Type of Transaction</b> | G2C                                                                                                                   |
| Who May Avail of the       | Declared Owner/Administrator or Duly Authorized Representative                                                        |
| Service                    |                                                                                                                       |
| Requirements               | Real Property Tax Payment (Official Receipt), Copy of Subdivision or Consolidation Plan Approved by the Bureau of     |
|                            | Lands and Subdivision Agreement.                                                                                      |
| Duration                   | 1 hour and 30 minutes (2 parcels)                                                                                     |

| STE |                                                                                                                                                          | SERVICE PROVIDER/                                                                                                                           | FEES                                                                                                                      | PROCESSING | PERSON                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------|
| NO  |                                                                                                                                                          | AGENCY ACTION                                                                                                                               | TO BE PAID                                                                                                                | TIME       | RESPONSIBLE                      |
| 1   | Request for the service & pays corresponding fees to the City Treasurer's Office and submits necessary requirements/documents for requested transaction. | Gather details of request and fill in provided Service Slip for endorsement to Local Assessment Operations Officer (In charge of Barangay.) | P100.00-<br>Segregation<br>Fee/consolidatio<br>n fee for each<br>parcel –<br>P1,000.00<br>Re-assessment<br>Fee per parcel | 5 minutes  | Action Officer<br>Adm. Personnel |



| STEP<br>NO. | CLIENT STEPS | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                                  | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME                                                                                               | PERSON<br>RESPONSIBLE                             |
|-------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 2           |              | Designated personnel carefully checks submitted documents for the required transaction of the client.                                                                                                                               | None                  | 5 minutes                                                                                                        | Local Assessment<br>Operations Officer            |
| 3           |              | Local Assessment Operations Officer submits documents for segregation/consolidation (Approved Subd. Plan, and other necessary documents) to assigned personnel (Draftsman !!) for the assigning of new Property Index Numbers (PIN) | P1,000.00/<br>parcel  | May vary depending on the property's size, location and number of parcels to be assigned. (2 parcels) 10 minutes | Local Assessment Operations Officer, Draftsman II |
| 4           |              | Draftsman II assigns new Property Index<br>Numbers to the segregated property.                                                                                                                                                      | None                  | 5 minutes/<br>parcel                                                                                             | Draftsman II                                      |



| STEP<br>NO. | CLIENT STEPS | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                                                                                                                                                                           | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME                                                              | PERSON<br>RESPONSIBLE                                                    |
|-------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 5           |              | After the assigning of PIN, The LAOO in charge prepares the Field Appraisal Assessment Sheet and encodes new Tax Declaration with the assigned PIN and Tax Declaration Number wherein computation for the MV and AV for each parcel can be found.  The Local Assessment Operations Officer in-charge reviews and signs Field Appraisal Assessment Sheet and initials the Tax | None                  | May vary on the number of parcels of each subdivision plan/consolidati on plan. | Local Assessment Operations Officer  Local Assessment Operations Officer |
|             |              | Declaration. LAOO IV reviews and initials documents for approval.                                                                                                                                                                                                                                                                                                            |                       | 4 minutes                                                                       | (LAOO) Assistant City Assessor                                           |
|             |              | The Assistant City Assessor reviews and recommends the FAAS and tax declaration for approval.                                                                                                                                                                                                                                                                                |                       | 4 minutes                                                                       | Assistant City Assessor                                                  |
|             |              | The City Assessor approves and signs the FAAS and tax declaration.                                                                                                                                                                                                                                                                                                           |                       | 3 minutes                                                                       | Local Assessment<br>Operations Officer                                   |



| STEP<br>NO.        | CLIENT STEPS                        | SERVICE PROVIDER/<br>AGENCY ACTION                                   | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                  |
|--------------------|-------------------------------------|----------------------------------------------------------------------|-----------------------|--------------------|----------------------------------------|
| 6                  | Client receives requested documents | The new tax declaration is released and client signs in the logbook. | None                  | 5 minutes          | Local Assessment<br>Operations Officer |
| End of Transaction |                                     |                                                                      |                       |                    |                                        |



| Service Name               | IV. ISSUANCE OF CERTIFICATION/CERTIFIED TRUE COPY OF TAX DECLARATION                                                     |  |  |  |  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Description                | This service is given to Declared Owners and Buyers of Property who wishes to acquire Certification/s and Certified True |  |  |  |  |
|                            | Copy/ies of Tax Declaration.                                                                                             |  |  |  |  |
| Office/Division            | City Assessor's Office                                                                                                   |  |  |  |  |
| Classification             | Simple                                                                                                                   |  |  |  |  |
| <b>Type of Transaction</b> | G2Ĉ                                                                                                                      |  |  |  |  |
| Who May Avail of the       | Declared Owner/Administrator or Duly Authorized Representative                                                           |  |  |  |  |
| Service                    |                                                                                                                          |  |  |  |  |
| Requirements               | Official Receipt of Certification Fee/Certified True Copy Fee, Research Fee, Documentary Stamp/s and owner's copy of     |  |  |  |  |
|                            | Tax Declaration (if available for the request of certified true copy)                                                    |  |  |  |  |
| Duration                   | 23 minutes                                                                                                               |  |  |  |  |

| STEP | CLIENT STEPS                                                                        | SERVICE PROVIDER/                                                                                                                                                  | FEES                                                                                         | PROCESSING | PERSON                                                      |
|------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|
| NO.  |                                                                                     | AGENCY ACTION                                                                                                                                                      | TO BE PAID                                                                                   | TIME       | RESPONSIBLE                                                 |
| 1    | Request for service and pays the corresponding fees to the City Treasurer's Office. | Gather details of the request and fill in the provided Service Slip form with the Official Receipt (OR) for endorsement to the Supervising Administrative Officer. | P100.00-<br>Certification<br>Fee<br>P100.00-<br>Certified True<br>Copy Fee &<br>Research Fee | 5 minutes  | Action Officer<br>Adm. Personnel<br>City Treasurer's Office |



| NO. | CLIENT STEPS                                          | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                            | FEES<br>TO BE PAID                                | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                                       |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------|
| 2   |                                                       | The Supervising Administrative Officer assigns the personnel to check the record and prepare the requested documents.                                         | P200.00 –<br>Annotational/<br>Cancellation<br>Fee | 5 minutes          | Supervising Administrative Officer, Assessment Clerk, Administrative Aide IV                |
|     |                                                       | The Supervising Administrative Officer,<br>Administrative Officer III) and Records<br>Officer II carefully checks and initials the<br>documents for approval. |                                                   | 10 minutes         | Supervising<br>Administrative Officer,<br>Administrative Officer<br>III, Records Officer II |
|     |                                                       | The City Assessor signs the documents.                                                                                                                        |                                                   | 2 minutes          | City Assessor I                                                                             |
| 3   | Clients receives the duly approve requested documents | The designated personnel release the requested documents to the client. The Client signs in the logbook upon receiving the requested documents.               | None                                              | 3 minutes          | Action Officer                                                                              |



# **DDD** CITY ENGINEER'S OFFICE



| Service Name                                                                                      | I. PROCESSING OF APPLICATION FOR BUILDING PERMIT                                                                                                       |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Description                                                                                       | A building permit is an official approval issued by the local government agency that allows contractor to proceed with a                               |  |  |  |  |  |
|                                                                                                   | construction or remodeling project on a property. It is intended to ensure that the project plans to comply with local                                 |  |  |  |  |  |
|                                                                                                   | standards for land use, zoning and construction.                                                                                                       |  |  |  |  |  |
| Office/Division                                                                                   | City Engineer's Office                                                                                                                                 |  |  |  |  |  |
| Classification                                                                                    | Highly Technical                                                                                                                                       |  |  |  |  |  |
| Type of Transaction                                                                               | G2C, G2B                                                                                                                                               |  |  |  |  |  |
| Who May Avail of the Any person who plans to repair, renovate, construct and demolish a building. |                                                                                                                                                        |  |  |  |  |  |
| Service                                                                                           |                                                                                                                                                        |  |  |  |  |  |
| Requirements                                                                                      | 1. Application Forms (Building, Sanitary, Plumbing, Electrical, Mechanical, Electronics) - 3 copies                                                    |  |  |  |  |  |
|                                                                                                   | 2. Building Plans (Architectural, Structural, Sanitary/Plumbing, Electrical, Mechanical, Electronics), Bill of                                         |  |  |  |  |  |
|                                                                                                   | Materials & Estimates and other documents duly signed and sealed by the designer and signed by the                                                     |  |  |  |  |  |
|                                                                                                   | owner - 4 copies                                                                                                                                       |  |  |  |  |  |
|                                                                                                   | 3. Specifications - 4 copies                                                                                                                           |  |  |  |  |  |
|                                                                                                   | 4. Certified true copy of Transfer Certificate of Titles (TCT), on file with the Registry of Deeds                                                     |  |  |  |  |  |
|                                                                                                   | <ol><li>Deed of Absolute Sale or duly notarized copy of the Contract of Lease (In case the applicant is not<br/>registered owner of the lot)</li></ol> |  |  |  |  |  |
|                                                                                                   | 6. Certified copy of Tax Declaration and Current Real Property Tax Receipt - 4 copies                                                                  |  |  |  |  |  |
|                                                                                                   | 7. Construction Logbook - for 2 Storey buildings and up                                                                                                |  |  |  |  |  |
|                                                                                                   | 8. Structural Design Computations with seismic analysis which conforms to the latest National Structural                                               |  |  |  |  |  |
|                                                                                                   | Code of the Philippines                                                                                                                                |  |  |  |  |  |
|                                                                                                   | (NSCP) - for 2 storeys and above or 1 storey with attic/mezzanine/roof deck/penthouse - 2 copies                                                       |  |  |  |  |  |
|                                                                                                   |                                                                                                                                                        |  |  |  |  |  |



| Requirements | 9. Locational Clearance from City Planning and Development Office (CPDO) |
|--------------|--------------------------------------------------------------------------|
|              | 10. Clearances from other Agencies whenever necessary                    |
|              | 11. Boring Test for 3 Storeys and above                                  |
|              | 12. Required Standard Signboards (L=0.90 M.; H= 0.60 M.)                 |
|              |                                                                          |
| -            |                                                                          |
| Duration     | 2 hours                                                                  |

| STI<br>NO |                       | SERVICE PROVIDER/<br>AGENCY ACTION     | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
|-----------|-----------------------|----------------------------------------|--------------------|--------------------|------------------------|
|           |                       |                                        |                    |                    |                        |
| 1         | Requests checklist of | Gives checklist of requirements, forms | None               | 5 minutes          | City Engineer's Office |
|           | requirements & forms  | and advise applicants to secure first  |                    |                    | (CEO)                  |
|           |                       | Locational Clearance from (CPDO) City  |                    |                    |                        |
|           |                       | Planning and Development Office,       |                    |                    |                        |
|           |                       | (DOLE) Department of Labor and         |                    |                    |                        |
|           |                       | Employment Certificate, other          |                    |                    |                        |
|           |                       | Clearances from other agencies (if     |                    |                    |                        |
|           |                       | applicable to the const.) and DOLE     |                    |                    |                        |
|           |                       | Cert.(Note: processing of DOLE is one  |                    |                    |                        |
|           |                       | month or less)                         |                    |                    |                        |
|           |                       |                                        |                    |                    |                        |



| STEP | CLIENT STEPS                                                                                                    | SERVICE PROVIDER/                                                                                                              | FEES                                  | PROCESSING          | PERSON                                                                                               |
|------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|------------------------------------------------------------------------------------------------------|
| NO.  |                                                                                                                 | AGENCY ACTION                                                                                                                  | TO BE PAID                            | TIME                | RESPONSIBLE                                                                                          |
|      |                                                                                                                 |                                                                                                                                |                                       |                     |                                                                                                      |
| 2    | Submits building plans and other documents needed                                                               | Receives and checks the completeness of the required documents.                                                                | None                                  | 10 minutes          | CEO Personnel                                                                                        |
|      |                                                                                                                 | Ask the applicant to leave their number (cellphone/landline)                                                                   |                                       |                     |                                                                                                      |
| 3    | Wait for notification status of Application                                                                     | Evaluation & Assessment                                                                                                        | None                                  | 1 hour & 30 minutes | CEO Personnel , Line & Grade Architectural, Structural, Electrical, Sanitary Mechanical, Electronics |
| 4.   | Pays corresponding Fees & submit Official Receipt                                                               | Receives order of payment & issue OR  Receives Official Receipt & prepares endorsement to Bureau of Fire Protection            | None                                  | 5 minutes           | City Treasurer`s Office<br>(CTO) Personnel<br>CEO Personnel                                          |
| 5    | Release of Fire Safety Evaluation<br>Certificate<br>Submit to CEO & wait for the<br>release of Building Permit. | Issues Fire Safety Evaluation Certificate<br>Receive Fire Safety Evaluation<br>Certificate and approval of Building<br>Permit. | Refer to<br>Schedule of<br>Fees (BFP) | 7 minutes           | Bureau of Fire Protection<br>(BFP)Personnel<br>CEO Personnel                                         |
|      |                                                                                                                 | End of Transaction                                                                                                             |                                       |                     |                                                                                                      |



| Service Name                    | II. PROCESSING OF APPLICATION FOR CERTIFICATE OF OCCUPANCY                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Description                     | A Certificate of Occupancy is a document issued by a local government agency or building permit department certifying a building's compliance with applicable building codes and other laws, and indicating it to be in a condition suitable for occupancy.                                                                                                                                                                                                        |  |  |  |  |
| Office/Division                 | City Engineer's Office                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| Classification Highly Technical |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| <b>Type of Transaction</b>      | of Transaction G2C, G2B                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| Who May Avail of the            | Owners of a Building w/approved Building Permit.                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| Service                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Requirements                    | <ol> <li>Certificate of Completion from the Building Official (Forms)</li> <li>Certificate of Completion - Mechanical, Electrical and Sanitary/Plumbing Permits, Electronics (Forms)</li> <li>Logbook of building construction and building inspection sheet duly accomplished, signed and sealed by the Architect or Civil Engineer (for Two Storeys and up Building)</li> <li>Certificate of Final Electrical Report by the Bureau of Fire Protection</li> </ol> |  |  |  |  |
| Duration                        | 3 hours                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |

| STEP<br>NO. | CLIENT STEPS                              | SERVICE PROVIDER/<br>AGENCY ACTION      | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                 |
|-------------|-------------------------------------------|-----------------------------------------|--------------------|--------------------|---------------------------------------|
| 1           | Ask for checklist of requirements & forms | Gives Checklist of requirements & forms | None               | 2 minutes          | City Engineer's Office (CEO)Personnel |



| STEP<br>NO. | CLIENT STEPS                                          | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                          | FEES<br>TO BE PAID                                      | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                                           |
|-------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------|
| 2           | Submit approved plans and other documents.            | Receives and checks the completeness of all required documents  Ask the applicant to leave their number(cellphone/landline) | None                                                    | 5 Minutes          | CEO Personnel                                                                                   |
| 3           | Must be present during inspection                     | Building Inspection                                                                                                         | None                                                    | 2 hours            | CEO Personnel  Line & Grade Architectural Structural Electrical Sanitary Mechanical Electronics |
| 4           | Wait for the Order of Payment Pays corresponding Fees | Assessment Receives the corresponding fees and Issue Official Receipt                                                       | Refer to Schedule of Fees of the National Building Code | 2 minutes          | CEO Personnel  City Treasurer`s Office (CTO)Personnel                                           |



| STEP<br>NO. | CLIENT STEPS                                                                                  | SERVICE PROVIDER/<br>AGENCY ACTION                                                    | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
|             | Submit OR to CEO & wait for endorsement                                                       | Receive OR and prepares endorsement to Bureau of Fire                                 | None               | 5 minutes          | CEO Personnel         |
| 5           | Submits Fire Safety Evaluation Certificate  Waits for the release of Certificate of Occupancy | Receives Fire Safety Evaluation Certificate and approval of Certificate of Occupancy. | None               | 27 minutes         | CEO Personnel         |
|             | 1                                                                                             | End of Transaction                                                                    | 1                  | 1                  | 1                     |



| Service Name               | III. PROCESSING OF CERTIFICATE OF ANNUAL INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Description                | A certification duly signed and sealed from a duly licensed Architect/Civil Engineer, Professional Electrical Engineer/Electronics Engineer/Professional Mechanical Engineer, Master Plumber and Sanitary Engineer. An annual building inspection provides an opportunity for the licensed professionals to assess the building's condition, its compliance with regulations and codes and its ability to ensure the health and safety of visitors, occupants and users of the structure. |  |  |  |  |  |
| Office/Division            | City Engineer's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| Classification             | Highly Technical                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| <b>Type of Transaction</b> | G2C, G2B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| Who May Avail of the       | Any person engaged in business within the City of Roxas                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| Service                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Requirements               | For Renewal:  1. Previous certificate of Annual Inspection and current Official Receipt (O.R) & previous year payment 2. Xerox copy of Mayor's Permit Application  For New Applicants:  1. Xerox copy of Certificate of Occupancy 2. Xerox copy of Approved Zoning Clearance 3. Xerox copy of Mayor's Permit Application 4. Sketch of Location                                                                                                                                            |  |  |  |  |  |
| Duration                   | 2 hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |



| STEP<br>NO. | CLIENT STEPS                                               | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                           | FEES<br>TO BE PAID                                 | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                            |
|-------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------|--------------------------------------------------|
| 1           | Submits requirements                                       | Receives and checks the completeness of all required documents and set schedule for inspection  Ask the applicant to leave their number (cellphone/landline) | None                                               | 3 Minutes          | City Engineer's Office<br>(CEO)Personnel         |
| 2           | Must be present during inspection                          | Electrical & Building Inspection                                                                                                                             | Refer to<br>Schedule Of<br>Fees of the<br>National | 1 hour             | Electrical Inspector & Building Inspector of CEO |
|             |                                                            | Data Encoding                                                                                                                                                | Building<br>Code                                   | 20 minutes         | CEO Personnel                                    |
| 3           | Pays corresponding Fees                                    | Issues Official Receipt                                                                                                                                      |                                                    | 10 minutes         | City Treasurer`s Office<br>Collecting Personnel  |
| 4           | Wait for the release of Certificate of Annual Inspection0. | Approval of Certificate of Annual Inspection                                                                                                                 | None                                               | 15 minutes         | CEO Personnel                                    |
|             |                                                            | End of Transaction                                                                                                                                           | •                                                  |                    |                                                  |



# CITY HEALTH OFFICE



| Service Name I. SANITATION SERVICES (Sanitary Permit)                                              |                                                                                                                   |  |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--|
| Description                                                                                        | Sanitary permits are among the requirements an establishment needs to secure to be issued a business permit. This |  |  |
| certification is a written assurance that an establishment is safe and clean for guests and staff. |                                                                                                                   |  |  |
| Office/Division                                                                                    | City Health Office- Health Service Delivery Division, Environmental Health Section                                |  |  |
| Classification                                                                                     | Highly Technical                                                                                                  |  |  |
| <b>Type of Transaction</b>                                                                         | G2C, G2B                                                                                                          |  |  |
| Who May Avail of the                                                                               | Establishment owners                                                                                              |  |  |
| Service                                                                                            |                                                                                                                   |  |  |
| Requirements                                                                                       | Checklist provided by Sanitation Section                                                                          |  |  |
| Duration                                                                                           | 1 day (may vary)                                                                                                  |  |  |

| STEP<br>NO. | CLIENT STEPS                                                            | SERVICE PROVIDER/<br>AGENCY ACTION                                        | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                  |
|-------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------------------|
| 1           | Approach Sanitary Inspector for transaction                             | Checks and review requirements, give instructions, (if complete)-         | None               | 5 minutes          | Sanitary Inspector                                     |
|             |                                                                         | Schedule the date and time of inspection and subsequent release of report |                    |                    |                                                        |
| 2           | Go to the Treasurer's office for payment and back to Sanitation section | Receives official receipt                                                 | P50.00             | 15 minutes         | City Treasurer's office<br>staff<br>Sanitary Inspector |



| STEP<br>NO. | CLIENT STEPS                                      | SERVICE PROVIDER/<br>AGENCY ACTION                   | FEES<br>TO BE PAID | PROCESSING<br>TIME                             | PERSON<br>RESPONSIBLE |
|-------------|---------------------------------------------------|------------------------------------------------------|--------------------|------------------------------------------------|-----------------------|
|             |                                                   | Conducts inspection Prepare documents                | None               | 50 minutes<br>(may vary) on<br>scheduled basis | Sanitary Inspector    |
| 3           | Advised to get the permit a day after application | Forward documents to City Health Officer for signing | None               | 45 minutes (may vary)                          | City Health Officer   |
| 4           | Receive sanitary permit                           | Releasing of sanitary permit                         | None               | 10 minutes                                     | Sanitary Inspector    |
|             |                                                   | End of Transaction                                   |                    |                                                |                       |



| Service Name                                                                                       | II. APPLICATION OF DEATH CERTIFICATE ( For Non-Hospital Death Only)                                       |  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|
| Description                                                                                        | A death certificate is a legal document issued by a medical practitioner which states when a person died. |  |
| Office/Division City Health Office- Health Service Delivery Division, Environmental Health Section |                                                                                                           |  |
| Classification                                                                                     | Simple                                                                                                    |  |
| <b>Type of Transaction</b>                                                                         | G2C                                                                                                       |  |
| Who May Avail of the                                                                               | Relative/ Folks of the Deceased                                                                           |  |
| Service                                                                                            |                                                                                                           |  |
| Requirements                                                                                       | Death Certificate                                                                                         |  |
| Duration                                                                                           | 30 minutes                                                                                                |  |

| STEP<br>NO. | CLIENT STEPS                                          | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                      | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                    |
|-------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|----------------------------------------------------------|
| 1           | Clients walk in for death certificate                 | Instructs to get death certificate form at Local Civil registrar and pays to the City Treasurer's Office(for death and burial/transfer) | P50.00             | 3-5 minutes        | Administrative Staff                                     |
| 2           | Goes to LCR, CTO and comes back to City Health Office | Asks and fills up the general information of the death certificate                                                                      | None               | 5 minutes          | City Treasurer's office<br>staff<br>Administrative Staff |



| STEP<br>NO. | CLIENT STEPS                                                           | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                  | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 3           | Client fill up information of the decease and gives to staff incharge. | Fills up information of the decease and refers to medical officer for signing.                                                      | None               | 5 minutes          | Administrative Staff  |
| 4           | Client proceeds to medical officer for signing                         | Interviews client, determines cause of death and signs the death certificate and refer to another physician for review and signing. | None               | 10 minutes         | Medical Officer       |
|             |                                                                        | End of Transaction                                                                                                                  | ·                  |                    |                       |



| Service Name               | III. SANITATION SERVICES (Burial, Transfer Permit)                                                                     |
|----------------------------|------------------------------------------------------------------------------------------------------------------------|
| Description                | Burial Permit is a permit to bury, cremate, remove or otherwise dispose of a dead body and Transfer permit for bones & |
|                            | cremains duly signed by the attending physician.                                                                       |
| Office/Division            | City Health Office- Health Service Delivery Division, Environmental Health Section                                     |
| Classification             | Simple                                                                                                                 |
| <b>Type of Transaction</b> | G2C                                                                                                                    |
| Who May Avail of the       | Folks, Relative s of the deceased                                                                                      |
| Service                    |                                                                                                                        |
| Requirements               | Death Certificate                                                                                                      |
| Duration                   | 19 minutes                                                                                                             |

| STEP<br>NO. | CLIENT STEPS                                      | SERVICE PROVIDER/<br>AGENCY ACTION                     | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|---------------------------------------------------|--------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Brings death certificate to Sanitation section    | Instructs client to pay to the City Treasurer's Office | P50.00             | 2 minutes          | Sanitary Inspector    |
| 2           | Pays burial permit, back to City<br>Health Office | Prepares burial/transfer permit form                   | None               | 15 minutes         | Sanitary Inspector    |
| 3           | Receives permit                                   | Releases permit                                        | None               | 2 minutes          | Sanitary Inspector    |
|             | End of Transaction                                |                                                        |                    |                    |                       |



| Service Name               | IV. OUT PATIENT SERVICES                                                                                                 |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Description                | The Out Patient Department (OPD) is the part of the City Health Office designed for the treatment of outpatients, people |
|                            | with health problems who visit the health center for diagnosis or treatment.                                             |
| Office/Division            | City Health Office- Health Service Delivery Division, OPD Section                                                        |
| Classification             | Highly Technical                                                                                                         |
| <b>Type of Transaction</b> | G2C                                                                                                                      |
| Who May Avail of the       | General Public/Patients                                                                                                  |
| Service                    |                                                                                                                          |
| Requirements               | None                                                                                                                     |
| Duration                   | 30 minutes                                                                                                               |

| STEP<br>NO. | CLIENT STEPS                         | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                             | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Secure priority number               | Admit patient for Out Patient Department check-up                                                                                                              | None               | 10 minutes         | Admitting staff       |
|             |                                      | takes history and vital signs                                                                                                                                  | None               | 5 minutes          | Admitting staff       |
| 2           | Approach the Medical Officer on Duty | <ul> <li>Examination of patients</li> <li>Diagnose the disease of the patient</li> <li>Prescribe medicine/ request laboratory examination if needed</li> </ul> | None               | 10 minutes         | Medical Officer       |



| STEP<br>NO. | CLIENT STEPS                                   | SERVICE PROVIDER/<br>AGENCY ACTION                        | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|------------------------------------------------|-----------------------------------------------------------|--------------------|--------------------|-----------------------|
| 3           | Approach the pharmacy<br>Avails free medicines | >Provides available medicine and gives proper instruction | None               | 5 minutes          | Pharmacist            |
|             | End of Transaction                             |                                                           |                    |                    |                       |



| Service Name               | V. MEDICAL LABORA                                                                                                  | V. MEDICAL LABORATORY SERVICES   |                                                    |  |  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------|--|--|
| Description                | The City Health Office Laboratory facility performs laboratory testing on specimens derived from humans to provide |                                  |                                                    |  |  |
|                            | information for diagnosis,                                                                                         | prevention or treatment of or in | npairment of disease, or for assessment of health. |  |  |
| Office/Division            | City Health Office- Health                                                                                         | Service Delivery Division, Clin  | nical Laboratory Section                           |  |  |
| Classification             | Highly Technical                                                                                                   |                                  |                                                    |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                |                                  |                                                    |  |  |
| Who May Avail of the       | General Public/ Patients/ P                                                                                        | HILHEALTH Beneficiaries          |                                                    |  |  |
| Service                    |                                                                                                                    |                                  |                                                    |  |  |
| Requirements               | Laboratory Request, Official Receipts and Specimen                                                                 |                                  |                                                    |  |  |
|                            |                                                                                                                    |                                  |                                                    |  |  |
| Duration                   | 31 minutes (may vary)                                                                                              |                                  |                                                    |  |  |
| Fees                       | CBC – Php60.00                                                                                                     | Fecalysis – Php40.00             | Pregnancy Test (Urine) – Php120.00                 |  |  |
|                            | Rh Typing – Php60.00                                                                                               | Gram Staining – Php70.00         | Lipid Profile – Php350.00                          |  |  |
|                            | Creatinine – Php100.00                                                                                             | SGOT - Php80.00                  | HbsAg - Php200.00                                  |  |  |
|                            | Urinalysis – Php40.00                                                                                              | Sputum Exam – Php60.00           | Serum – Php150.00                                  |  |  |
|                            | Hgb/Hct – Php60.00                                                                                                 | FBS – Php75.00                   | BUN – Php100.00                                    |  |  |
|                            | SGPT – Php80.00                                                                                                    | Uric Acid – Php80.00             |                                                    |  |  |



| STEP<br>NO. | CLIENT STEPS                                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                              | FEES<br>TO BE PAID                                                | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                  |
|-------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|--------------------------------------------------------|
| 1           | Proceed to Laboratory with laboratory request                      | Review the lab request<br>Instructs the procedure                               | None                                                              | 5 minutes          | Laboratory staff                                       |
| 2           | Proceed to City Treasurer's Office for payment/ back to laboratory | Get the official receipt                                                        | Fees depends<br>upon the kind<br>of laboratory<br>test requested. | 15 minutes         | Cashier – City Treasurer's Office Medical Technologist |
| 3           | Submit specimen for blood extraction                               | Get specimen and instruct the patient to come back for the result               | None                                                              | 10 minutes         | Medical Technologist                                   |
| 4           | Get laboratory result & sign in the logbook                        | Releases lab result with instruction to go & give result to attending physician | None                                                              | 1 minute           | Medical Technologist                                   |
|             |                                                                    | End of Transaction                                                              | _                                                                 |                    |                                                        |



| Service Name               | VI. HEALTH CERTIFICATE                                                                                                     |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Description                | All personnel working in business establishments and food handlers are required to secure an updated health certificate to |
|                            | protect the public from food and water-borne illnesses and unsanitary, unwholesome, misbranded or adulterated foods.       |
| Office/Division            | City Health Office- Health Service Delivery Division, Environmental Health Section                                         |
| Classification             | Simple                                                                                                                     |
| <b>Type of Transaction</b> | G2C                                                                                                                        |
| Who May Avail of the       | Business Owners and Employees of Establishments/Food Handlers                                                              |
| Service                    |                                                                                                                            |
| Requirements               | Sputum, Stool specimen                                                                                                     |
| Duration                   | 39 minutes (2 days)                                                                                                        |

| STEP<br>NO. | CLIENT STEPS                           | SERVICE PROVIDER/<br>AGENCY ACTION                                                                          | FEES<br>TO BE PAID | PROCESSING<br>TIME      | PERSON<br>RESPONSIBLE                                 |
|-------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------------|
| 1           | Proceeds to sanitation section         | Instructs client to proceed to the laboratory section                                                       | None               | 1 minute                | Sanitary inspector                                    |
| 2           | Goes to laboratory section             | Instructs to pay to the City Treasurer's Office                                                             | None               | 1 minutes               | Laboratory Staff                                      |
| 3           | Pays and returns to laboratory section | Checks official receipt/ Examines specimen/instructs client to get result day after submission of specimen. | Php120.00          | 30 minutes(may<br>Vary) | Cashier- City Treasurer's Office Medical technologist |



| STEP | CLIENT STEPS                                                | SERVICE PROVIDER/                                                                         | FEES       | PROCESSING | PERSON             |  |
|------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------|------------|--------------------|--|
| NO.  |                                                             | AGENCY ACTION                                                                             | TO BE PAID | TIME       | RESPONSIBLE        |  |
|      |                                                             |                                                                                           |            |            |                    |  |
| 4    | Gets laboratory result                                      | Releases result/ refer to attending physician if abnormality noted                        | None       | 5 minutes  | Laboratory Staff   |  |
| 5    | Proceed to sanitation section & receive health certificate. | Issue Health certificate signed by Chief<br>Sanitary Inspector and City Health<br>Officer | None       | 2 minutes  | Sanitary inspector |  |
|      | End of Transaction                                          |                                                                                           |            |            |                    |  |



| Service Name               | VII. MEDICAL CERTIFICATE ISSUANCE                                                                                        |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Description                | A medical certificate is issued to requesting client for any of the following purposes: employment, school requirements, |
|                            | application for sick leave, etc.                                                                                         |
| Office/Division            | City Health Office – Administrative Support Division                                                                     |
| Classification             | Simple                                                                                                                   |
| <b>Type of Transaction</b> | G2C                                                                                                                      |
| Who May Avail of the       | For employment, students                                                                                                 |
| Service                    |                                                                                                                          |
| Requirements               | Sputum, Stool specimen                                                                                                   |
| Duration                   | 40 minutes                                                                                                               |

| STEP<br>NO. | CLIENT STEPS                                                                                           | SERVICE PROVIDER/<br>AGENCY ACTION                                                      | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                        |
|-------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------------------------|
| 1           | Client approach administrative staff with Individual Treatment Record (ITR) accomplished by physician. | Interviews the client, instructs to pay the required fee and encode medical certificate | Php50.00           | 15 minutes         | Administrative Staff  City Treasurer's Office  Staff/cashier |
| 2           | Brings back and present official receipt                                                               | Give medical certificate & ITR and instruct client to return to medical officer.        | None               | 10 minutes         | Administrative staff                                         |
| 3           | Proceeds to consultation room                                                                          | Verify and sign medical certificate                                                     | None               | 10 minutes         | Medical officer                                              |



| STEP<br>NO. | CLIENT STEPS                 | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|------------------------------|------------------------------------|--------------------|--------------------|-----------------------|
| 4           | Receive medical certificate. | Issues medical certificate         | None               | 5 minutes          | Medical Officer       |
|             | End of Transaction           |                                    |                    |                    |                       |



| Service Name               | VIII. ISSUANCE OF MEDICO LEGAL CERTIFICATE                                                                                  |  |  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|
| Description                | A medical certificate for medico-legal cases provides the medical findings by the doctor of the injuries you sustained as a |  |  |
|                            | result of an accident or a crime.                                                                                           |  |  |
| Office/Division            | Office/Division City Health Office- Health Service Delivery Division, OPD Section                                           |  |  |
| Classification             | Highly Technical                                                                                                            |  |  |
| <b>Type of Transaction</b> | G2G                                                                                                                         |  |  |
| Who May Avail of the       | Medico-legal cases/clients                                                                                                  |  |  |
| Service                    |                                                                                                                             |  |  |
| Requirements               | Blotter from PNP or Barangay                                                                                                |  |  |
| Duration                   | 24 minutes                                                                                                                  |  |  |

| STEP<br>NO. | CLIENT STEPS                                           | SERVICE PROVIDER/<br>AGENCY ACTION                                                       | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE            |
|-------------|--------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------|--------------------|----------------------------------|
| 1           | Approach admitting clerk/staff                         | Interviews the client and give instructions                                              | None               | 2 minutes          | Admitting clerk                  |
| 2           | Pay the required fee at the City<br>Treasurer's Office | Receive payment and issue official receipt                                               | Php50.00           | 5 minutes          | City Treasurer's Office<br>Staff |
| 3           | Goes back to City Health Office                        | Checks and gets the receipt Gets general information, history of incident & vital signs. | None               | 5 minutes          | Nurse                            |



| STEP<br>NO. | CLIENT STEPS                  | SERVICE PROVIDER/<br>AGENCY ACTION                                                     | FEES<br>TO BE PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE |
|-------------|-------------------------------|----------------------------------------------------------------------------------------|--------------------|----------------------|-----------------------|
| 4           | Proceeds to consultation room | Interviews the patient, Performs medical examination, and fills up medical certificate | None               | 10 minutes(may vary) | Physician             |
| 5           | Receives medical certificate  | Prescribe medicines and issues medical certificate                                     | None               | 2 minutes            | Physician             |
|             | End of Transaction            |                                                                                        |                    |                      |                       |



| Service Name                                                                                              | IX. BIRTHING CLINIC                                                                                                        |  |  |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|--|
| Description                                                                                               | A birthing clinic is a healthcare facility, staffed by nurses, midwives and obstetricians for pregnant women in labor, who |  |  |
|                                                                                                           | desire an unmedicated childbirth experience.                                                                               |  |  |
| Office/Division                                                                                           | Office/Division City Health Office- Health Service Delivery Division, Birthing Facilities Section                          |  |  |
| Classification                                                                                            | Highly Technical                                                                                                           |  |  |
| <b>Type of Transaction</b>                                                                                | G2C                                                                                                                        |  |  |
| Who May Avail of the                                                                                      | Pregnant Women and Newborn Children                                                                                        |  |  |
| Service                                                                                                   |                                                                                                                            |  |  |
| Requirements HBMR (Home-Based Maternal Record), PhilHealth ID, Marriage Contract/MDR(Member Data Records) |                                                                                                                            |  |  |
| Duration                                                                                                  | 24 hours                                                                                                                   |  |  |

| STEP<br>NO. | CLIENT STEPS                          | SERVICE PROVIDER/<br>AGENCY ACTION                                   | FEES<br>TO BE PAID | PROCESSING<br>TIME               | PERSON<br>RESPONSIBLE              |
|-------------|---------------------------------------|----------------------------------------------------------------------|--------------------|----------------------------------|------------------------------------|
| 1           | Pregnant woman enters birthing clinic | Admits client, gets history, vital signs, and danger signs evaluated | None               | 20 minutes                       | Nurse/Midwife                      |
| 2           | Brought to labor room                 | Examines patient,<br>do labor watch and monitors the<br>patient      | None               | Depends on the progress of labor | Medical Officer, Nurse,<br>Midwife |
| 3           | Patient on delivery room              | Proper coaching Essential Newborn care Post partum care              | None               | 30 minutes                       | Medical Officer/ Nurse/<br>Midwife |



| STEP<br>NO. | CLIENT STEPS                            | SERVICE PROVIDER/<br>AGENCY ACTION                                                                   | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |  |
|-------------|-----------------------------------------|------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|--|
| 4           | Patient brought to birthing clinic room | Observation/ monitors vital signs Health teaching on breastfeeding, family planning and newborn care | None               | 24 hours           | Nurse/ Midwife        |  |
| 5           | For discharge                           | Give going home instructions, advised and discharged the patient.                                    | None               | 15 minutes         | Nurse                 |  |
|             | End of Transaction                      |                                                                                                      |                    |                    |                       |  |



| Service Name                                                                                            | X. NATIONAL IMMUNIZATION PROGRAM                                                                                        |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Description                                                                                             | Recommended vaccination for infants and children are given at the City Health Office and Barangay Health Centers in the |
|                                                                                                         | City of Roxas.                                                                                                          |
| Office/Division City Health Office- Health Service Delivery Division, Family Health & Nutrition Section |                                                                                                                         |
| Classification                                                                                          | Highly Technical                                                                                                        |
| <b>Type of Transaction</b>                                                                              | G2C                                                                                                                     |
| Who May Avail of the                                                                                    | Children below 5 years old                                                                                              |
| Service                                                                                                 |                                                                                                                         |
| Requirements                                                                                            | Immunization Record/ ECCD Card                                                                                          |
| Duration                                                                                                | 25 minutes                                                                                                              |

| STEP<br>NO. | CLIENT STEPS                                              | SERVICE PROVIDER/<br>AGENCY ACTION                              | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE        |
|-------------|-----------------------------------------------------------|-----------------------------------------------------------------|--------------------|--------------------|------------------------------|
| 1           | Client/Mother with baby present immunization record card. | Midwife/Attendant retrieve old record                           | None               | 3 minutes          | Midwife/Nursing<br>Attendant |
| 2           | Client/mother submit baby for weighing.                   | Midwife assess the baby and weigh.                              | None               | 5 minutes          | Midwife                      |
|             |                                                           | Midwife admits and records the immunization needed by the baby. | None               | 2 minutes          | Midwife                      |



| STEP<br>NO. | CLIENT STEPS                                                                        | SERVICE PROVIDER/<br>AGENCY ACTION                                                | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 3           | Client/mother prepares baby for vaccination                                         | Midwife explains procedure to the mother & give the vaccine/s needed by the baby. | None               | 5-10 minutes       | Midwife               |
| 4           | Allow baby to stay and observe for any untoward manifestations after the injection. | Midwife gives post immunization instructions to mother/guardian.                  | None               | 3-5 minutes        | Midwife               |
|             |                                                                                     | End of Transaction                                                                |                    |                    |                       |



| Service Name               | XI. FAMILY PLANNING PROGRAM                                                                                               |  |  |  |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Description                | The Family Planning Clinic provides various family planning methods to couples of reproductive ages to reduce the risk of |  |  |  |
|                            | maternal, newborn, infant and child illness and death by preventing a high-risk pregnancy in women with certain health    |  |  |  |
|                            | conditions or characteristics, or by preventing an unplanned pregnancy.                                                   |  |  |  |
| Office/Division            | City Health Office- Health Service Delivery Division, Maternal Care & Family Planning Section                             |  |  |  |
| Classification             | Highly Technical                                                                                                          |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                       |  |  |  |
| Who May Avail of the       | Adult of Reproductive Age                                                                                                 |  |  |  |
| Service                    |                                                                                                                           |  |  |  |
| Requirements               | quirements Patients' Chart (FP Form 1)                                                                                    |  |  |  |
| Duration                   | 55 minutes                                                                                                                |  |  |  |

| STEP<br>NO. | CLIENT STEPS                                                      | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                       | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Clients enters family planning room                               | Nurse welcomes and determine the purpose of visit.                                                                       | None               | 10-15 minutes      | FP Nurse/Coordinator  |
| 2           | Clients provide needed information and select preferred FP method | Perform Counseling: Assessment, data gathering, history taking and presentation of various methods for patients' choice. | None               | 10-20 minutes      | FP Nurse/Coordinator  |



| STEP<br>NO.        | CLIENT STEPS                                      | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                         | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|--------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 3                  | Client submits for physical examination/screening | Conduct of screening and recommended diagnostic procedures and methods if available and give final instruction for continuity of services and/or give referral if method is not available. | None               | 10-15 minutes      | FP Nurse/Coordinator  |
| End of Transaction |                                                   |                                                                                                                                                                                            |                    |                    |                       |



| Service Name                                                                                      | XII. PRENATAL                                                                                                       |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Description                                                                                       | Prenatal Check up are available for pregnant women in the City of Roxas. Prenatal Check up requires the soon-to-be- |
|                                                                                                   | mothers to undergo physical exams, weight checks and laboratory tests to prevent complications during pregnancy.    |
| Office/Division City Health Office- Health Service Delivery Division, Birthing Facilities Section |                                                                                                                     |
| Classification                                                                                    | Highly Technical                                                                                                    |
| <b>Type of Transaction</b>                                                                        | G2C                                                                                                                 |
| Who May Avail of the                                                                              | Pregnant Women                                                                                                      |
| Service                                                                                           |                                                                                                                     |
| Requirements                                                                                      | None                                                                                                                |
| Duration                                                                                          | 55 minutes                                                                                                          |

| STEP<br>NO. | CLIENT STEPS                                             | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                     | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Client walks in to avail prenatal check up.              | The Midwife/Nurse computes for the AOG & EDC & prepares the Home-Based Maternal Record (HBMR)                                          | None               | 10-15 minutes      | Midwife on duty.      |
| 2           | Client submits for vital signs and physical examination. | The Midwife/Nurse takes history, vital signs & perform physical examination (to include screening for medical problems & danger signs) | None               | 10-15 minutes      | Midwife on duty       |



| STEP<br>NO. | CLIENT STEPS                                               | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                          | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 3           | Client received supplements and Tetanus Toxoid injections. | The Midwife/Nurse provide routine pregnancy care: BCB, urinalysis (if available) iron supplementation, low dose Vitamin A supplementation & Tetanus Toxoid. | None               | 5 minutes          | Midwife on duty       |
| 4           | Clients fills up birth plan.                               | The Midwife/Nurse provides counseling, health advises and initializes birth plan schedule client for next prenatal visit & update HBMR.                     | None               | 5 minutes          | Midwife on duty       |
|             |                                                            | End of Transaction                                                                                                                                          |                    |                    |                       |



| Service Name               | XIII. DENTAL SERVICES                                                          |
|----------------------------|--------------------------------------------------------------------------------|
| Description                | The Dental Clinic provides dental treatment and tooth extractions to patients. |
| Office/Division            | City Health Office                                                             |
| Classification             | Highly Technical                                                               |
| <b>Type of Transaction</b> | G2C                                                                            |
| Who May Avail of the       | General Population                                                             |
| Service                    |                                                                                |
| Requirements               | None                                                                           |
| Duration                   | 45 minutes                                                                     |

| STEP<br>NO. | CLIENT STEPS                                        | SERVICE PROVIDER/<br>AGENCY ACTION                                                            | FEES<br>TO BE PAID | PROCESSING<br>TIME                         | PERSON<br>RESPONSIBLE |
|-------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------|--------------------------------------------|-----------------------|
| 1           | Register name in a Logbook and get priority number. | Take Blood pressure & if normal wait for number to be called while seated in designated area. | None               | 3-5 minutes<br>(excluding<br>waiting time) | Dental Aide           |
| 2           | Clients walk-in and request for dental procedure.   | Dentist performs appropriate/requested dental procedure(s) (30-45 minutes).                   | None               | 20-30 minutes                              | Dentist               |



| STEP<br>NO. | CLIENT STEPS                                             | SERVICE PROVIDER/<br>AGENCY ACTION                                                | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |  |
|-------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|--|
| 3           | Clients listen to instruction and received prescription. | Dentist gives instructions on proper oral health & prescribe medicines if needed. | None               | 3-5 minutes        | Dentist               |  |
| 4           | Patient goes to pharmacy for available medicines         | Pharmacist check for available medicines and dispense to client.                  | None               | 3-5 minutes        | Dentist               |  |
|             | End of Transaction                                       |                                                                                   |                    |                    |                       |  |



| Service Name               | XIV. ANIMAL BITE TREATMENT CENTER                                                                                             |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Description                | The Animal bite Treatment Center cater to all patients who are in need of intervention if they are bitten by animals that are |
| _                          | believed to be rabid.                                                                                                         |
| Office/Division            | City Health Office                                                                                                            |
| Classification             | Highly Technical                                                                                                              |
| <b>Type of Transaction</b> | G2C                                                                                                                           |
| Who May Avail of the       | Animal Bite Patient                                                                                                           |
| Service                    |                                                                                                                               |
| Requirements               | None                                                                                                                          |
| Duration                   | 25 minutes                                                                                                                    |

| STEP<br>NO. | CLIENT STEPS                                                          | SERVICE PROVIDER/<br>AGENCY ACTION                                                  | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Client walk in for treatment/consultation                             | Nursing Attendants fill-up ITR and gets vital signs.                                | None               | 3-5 minutes        | Nursing Attendant     |
| 2           | Patient proceeds to doctor's clinic for categorization and treatment. | Doctors examined patient and refers for Tetanus Toxoid and Anti-rabies vaccination. | None               | 5-10 minutes       | Doctor on duty        |



| STEP<br>NO. | CLIENT STEPS                                                | SERVICE PROVIDER/<br>AGENCY ACTION                                                                  | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 3           | Patient proceed to Dispensary for Tetanus Toxoid Injection. | Dispensary Nurse injects Tetanus Toxoid and refers patient to Animal Bite Treatment Center.         | None               | 5 minutes          | Dispensary Nurse      |
| 4           | Patient proceed to Animal Bite<br>Center                    | Animal Bite Patient inject Anti-Rabies<br>Vaccine and HTIG (if ordered) and<br>provide Rabies Card. | None               | 5 minutes          | Nurse on Duty         |
|             |                                                             | End of Transaction                                                                                  |                    |                    | •                     |



| Service Name               | XV. TB-DOTS SERVICES                                                                                                |
|----------------------------|---------------------------------------------------------------------------------------------------------------------|
| Description                | Screening, assessment and sputum collection for new and retreatment TB cases. Provide treatment & medications to TB |
|                            | patients.                                                                                                           |
| Office/Division            | City Health Office- TB-DOTS Clinic                                                                                  |
| Classification             | Highly Technical                                                                                                    |
| <b>Type of Transaction</b> | G2C                                                                                                                 |
| Who May Avail of the       | TB Symptomatic Patient                                                                                              |
| Service                    |                                                                                                                     |
| Requirements               | 10 years old & above with Symptoms of TB                                                                            |
| Duration                   | 3 days                                                                                                              |

| STEP<br>NO. | CLIENT STEPS                                | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                    | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Patients walks in for admission.            | Nurse/Attendant admit clients and get vital signs.                                                                    | None               | 3-5 minutes        | Nursing Attendant     |
| 2           | Patient proceed to doctors for examination. | Doctors examines suspected patients and is instructed to submit 3 sputum specimens with proper way to collect sputum. | None               | 20 minutes         | Doctor                |



| STEP               | CLIENT STEPS                                             | SERVICE PROVIDER/                                                                                                                                   | FEES       | PROCESSING    | PERSON                     |  |  |  |
|--------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|----------------------------|--|--|--|
| NO.                |                                                          | AGENCY ACTION                                                                                                                                       | TO BE PAID | TIME          | RESPONSIBLE                |  |  |  |
| 3                  | Client submits specimen to medical technologist.         | Medical Technologist collects specimen and instruct patient to return after 3 days for the result.                                                  | None       | 2 days        | Medical Technologist       |  |  |  |
| 4                  | Clients returns to clinic for results.                   | <b>If negative</b> : Doctor/Nurse instruct the patient to undergo chest x-ray.                                                                      | None       | 5 minutes     | Doctor/Nurse               |  |  |  |
|                    |                                                          | <b>If positive</b> : Doctor/Nurse categorized treatment regimen.                                                                                    | None       | 5-10 minutes  | Doctor                     |  |  |  |
| 5                  | Clients receive health education.                        | Nurse on duty gives health education on TB DOTS with treatment partner.                                                                             | None       | 10-15 minutes | Nurse on duty              |  |  |  |
| 6                  | Client take first dose of TB medicines.                  | Nurse/Attendant give first dose of TB medicines and observe reactions.                                                                              | None       | 45 minutes    | Nurse/Nursing<br>Attendant |  |  |  |
| 7                  | Client receive TB drugs supplies with treatment partner. | Nurse/Attendant gives TB drugs supplies to treatment partner. Instruct patient on the importance of TB drugs & about sputum follow up as scheduled. | None       | 5 minutes     | Nurse/Nursing<br>Attendant |  |  |  |
| End of Transaction |                                                          |                                                                                                                                                     |            |               |                            |  |  |  |



# CITY PLANNING & DEVELOPMENT OFFICE



| Service Name                                                                   | I. RESPONSE TO REQUEST FOR DATA AND COPY OF LAND USE MAPS, WHOLE CITY OR A SPECIFIC                                        |  |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                | BARANGAY                                                                                                                   |  |
| Description                                                                    | Land use maps are vitally important to gain a full understanding of the hazardous events and the associated risk. Land use |  |
|                                                                                | maps are critical component to make informed policy, development, planning, and resource management decisions.             |  |
| Office/Division City Planning & Development Office – Plans & Programs Division |                                                                                                                            |  |
| Classification                                                                 | Simple                                                                                                                     |  |
| <b>Type of Transaction</b>                                                     | G2C                                                                                                                        |  |
| Who May Avail of the                                                           | General Public, Students, Business People/Investors                                                                        |  |
| Service                                                                        |                                                                                                                            |  |
| Requirements                                                                   | 1. Walk-in, verbal &ID                                                                                                     |  |
|                                                                                | 2. Letter-request & ID                                                                                                     |  |
| Duration                                                                       | 30 minutes – 1 hour                                                                                                        |  |

| STEP | CLIENT STEPS                                                 | SERVICE PROVIDER/      | FEES       | PROCESSING | PERSON                                             |
|------|--------------------------------------------------------------|------------------------|------------|------------|----------------------------------------------------|
| NO.  |                                                              | AGENCY ACTION          | TO BE PAID | TIME       | RESPONSIBLE                                        |
| 1    | Approach staff to request assistance/submit written request. | Get details of request | None       | 5 minutes  | Plans & Programs Division Staff in charge of maps. |



| NO. |                                                                                                     | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                    | FEES<br>TO BE PAID                                                | PROCESSING<br>TIME       | PERSON<br>RESPONSIBLE                                                            |
|-----|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------|
| 2   | Wait while requested data/records/maps are being retrieved.                                         | Retrieve and verify the requested data/records/maps, if data/records and maps are available.  If data/records are not available, inform the client that the requested data/records are not available. | None                                                              | 15-20 minutes            | Plans & Programs Division Staff in charge of maps.                               |
| 3   | Pay to the Cashier at City Treasurer's Office (if requesting certified copy of maps).  Present O.R. | While the client pays the corresponding fee, the requested records/maps are being photocopied/reproduced.  Record O.R. Number Authenticate copy/ies.                                                  | Php55.00 for<br>Certified<br>Electronic<br>File copy<br>bond size | 10-20 minutes 10 minutes | Cashier (City Treasurer's Office)  Plans & Programs Division Staff in charge     |
| 4   | Claim certified true copies of requested documents.                                                 | Issue certified true copy/ies of requested documents.  Make client signed in logbook.  End of Transaction                                                                                             | None                                                              | 5 minutes                | of maps.  Plans & Programs  Division Staff in charge of maps/requested document. |

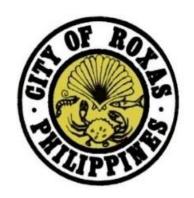


| Service Name               | II. RESPONSE TO REQUEST/S FOR DATA /INFORMATION OR RECORDS REGARDING THE CITY                                               |  |  |  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Description                | Demographic data are detailed information on the social, economic and housing characteristics of the city such as: Basic    |  |  |  |
|                            | features – age, gender, race/ethnicity. Demographics can reveal major population trends in age, family size and income, can |  |  |  |
|                            | help identify problems and solutions, and is important for gathering community support.                                     |  |  |  |
| Office/Division            | Office/Division City Planning & Development Office – Research, Evaluation & Statistics Division                             |  |  |  |
| Classification             | Simple                                                                                                                      |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                         |  |  |  |
| Who May Avail of the       | General Public, Students, Business People/Investors                                                                         |  |  |  |
| Service                    |                                                                                                                             |  |  |  |
| Requirements               | Letter-request (in some instance) & ID                                                                                      |  |  |  |
| Duration                   | 23 minutes                                                                                                                  |  |  |  |

| STEP | CLIENT STEPS                       | SERVICE PROVIDER/           | FEES       | PROCESSING | PERSON                    |
|------|------------------------------------|-----------------------------|------------|------------|---------------------------|
| NO.  |                                    | AGENCY ACTION               | TO BE PAID | TIME       | RESPONSIBLE               |
|      |                                    |                             |            |            |                           |
|      |                                    |                             |            |            |                           |
| 1    | Approach staff to request          | Get details of request      | None       | 3 minutes  | Research, Evaluation &    |
|      | assistance/submit written request. | (verbal or written request) |            |            | Statistics Division Staff |
|      | _                                  | -                           |            |            |                           |
|      |                                    |                             |            |            |                           |



| STEP<br>NO. | CLIENT STEPS                                           | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                                                              | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                            |
|-------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------------|
| 2           | Wait while requested data/records are being retrieved. | Retrieve and verify the requested data/records if data/records are available.  If data/records are not available inform the client that the requested data/records are not available OR Refer client to concerned agency/ies if data/records are not available. | None               | 15-20 minutes      | Research, Evaluation & Statistics Division Staff |
|             | ,                                                      | End of Transaction                                                                                                                                                                                                                                              |                    |                    | 1                                                |



# >>>> CITY AGRICULTURE OFFICE



| Service Name               | I. FREE CROP INSURANCE FOR FARMERS                                                                                         |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Description                | The Philippine Crop Insurance Corporation (PCIC) protection of agricultural producers and their investments thru rice crop |
|                            | insurance, corn crop insurance, high value crops, livestock credit and life term insurance.                                |
| Office/Division            | City Agriculture Office                                                                                                    |
| Classification             | Simple                                                                                                                     |
| <b>Type of Transaction</b> | G2C                                                                                                                        |
| Who May Avail of the       | Registered Farmers of Roxas City                                                                                           |
| Service                    |                                                                                                                            |
| Requirements               | Registry System for Basic Sectors in Agriculture (RSBSA) listed farmers, Self-financed and bank borrowers                  |
| Duration                   | 10 minutes                                                                                                                 |

| STE |                                                                                    | SERVICE PROVIDER/                                                                                                                                                                | FEES                                                                                      | PROCESSING | PERSON                                     |
|-----|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------|--------------------------------------------|
| NO  |                                                                                    | AGENCY ACTION                                                                                                                                                                    | TO BE PAID                                                                                | TIME       | RESPONSIBLE                                |
| 1   | Requests application for crop insurance and Accident Dismemberment Security Scheme | Check name in the office' registry, RSBSA and other records available.  If qualified for the program, farmer is interviewed and asked to fill up forms provided for the purpose. | Approve fees<br>as determined<br>by the<br>Philippine<br>Crop<br>Insurance<br>Corporation | 5 minutes  | Agricultural Technologist- Crops personnel |



| STEP<br>NO. | CLIENT STEPS                                  | SERVICE PROVIDER/<br>AGENCY ACTION                                  | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                      |
|-------------|-----------------------------------------------|---------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------|
| 2           |                                               | Submit application to Philippine Crop Insurance Corporation Office. | None               | Within the day     | Agricultural Technologist- Crops personnel |
| 3           | Client waits for the approval of application. | Releases Certificate of Insurance Cover issued by the PCIC.         | None               | 5 minutes          | Agricultural Technologist- Crops personnel |
|             |                                               | End of Transaction                                                  |                    |                    |                                            |



| Service Name               | II. ORGANIZATION, REORGANIZATION AND STRENGTHENING OF FARMERS ORGANIZATIONS AND                                                |  |  |  |  |  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|                            | OTHER AGRICULTURE-RELATED ORGANIZATION                                                                                         |  |  |  |  |  |
| Description                | Strengthening of Farmers Organization sought to improve the economic conditions of farmers. The basic mission of               |  |  |  |  |  |
|                            | farmers organizations is to represent farmers, in order to ensure their participation in the formulation and implementation of |  |  |  |  |  |
|                            | policies and agricultural development actions.                                                                                 |  |  |  |  |  |
| Office/Division            | City Agriculture Office                                                                                                        |  |  |  |  |  |
| Classification             | Simple                                                                                                                         |  |  |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                            |  |  |  |  |  |
| Who May Avail of the       | Roxas City Farmers, Women and Youth                                                                                            |  |  |  |  |  |
| Service                    |                                                                                                                                |  |  |  |  |  |
| Requirements               | Duly approved request letter                                                                                                   |  |  |  |  |  |
| Duration                   | 2 hours and 30 minutes                                                                                                         |  |  |  |  |  |

| STEP | CLIENT STEPS                                                                                                                                                      | SERVICE PROVIDER/                                                                                                                                   | FEES                                                                                                                           | PROCESSING | PERSON                                     |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------|
| NO.  |                                                                                                                                                                   | AGENCY ACTION                                                                                                                                       | TO BE PAID                                                                                                                     | TIME       | RESPONSIBLE                                |
| 1    | Applicants submit written request addressed to the City Agriculturist and duly accomplished application form and requirements to organize/reorganize associations | Provide applicant with checklist of requirements.  Receives and validates application form and schedule the organizational meeting with applicants. | Approve fees<br>as determined<br>by the<br>Registration<br>Office<br>(Department<br>of Labor and<br>Employment,<br>SEC or CDA) | 5 minutes  | Agricultural Technologist- Crops personnel |



| STEP<br>NO. | CLIENT STEPS                                                                              | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                             | FEES<br>TO BE PAID                                       | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                          |
|-------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|
| 2           | Attend Organizational meeting.                                                            | Conduct organizational meeting.                                                                                                                | Approve fees as determined by the                        | 2 hours            | Agricultural Technologist- Crops personnel                                     |
| 3           | Prepares and submit necessary documents required in the registration of the organization. | Assists in the preparation of required documents and endorse the client to the Registration Office for the registration of their organization. | Registration Office (Department of Labor and Employment, | 20 minutes         | City Agriculturist and<br>Agricultural<br>Technologist- Crops<br>personnel     |
| 4           | Receive certificate of registration.                                                      | Approved Farmers' Organization & release the certificate of registration.                                                                      | SEC or CDA)                                              | 5 minutes          | Registration Office<br>(Department of Labor<br>and Employment, SEC<br>or CDA). |
|             |                                                                                           | End of Transaction                                                                                                                             |                                                          |                    |                                                                                |



| Service Name               | III. ACCESSING TECHNICAL ASSISTANCE ON PLAN AND BUDGET PREPARATION FOR CROP                                             |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------|
|                            | PRODUCTION LOAN                                                                                                         |
| Description                | Farm Plan and budget preparation are the requirements for farmers who would like to avail a crop production loan to any |
|                            | bank or lending institutions.                                                                                           |
| Office/Division            | City Agriculture Office                                                                                                 |
| Classification             | Simple                                                                                                                  |
| <b>Type of Transaction</b> | G2C                                                                                                                     |
| Who May Avail of the       | Roxas City Farmers, Women and Youth                                                                                     |
| Service                    |                                                                                                                         |
| Requirements               | Pro-forms prepared by lending registered institutions                                                                   |
| Duration                   | 17 minutes                                                                                                              |

| STEP<br>NO. | CLIENT STEPS                       | SERVICE PROVIDER/<br>AGENCY ACTION       | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |  |  |
|-------------|------------------------------------|------------------------------------------|--------------------|--------------------|-----------------------|--|--|
| 1           | Request for technical assistance   | Receive request, validates application   | None               | 15 minutes         | Agricultural          |  |  |
|             | on Farm Plan and Budget            | form and requirements of applicant.      |                    |                    | Technologist- Crops   |  |  |
|             | Preparation required in securing a |                                          |                    |                    | personnel             |  |  |
|             | loan from banking institutions.    |                                          |                    |                    | r                     |  |  |
| 2           | Submit duly accomplished           | Assists in the preparation of farm plan  |                    |                    |                       |  |  |
|             | application form and               | and budget required in securing loan     |                    |                    |                       |  |  |
|             | requirements.                      | from banking institutions.               |                    |                    |                       |  |  |
| 3           | Submit application to the bank     | Endorse the client for possible grant of | None               | 2 minutes          | Agricultural          |  |  |
|             |                                    | loan.                                    |                    |                    | Technologist- Crops   |  |  |
|             |                                    |                                          |                    |                    | personnel             |  |  |
|             | End of Transaction                 |                                          |                    |                    |                       |  |  |

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| Service Name                                                                                                                    | IV. ISSUANCE OF AUXILIARY INVOICE FOR OUTGOING FISHERY PRODUCTS                        |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| Description Auxiliary Invoice is an official document issued by LGUs as evidence of transport of fish and fishery products from |                                                                                        |  |  |
|                                                                                                                                 | point of origin to the point of destination in the Philippines and/or export purposes. |  |  |
| Office/Division                                                                                                                 | City Agriculture Office                                                                |  |  |
| Classification                                                                                                                  | Simple                                                                                 |  |  |
| <b>Type of Transaction</b>                                                                                                      | G2C                                                                                    |  |  |
| Who May Avail of the                                                                                                            | Shippers, Fish Traders, Forwarder, Brokers                                             |  |  |
| Service                                                                                                                         |                                                                                        |  |  |
| Requirements                                                                                                                    | None                                                                                   |  |  |
| Duration                                                                                                                        | 10 minutes                                                                             |  |  |

| STEP<br>NO. | CLIENT STEPS                                                                                               | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                            | FEES<br>TO BE PAID                                          | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                             |
|-------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------|
| 1           | Request for auxiliary invoice for fishery products to be shipped.                                          | Interview client. Re: kind and volume of fishery products to be transported; determine applicable fee and issue payment slip. | Fees may vary<br>based on Ord.<br>No. 004-2020,<br>Annex C: | 5 minutes          | Agricultural Technologist- Fisheries Inspector                                    |
| 2           | Pay to City Treasurer's Office, present official receipt and waits for the auxiliary invoice to be issued. | Issues auxiliary invoice to client.                                                                                           | Schedule of<br>Licenses,<br>Permits, Fees<br>and Charges)   | 5 minutes          | Agricultural Technologist- Fisheries Inspector/ City Treasurer's Office Personnel |
|             |                                                                                                            | End of Transaction                                                                                                            |                                                             |                    |                                                                                   |



| Service Name               | V. REGISTRATION OF FISHING VESSELS THREE (3) GROSS TONS AND BELOW                                                          |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Description                | Fisheries registration and licensing are the cornerstones of all fisheries management schemes. These are tools to regulate |
|                            | entry into the fishery that have to be completed by other measures to regulate fishing activities.                         |
| Office/Division            | City Agriculture Office                                                                                                    |
| Classification             | Simple                                                                                                                     |
| <b>Type of Transaction</b> | G2C                                                                                                                        |
| Who May Avail of the       | Operators/Owners of Fishing Boats (3) Gross Tons and Below                                                                 |
| Service                    |                                                                                                                            |
| Requirements               | Barangay Clearance, Residence Certificate, Certification of Ownership, Fishing Vessel Clearance Certificate, Boat Picture  |
|                            | (5x2) and Boat Captain Picture (1x1)                                                                                       |
| Duration                   | 1 day 2 hours & 25 minutes                                                                                                 |

| STEP<br>NO. | CLIENT STEPS                                                                                                                   | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                            | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                          |
|-------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------------------------------------|
| 1           | Request for registration of fishing banca 3 gross tons and below and submit duly filled up application form with requirements. | Provide client with prescribed application form, checklist of requirements, receive documents and check completeness of requirements, and then schedule inspection and admeasurement of boat. | None               | 10 minutes         | Agricultural Technologist- Fisheries in-charge |
| 2           |                                                                                                                                | Inspect and admeasures boat; assess applicable fees and issues payment slip.                                                                                                                  |                    | 2 hours            | Agricultural Technologist- Fisheries in-charge |



| STEP<br>NO. | CLIENT STEPS                                                                                                              | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                             | FEES<br>TO BE PAID                                                                                                       | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                                               |
|-------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------|
| 3           | Applicant pays the corresponding fee to the City Treasurer's Office and hands in official receipt to personnel in charge. | Receives Official receipt and prepares Certificate of number; Motorboat Operator's License; Permit to Operate and forward to City Mayor's Office for approval. | Fees may vary<br>based on Ord.<br>No. 016-2007,<br>Annex C:<br>Schedule of<br>Licenses,<br>Permits, Fees<br>and Charges) | 10 minutes         | Agricultural Technologist- Fisheries personnel City Treasurer's Office Personnel City Agriculturist |
| 4           | Receive documents.                                                                                                        | Approve documents.  Release documents to client.                                                                                                               | None                                                                                                                     | 1 day 5 minutes    | City Mayor  Agricultural Technologist- Fisheries in-charge                                          |
|             |                                                                                                                           | End of Transaction                                                                                                                                             |                                                                                                                          |                    |                                                                                                     |



| Service Name               | VI. ISSUANCE OF FISHERY LICENSE/PERMIT                                                                                    |  |  |  |  |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Description                | Fishery License/Permit is issued to fishermen granting the right to gain access to the fishery resources and to engage in |  |  |  |  |
|                            | fishing activities (City Ordinance 016-2023)                                                                              |  |  |  |  |
| Office/Division            | City Agriculture Office                                                                                                   |  |  |  |  |
| Classification             | Simple                                                                                                                    |  |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                       |  |  |  |  |
| Who May Avail of the       | Roxas City fisherfolks (fishermen, fishery operator, fish processors, fish worker etc.)                                   |  |  |  |  |
| Service                    |                                                                                                                           |  |  |  |  |
| Requirements               | 1. Registered fisherfolks of Roxas City 2. Barangay Clearance 3. Community Tax Certificate 4. CRM Orientation             |  |  |  |  |
|                            | 5. BFARMC Endorsement and Certificate of Registration (for fisherfolks cooperatives/fisherfolk associations)              |  |  |  |  |
| Duration                   | 1 day 2 hours & 30 minutes                                                                                                |  |  |  |  |

| STE<br>NO |                                                                                              | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                            | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                          |
|-----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------------------------------------|
| 1         | Apply for fishery license. Filled up and submit application form together with requirements. | Provide client with application form and checklist. Then check for the completeness or requirements and schedules inspection. | None               | 10 minutes         | Agricultural Technologist- Fisheries in-charge |
| 2         |                                                                                              | Conducts inspection and determines applicable fees and issue payment slip.                                                    | None               | 2 hours            | Agricultural Technologist- Fisheries in-charge |



| STEP<br>NO. | CLIENT STEPS                                                   | SERVICE PROVIDER/<br>AGENCY ACTION                                                                      | FEES<br>TO BE PAID                                                                                                                                  | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                                                 |
|-------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------|
| 3           | Pays to City Treasurer's Office and hands in official receipt. | Receives official receipt, prepares fishery license and forward to the City Mayor for approval.         | Fees may vary depending on the fishery license/permit applied for (Ordinance No. 016-2007, Annex C: Schedule of License, Permits, Fees and Charges) | 10 minutes         | Agricultural Technologist- Fisheries Inspector / City Treasurer's Office Personnel City Agriculturist |
| 4           | Receive fishery license/permit.                                | Approve fishery license/permit.  Release approved fishery license/permit to client.  End of Transaction | None                                                                                                                                                | 1 day 5 minutes    | City Mayor  Agricultural Technologist- Fisheries in-charge                                            |



| Service Name               | VII. FISHERFOLK REGISTRATION                                                                                        |
|----------------------------|---------------------------------------------------------------------------------------------------------------------|
| Description                | Fisherfolk Registration aims to develop and promote a standardized registry system for all fisherfolks in the City. |
| Office/Division            | City Agriculture Office                                                                                             |
| Classification             | Simple                                                                                                              |
| <b>Type of Transaction</b> | G2C                                                                                                                 |
| Who May Avail of the       | Roxas City fisherfolks                                                                                              |
| Service                    |                                                                                                                     |
| Requirements               | Personal appearance of applicant                                                                                    |
| Duration                   | 5 minutes                                                                                                           |

| STEP<br>NO. | CLIENT STEPS                                                                         | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                                | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                |
|-------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------------------------------------------|
| 1           | Requests to register under the<br>Municipal Fisherfolk Registration<br>System (MFRS) | Verifies name of client in the City Fisherfolk Registration Summary. If not registered, provide client with registration form to be filled up or interview the applicant and encode directly to the system (online registration). | None               | 5 minutes          | Agricultural Technologist- Fisheries personnel       |
| 2           | Receive fisherfolk registration number.                                              | Instruct clients and release their fisherfolk registration number.                                                                                                                                                                | None               | 5 minutes          | Agricultural<br>Technologist- Fisheries<br>in-charge |
|             |                                                                                      | End of Transaction                                                                                                                                                                                                                |                    |                    |                                                      |



| Service Name               | VIII. TECHNICAL ASSISTANCE IN AQUACULTURE AND OTHER FISHERY RELATED CONCERNS                                          |  |  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|
| Description                | Fish Farmers may request for technical assistance when they are facing problems concerning aquaculture and fisheries. |  |  |
| Office/Division            | City Agriculture Office                                                                                               |  |  |
| Classification             | Simple                                                                                                                |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                   |  |  |
| Who May Avail of the       | Aquaculture/Mariculture operators; Traders; Fisherfolks Associations/Cooperatives; Private Organizations              |  |  |
| Service                    |                                                                                                                       |  |  |
| Requirements               | None                                                                                                                  |  |  |
| Duration                   | 2 hours and 20 minutes                                                                                                |  |  |

| STEP<br>NO. | CLIENT STEPS                                                | SERVICE PROVIDER/<br>AGENCY ACTION                                                                       | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                             |
|-------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------------------------------------------------|
| 1           | Request for the technical assistance he/she wants to avail. | Interview client basic information (name, address, purpose) and discuss the needed technical assistance. | None               | 5 minutes          | Agricultural Technologist- Fisheries personnel City Agriculturist |
| 2           |                                                             | Give recommendations and schedule of farm visit if necessary.                                            | None               | 10 minutes         | Agricultural Technologist- Fisheries Personnel City Agriculturist |
| 3           |                                                             | Conduct farm visit and perform required service.                                                         | None               | 2 hours            | Agricultural Technologist- Fisheries personnel City Agriculturist |
|             | End of Transaction                                          |                                                                                                          |                    |                    |                                                                   |

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| Service Name               | IX. AQUACULTURE AND OTHER FISHERY RELATED TRAINING AND SEMINARS                                                      |
|----------------------------|----------------------------------------------------------------------------------------------------------------------|
| Description                | Aquaculture and fishery trainings and seminars aims to develop the aquaculture and fisheries knowledge and practical |
|                            | skills of Aquaculture operators and fisherfolks in the City of Roxas.                                                |
| Office/Division            | City Agriculture Office                                                                                              |
| Classification             | Simple                                                                                                               |
| <b>Type of Transaction</b> | G2C                                                                                                                  |
| Who May Avail of the       | Aquaculture operators; Fisherfolks Associations/Organizations                                                        |
| Service                    |                                                                                                                      |
| Requirements               | Letter request addressed to the City Mayor thru the City Agriculture Office.                                         |
| Duration                   | 1 hour and 5 minutes                                                                                                 |

| STEP<br>NO. | CLIENT STEPS                                                                                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                        | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                           |
|-------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------------------------------|
| 1           | Submit letter request to the City<br>Agriculture Office.<br>Re: Kind of Training/seminar<br>he/she wants to avail. | City Agriculturist refer the request to concerned personnel.                                                                                                              | None               | 20 minutes         | City Agriculturist/<br>Fisheries Division Staff |
| 2           |                                                                                                                    | In-charged personnel discuss with client<br>the training being requested and<br>prepares the proposal, training design<br>and schedule (subject to funds<br>availability) | None               | 35 minutes         | Fisheries/ CRM personnel  City Agriculturist    |



| STEP<br>NO. | CLIENT STEPS               | SERVICE PROVIDER/<br>AGENCY ACTION                                                 | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                    |
|-------------|----------------------------|------------------------------------------------------------------------------------|--------------------|--------------------|----------------------------------------------------------|
| 3           |                            | City Agriculturist recommends and submits proposal to the City Mayor for approval. | None               | 5 minutes          | City Agriculturist/<br>Fisheries Personnel<br>City Mayor |
| 4           | Comes back for the result. | Inform the client whether the proposal was approved or disapproved.                | None               | 5 minutes          | Fisheries Personnel                                      |
|             | End of Transaction         |                                                                                    |                    |                    |                                                          |



| Service Name               | X. AVAILING OF INSURANCE FOR FISHERMEN/AQUACULTURE PRODUCTION                                                            |  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------|--|
| Description                | The Philippine Crop Insurance Corporation (PCIC) provides insurance protection to fish farmers/fisherfolk against losses |  |
|                            | in unharvested crop or stock in fisheries farms or aquaculture due to natural calamities and fortuitous events.          |  |
| Office/Division            | City Agriculture Office                                                                                                  |  |
| Classification             | Simple                                                                                                                   |  |
| <b>Type of Transaction</b> | G2C                                                                                                                      |  |
| Who May Avail of the       | Aquaculture operators; Fisherfolks                                                                                       |  |
| Service                    |                                                                                                                          |  |
| Requirements               | Registered in Municipal Fisherfolk Registration System (MFRS), Registered System for Basic Sectors in Agriculture        |  |
|                            | (RSBSA)                                                                                                                  |  |
| Duration                   | 1 day and 30 minutes                                                                                                     |  |

| STEP<br>NO. | CLIENT STEPS                     | SERVICE PROVIDER/<br>AGENCY ACTION       | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE    |
|-------------|----------------------------------|------------------------------------------|--------------------|--------------------|--------------------------|
| 1           | Request for Fisherfolk Insurance | Aquacultural Technologist assist client  | None               | 5 minutes          | City Agriculturist/      |
|             | Coverage                         | in filling up of application; check name |                    |                    | Fisheries Division Staff |
|             |                                  | if registered in Municipal Fisher        |                    |                    |                          |
|             |                                  | Registration System (MFRS).              |                    |                    |                          |
| 2           |                                  | Aquacultural Technologist interview      | None               | 15-30 minutes      | City Agriculturist/      |
|             |                                  | client and record personal data and      |                    |                    | Fisheries Division Staff |
|             |                                  | process application.                     |                    |                    |                          |
| 3           |                                  | Submit insurance application to          |                    |                    |                          |
|             |                                  | Philippine Crop Insurance Corporation    |                    |                    |                          |
|             |                                  | (PCIC) Office.                           |                    |                    |                          |
|             | End of Transaction               |                                          |                    |                    |                          |

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# CITY VETERINARIAN'S OFFICE



| Service Name               | I. ISSUANCE OF VACCINATION CERTIFICATE                                                                                     |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Description                | The rabies vaccination certificate is issued to dog owner as a formal proof that a dog has been vaccinated against rabies. |
| Office/Division            | City Veterinarian's Office                                                                                                 |
| Classification             | Simple                                                                                                                     |
| <b>Type of Transaction</b> | G2C                                                                                                                        |
| Who May Avail of the       | General Public                                                                                                             |
| Service                    |                                                                                                                            |
| Requirements               | None                                                                                                                       |
| Duration                   | 8 minutes                                                                                                                  |

| STEP<br>NO. | CLIENT STEPS                                             | SERVICE PROVIDER/<br>AGENCY ACTION                          | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                       |
|-------------|----------------------------------------------------------|-------------------------------------------------------------|--------------------|--------------------|---------------------------------------------|
| 1           | Requests for vaccination certificate/s.                  | Takes basic information/retrieve data and bills the client. | None               | 5 minutes          | Officer of the day (O.D.)                   |
| 2           | Pays to the City Treasurer's Office                      | Receive payment and issue official receipt.                 | Php50.00           | 2 minutes          | Cashier<br>City Treasurer's Office          |
| 3           | Submit official receipt to City<br>Veterinarian's Office | Prepares vaccination certificate.                           | None               | 2 minutes          | Officer of the day (O.D.) City Veterinarian |
| 4           | Receive the Vaccination Certificate.                     | Release Vaccination Certificate                             | None               | 1 minute           | Officer of the day (O.D.)                   |
|             | End of Transaction                                       |                                                             |                    |                    |                                             |

\_\_\_\_\_



# CITY CIVIL REGISTRAR'S OFFICE



| Service Name         | I. REGISTRATION OF BIRTH                                                                                                                                              |  |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Description          | Birth Registration is the process of recording a child's birth. It is a permanent and official record of a child's existence, and                                     |  |
|                      | provides legal recognition of that child's identity. Birth registration is required for a child to get a birth certificate, his or her first legal proof of identity. |  |
| Office/Division      | City Registrar's Office – Archives Division                                                                                                                           |  |
| Classification       | Simple                                                                                                                                                                |  |
| Type of Transaction  | G2C                                                                                                                                                                   |  |
| Who May Avail of the | Applicant, Registrant, Parents, Midwives, and other institutions like Birthing Clinic & Hospitals.                                                                    |  |
| Service              |                                                                                                                                                                       |  |
| Requirements         | equirements Birth Certificate from the Hospital or Birthing Clinic, if parents are married, submit a copy of Marriage Contract                                        |  |
| Duration             | 12 minutes; For Late Registration: 10 days posting period                                                                                                             |  |

| STEP<br>NO. | CLIENT STEPS                    | SERVICE PROVIDER/<br>AGENCY ACTION                                                      | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|---------------------------------|-----------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Applies for birth registration. | Assist/guide applicant/client for proper evaluation of registrable documents presented. | None               | 1 minutes          | Civil Registrar Staff |
| 2           |                                 | Prepare Birth Certificate.                                                              | None               | 10 minutes         | Civil Registrar Staff |
| 3           |                                 | Review Birth Certificate and approval.                                                  | None               | 2 minutes          | Civil Registrar       |
| 4           | Receive the Birth Certificate.  | Release the Birth Certificate to applicant.                                             | None               | 1 minute           | Civil Registrar Staff |
|             | End of Transaction              |                                                                                         |                    |                    |                       |

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| Service Name               | II. REGISTRATION OF DEATH                                                                                                                                                                                                                                                       |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description                | Death Registration is accomplished by the deceased's next of kin and the physician who checked and confirmed the death.                                                                                                                                                         |
|                            | The Certificate of Death is submitted to the City Civil Registry Office of the city where the death occurred.                                                                                                                                                                   |
| Office/Division            | City Registrar's Office – Archives Division                                                                                                                                                                                                                                     |
| Classification             | Simple                                                                                                                                                                                                                                                                          |
| <b>Type of Transaction</b> | G2C                                                                                                                                                                                                                                                                             |
| Who May Avail of the       | Applicants (Family or Relative of the Deceased), Hospital                                                                                                                                                                                                                       |
| Service                    |                                                                                                                                                                                                                                                                                 |
| Requirements               | Died at Home: Certification of Barangay Captain, Death Certificate prepared by the City Health Office with Doctor's signature & Sanitary Officer, Embalmer signature, Burial/Transfer Fee (Php50.00), Burial/Transfer Permit from City Health Office & Valid I.D. of informant. |
|                            | Died in Hospital: Embalmer Signature, Burial/Transfer Fee (Php50.00), Burial/Transfer Permit from City Health Office, & Valid I.D. of informant.                                                                                                                                |
| Duration                   | 4 minutes; For Late Registration : 10 days posting period                                                                                                                                                                                                                       |

| STE: | CLIENT STEPS                                            | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                    | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1    | Applies for death registration and Submit requirements. | Assist/guide applicant/client for proper evaluation of registrable documents presented and instruct the client to pay at the City Treasurer's Office. | None               | 5 minutes          | Civil Registrar Staff |



| STEP<br>NO. | CLIENT STEPS                                                   | SERVICE PROVIDER/<br>AGENCY ACTION          | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                   |
|-------------|----------------------------------------------------------------|---------------------------------------------|--------------------|--------------------|---------------------------------------------------------|
| 2           | Pay Burial/Transfer Permit Fee at the City Treasurer's Office. | Prepare Death Certificate.                  | Php50.00           | 5 minutes          | Civil Registrar Staff Cashier – City Treasurer's Office |
| 3           |                                                                | Review Death Certificate and approval.      | None               | 1 minutes          | Civil Registrar                                         |
| 4           | Receive the Death Certificate.                                 | Release the Death Certificate to applicant. | None               | 1 minute           | Civil Registrar Staff                                   |
|             |                                                                | End of Transaction                          |                    |                    |                                                         |



| Service Name               | III. APPLICATION OF MARRIAGE LICENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description                | A marriage license is a legal document obtained by a couple prior to marriage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Office/Division            | City Registrar's Office – Archives Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Classification             | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Type of Transaction</b> | G2C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Who May Avail of the       | Couples who wish to contract marriage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Service                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Requirements               | Birth Certificate (PSA Secpa Copy of both parties, Tree Planting Certificate & 2 pieces 3 R-size picture of actual Tree Planting of couples assisted by Barangay Captain or his duly authorized Kagawad, Pre-Marriage Counseling, Barangay Certificate or Voter's Certificate, Parental Consent if aged 18-20 years old (The consent will be signed by the parents personally in the presence of the City Civil Registrar, Parental Advice if aged 21-24 years old. The advice will be signed by the parents personally in the presence of the City Civil Registrar, CENOMAR (Certificate of No Marriage), If the applicant is a foreigner, a CERTIFICATE OF LEGAL CAPACITY TO CONTRACT MARRIAGE is mandatorily required from the Consul/Embassy of origin duly authenticated from the Embassy here in the Philippines, At least 2 valid I.Ds of the applicants, Valid I.Ds of parents or guardian who will sign parental consent. |
| Duration                   | 10 days Publication or Posting & 20 minutes Processing Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| STEP | CLIENT STEPS                         | SERVICE PROVIDER/                       | FEES       | PROCESSING | PERSON                |
|------|--------------------------------------|-----------------------------------------|------------|------------|-----------------------|
| NO.  |                                      | AGENCY ACTION                           | TO BE PAID | TIME       | RESPONSIBLE           |
| 1    | Couple applies for Marriage License. | Interview & issue list of requirements. | None       | 3 minutes  | Civil Registrar Staff |



| STEP<br>NO. | CLIENT STEPS                        | SERVICE PROVIDER/<br>AGENCY ACTION                                                                     | FEES<br>TO BE PAID                                                                                             | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                    |  |
|-------------|-------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------|--|
| 2           | Pay to the City Treasurer's Office. | Receive, prepare application form for signature by both parties & payments to City Treasurer's Office. | Marriage Application Fee: - P500.00 for Local ApplicantsP3,000.00 for Foreigner  Marriage License Fee: P100.00 | 15 minutes         | Civil Registrar Staff  Cashier, City  Treasurer's Office |  |
| 3           |                                     | Posting, Review & Approval                                                                             | None                                                                                                           | 10 days            | Civil Registrar                                          |  |
| 4           | Receive the Marriage License.       | Signing, registration & release the Marriage License to applicant.                                     | None                                                                                                           | 2 minute           | Civil Registrar Staff                                    |  |
|             | End of Transaction                  |                                                                                                        |                                                                                                                |                    |                                                          |  |



| Service Name               | IV. REQUIREMENT FOR CERTIFICATION/ISSUANCE OF CERTIFIED MACHINE COPY FOR BIRTH,                                                       |  |  |  |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                            | MARRIAGE, DEATH, LEGAL INSTRUMENT, FORM 1A FOR BIRTH-AVAILABLE, 1B FOR BIRTH NOT-                                                     |  |  |  |
|                            | AVAILABLE, 1C FOR BIRTH-DESTROYED, 3A FOR MARRIAGE-AVAILABLE, ETC.                                                                    |  |  |  |
| Description                | A certified true copy of a birth certificate, marriage certificate & death certificate attests to the fact that the records of birth, |  |  |  |
|                            | marriage or death exist and that the documents presented to prove its existence are.                                                  |  |  |  |
| Office/Division            | City Registrar's Office – Archives Division                                                                                           |  |  |  |
| Classification             | Simple                                                                                                                                |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                                   |  |  |  |
| Who May Avail of the       | Applicant (General Public), family, relatives or authorized representative                                                            |  |  |  |
| Service                    |                                                                                                                                       |  |  |  |
| Requirements               | Owner of document or authorized person with authorization letter                                                                      |  |  |  |
| Duration                   | 12 minutes                                                                                                                            |  |  |  |

| STEP<br>NO. | CLIENT STEPS                                                                | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                     | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                  |
|-------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------------------|
| 1           | Apply for Certified Machine<br>Copy of Birth/Marriage/Death<br>Certificate. | Approaches the Information Counter for research or presentation of owner's copy.                                                       | None               | 1 minutes          | Civil Registrar Staff                                  |
| 2           | Pay research fee to the City<br>Treasurer's Office                          | Request payment of research fee if no owner's copy, payment to City Treasurer's Office. If positive, request payment for certification | P30.00<br>P70.00   | 1 minute           | Civil Registrar Staff Cashier, City Treasurer's Office |



| STEP<br>NO. | CLIENT STEPS                                                            | SERVICE PROVIDER/<br>AGENCY ACTION                         | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-------------------------------------------------------------------------|------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 3           |                                                                         | Review and approval                                        | None               | 5 minutes          | Civil Registrar Staff |
| 4           | Receive the Certified Machine Copy of Birth/Marriage/Death Certificate. | Signing, registration & release the document to applicant. | None               | 5 minutes          | Civil Registrar Staff |
|             | End of Transaction                                                      |                                                            |                    |                    |                       |



| Service Name                                                                                                   | V. APPLICATION FOR SECPA THRU BREQS                                                                                  |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Description                                                                                                    | Civil Registry Documents in Security Paper (SECPA) is a public document that contains the vital events pertaining to |
|                                                                                                                | status of the persons, that either birth certificate, marriage certificate, CENOMAR and death certificate.           |
| Office/Division City Registrar's Office – Archives Division                                                    |                                                                                                                      |
| Classification                                                                                                 | Simple                                                                                                               |
| <b>Type of Transaction</b>                                                                                     | G2C                                                                                                                  |
| Who May Avail of the                                                                                           | Applicant (General Public), family, relatives or authorized representative                                           |
| Service                                                                                                        |                                                                                                                      |
| Requirements Owner of document or authorized person with authorization letter, I.D. of owner & representative. |                                                                                                                      |
| Duration                                                                                                       | 15 minutes; Release of Document from PSA after 1 week                                                                |

| STEP | CLIENT STEPS                                                                                                                                                  | SERVICE PROVIDER/         | FEES       | PROCESSING | PERSON                |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------|-----------------------|
| NO.  |                                                                                                                                                               | AGENCY ACTION             | TO BE PAID | TIME       | RESPONSIBLE           |
| 1    | Apply for SECPA (Birth<br>Certificate, Marriage Certificate,<br>CENOMAR or Death Certificate)<br>Fills up application form and<br>submit to in-charged staff. | Provide Application Form. | None       | 5 minutes  | Civil Registrar Staff |



| STEP<br>NO. | CLIENT STEPS                                                                                     | SERVICE PROVIDER/<br>AGENCY ACTION                                                                  | FEES<br>TO BE PAID                                                | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                  |
|-------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|--------------------------------------------------------|
| 2           | Pay to the City Treasurer's Office and Civil Registrar's Staff.                                  | Instruct client to pay to the City Treasurer's Office and PSA payment at the Civil Registrar Staff. | P265.00<br>(Birth,<br>Marriage,<br>Death)<br>P320.00<br>(CENOMAR) | 5 minutes          | Civil Registrar Staff Cashier, City Treasurer's Office |
| 3           |                                                                                                  | Submission of BREQS to PSA Regional Office, Iloilo City. Instruct client to return after one week.  | None                                                              | Once a week.       | Civil Registrar Staff                                  |
| 4           | Receive SECPA copy (Birth<br>Certificate, Marriage Certificate,<br>CENOMAR or Death Certificate) | Signing, registration & release the document to applicant.                                          | None                                                              | 5 minutes          | Civil Registrar Staff                                  |
|             |                                                                                                  | End of Transaction                                                                                  |                                                                   |                    |                                                        |



| Service Name               | VI. REGISTRATION OF LEGAL INSTRUMENT                                                                                        |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Description                | Registration of legal documents such as court order, annulment, adoption & legitimation of birth. As a general rule, all    |
|                            | legal instruments concerning civil registry documents must be registered in the civil registry of the place where they were |
|                            | executed.                                                                                                                   |
| Office/Division            | City Registrar's Office – Archives Division                                                                                 |
| Classification             | Simple                                                                                                                      |
| <b>Type of Transaction</b> | G2C                                                                                                                         |
| Who May Avail of the       | All applicants                                                                                                              |
| Service                    |                                                                                                                             |
| Requirements               | Documents to be registered, Owner of document or authorized person with authorization letter, I.D. of owner &               |
|                            | representative.                                                                                                             |
| Duration                   | 25 minutes                                                                                                                  |

| STEP<br>NO. | CLIENT STEPS                                              | SERVICE PROVIDER/<br>AGENCY ACTION                                             | FEES<br>TO BE PAID                                                        | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE               |
|-------------|-----------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|-------------------------------------|
| 1           | Present the required documents to the employee-in-charge. | Examine the presented documents as to authenticity and issue order of payment. | None                                                                      | 5 minutes          | Civil Registrar Staff               |
| 2           | Pay the required fees to the City<br>Treasurer's Office.  | Receive the payment and issue official receipt.                                | Court Order<br>(Local Birth)–<br>P800.00<br>(Out-of-<br>Town)-<br>P660.00 | 5 minutes          | Cashier, City<br>Treasurer's Office |



| STEP<br>NO. | CLIENT STEPS                                            | SERVICE PROVIDER/<br>AGENCY ACTION                                                 | FEES<br>TO BE PAID                                                                                                                      | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE            |
|-------------|---------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|
| 2           |                                                         |                                                                                    | Legitimation – P520.00  Supplemental Fee- P450.00 AUSF – P310.00  Acknowledge ment Fee- P310.00  Adoption – P590.00  Annulment- P590.00 |                    | Cashier, City Treasurer's Office |
| 3           | Present the official receipt to the employee-in-charge. | Records the request in a logbook and register the document and assign Registry No. | None                                                                                                                                    | 5 minutes          | Civil Registrar Staff            |



| STEP<br>NO.        | CLIENT STEPS                                                 | SERVICE PROVIDER/<br>AGENCY ACTION                                                    | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                    |  |
|--------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------|--------------------|------------------------------------------|--|
| 4                  | Present the transaction slip & receive registered documents. | Review, approval, sealed and release to client the annotated Civil Registry document. | None               | 5 minutes          | Civil Registrar<br>Civil Registrar Staff |  |
| End of Transaction |                                                              |                                                                                       |                    |                    |                                          |  |



| Service Name               | VII. PETITION UNDER REPUBLIC ACT (RA) 9048 & REPUBLIC ACT (RA) 10172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description                | Republic Act (RA) 9048 authorizes the City Civil registrar to correct a clerical error or typographical error in an entry and/or change the first name or nickname in the civil register without need of a judicial order.                                                                                                                                                                                                                                                                                                                               |
|                            | Republic Act (RA) 10172 authorized the City Civil Registrar to correct clerical or typographical errors in the day and month in date of birth or sex of a person appearing in the civil register without need of a judicial order.                                                                                                                                                                                                                                                                                                                       |
| Office/Division            | City Registrar's Office – Archives Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Classification             | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Type of Transaction</b> | G2C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Who May Avail of the       | Applicant (General Public), family, relatives or authorized representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Service                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Requirements               | Birth Certificate (PSA and Local Copy), Baptismal Certificate, Earliest School Record, Medical records such as copy of laboratory results, patient's record or hospital records, Certificate of employment indicating no pending administrative/criminal case, Marriage Contract, Voter's Certificate, Valid I.Ds of the petitioner or his duly authorized representative, SSS/GSIS/PHLHEALTH MDR, TIN (BIR) and if the petition is applied by a kin, friend or a relative, a Special Power of Attorney is required except for brother/sister or parent. |
| Duration                   | Time frame provided by law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



| STEP<br>NO. | CLIENT STEPS                                                                                                                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                    | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------|
| 1           | Inquire about the service, present<br>the documents with erroneous<br>entries and secure checklist of<br>requirements from employee-in-<br>charge. | Evaluate and classify the documents whether correction of clerical error, change of first name or change of sex and date of birth. And then give Checklist of Requirements to client. | None               | 5 minutes          | Civil Registrar Staff   |
| 2           |                                                                                                                                                    | Preparation of the petition for either RA 9048 or RA 10172 or both.                                                                                                                   | None               | 1 day              | Civil Registrar Staff   |
| 3           | Pay to the City Treasurer's Office                                                                                                                 | Filling of proper petition under oath.  Compute fees.                                                                                                                                 | P5,890.00          | 1 day.             | City Treasurer's Office |
| 4           | Present official receipt and receive documents.                                                                                                    | Release the documents.                                                                                                                                                                | None               | 5 minutes          | Civil Registrar Staff   |



# CITY SOCIAL WELFARE & DEVELOPMENT OFFICE



| Service Name                                                                                                                   | I. PROVISION OF SERVICES TO CHILDREN IN CONFLICT WITH THE LAW (WITH COURT CASES) |  |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|
| Description Services to children in conflict with the law includes programs for prevention, diversion, rehabilitation, re-inte |                                                                                  |  |
|                                                                                                                                | aftercare to ensure their normal growth and development.                         |  |
| Office/Division                                                                                                                | City Social Welfare & Development Office – Crises Center                         |  |
| Classification                                                                                                                 | Simple                                                                           |  |
| <b>Type of Transaction</b>                                                                                                     | G2C                                                                              |  |
| Who May Avail of the                                                                                                           | Children who committed crimes against the law with cases filed in court.         |  |
| Service                                                                                                                        |                                                                                  |  |
| Requirements                                                                                                                   | Referral Letter, Birth Certificate, Court Order, & medical Certificate           |  |
| Duration                                                                                                                       | 3 years onwards, 16 days, 9 hours and 55 minutes                                 |  |

| STEP<br>NO. | CLIENT STEPS                         | SERVICE PROVIDER/<br>AGENCY ACTION                                                 | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|--------------------------------------|------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Receive Court Order.                 | Receive and record court order and indorse to the Social Worker in-charge          | None               | 5 minutes          | Clerk                 |
| 2           | Submit for interview and assessment. | Conducts initial interview with the minor and review supporting documents.         | None               | 20 minutes         | Social Worker         |
| 3           |                                      | Administer tools of discernment                                                    | None               | 1 hour             | Social Worker         |
| 4           |                                      | Conducts collateral investigation and home visitation of the minor and his family. | None               | 1 day              | Social Worker         |



| STEP<br>NO. | CLIENT STEPS                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                                                          | FEES<br>TO BE PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE |
|-------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------|-----------------------|
| 5           | Attend preliminary investigation & court hearings. | Attends preliminary investigation of the case.                                                              | None               | 4 hours              | Social Worker         |
| 6           |                                                    | Formulate & prepare social case study report.                                                               | None               | 15 days              | Social Worker         |
| 7           | Attend case conference.                            | Conducts technical review of the report and case conference. Submit report to the City Prosecutor's Office. | None               | 4 hours & 30 minutes | Social Worker         |
| 8           | Attend court hearings.                             | Attend court hearings                                                                                       | None               | 1 year onwards       | Social Worker         |
| 9           | Cooperate with the rehabilitation process.         | Remit minor for rehabilitation to the Regional Rehabilitation Center for Youth.                             | None               | 2 years              | Social Worker         |



| Service Name               | II. PROVISION OF SERVICES TO CHILDREN IN CONFLICT WITH THE LAW                                                                |  |  |  |  |  |  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|                            | (WITHOUT COURT CASES)                                                                                                         |  |  |  |  |  |  |
| Description                | Services to children in conflict with the law includes programs for prevention, diversion, rehabilitation, re-integration and |  |  |  |  |  |  |
|                            | aftercare to ensure their normal growth and development.                                                                      |  |  |  |  |  |  |
| Office/Division            | City Social Welfare & Development Office – Crises Center                                                                      |  |  |  |  |  |  |
| Classification             | Simple                                                                                                                        |  |  |  |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                           |  |  |  |  |  |  |
| Who May Avail of the       | Children below 18 years of age who committed crimes against the law.                                                          |  |  |  |  |  |  |
| Service                    |                                                                                                                               |  |  |  |  |  |  |
| Requirements               | Referral Letter, Birth Certificate & medical Certificate                                                                      |  |  |  |  |  |  |
| Duration                   | 7 months, 1 day, 4 hours & 15 minutes                                                                                         |  |  |  |  |  |  |

| STEP<br>NO. | CLIENT STEPS                                    | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                           | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Refer Children In Conflict with the Law (CICL). | Record referral at the Admin. Section.                                                                                                       | None               | 10 minutes         | Clerk                 |
| 2           |                                                 | Conducts initial interview, psychosocial intervention/counseling with the minor.                                                             | None               | 1 hour             | Social Worker         |
| 3           |                                                 | Coordinates with VAWC Desk Officer to locate the parents of minor.                                                                           | None               | 5 minutes          | Social Worker         |
| 4           |                                                 | Conducts dialogue to the parents of the minor, assess and review supporting documents and conducts home visitation and social investigation. | None               | 1 day & 2 hours    | Social Worker         |



| STEP<br>NO. | CLIENT STEPS                                    | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                         | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE             |
|-------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------------------|
| 5           |                                                 | Conducts case conference with the minor and his parents, complainant/s and Barangay Council for the Protection of Children (BCPC) members. | None               | 2 hours            | BCPC Chairperson                  |
| 6           | CICL undergo Diversion Program in the Barangay. | BCPC conducts diversion program and social worker provide support services to the minor.                                                   | None               | 6 months           | BCPC Chairperson<br>Social Worker |
| 7           |                                                 | Monitor and evaluate the conduct of diversion program.                                                                                     | None               | 1 month            | BCPC Chairperson<br>Social Worker |
|             |                                                 | End of Transaction                                                                                                                         | •                  | •                  |                                   |



| Service Name               | III. KALIPUNAN NG LIPING PILIPINA (KALIPI) WOMEN's                                                           |
|----------------------------|--------------------------------------------------------------------------------------------------------------|
| Description                | KALIPI organization aims to empower the women with community activities and livelihood programs.             |
| Office/Division            | City Social Welfare & Development Office                                                                     |
| Classification             | Simple                                                                                                       |
| <b>Type of Transaction</b> | G2C                                                                                                          |
| Who May Avail of the       | OSY, Needy, Disadvantage, Working and Single (if PYAP) KALIPI Member                                         |
| Service                    |                                                                                                              |
| Requirements               | Barangay Certification, Certificate of enrollment, Birth certificate (Photocopy), Certificate of Eligibility |
| Duration                   | 2 hours                                                                                                      |

| STEP<br>NO. | CLIENT STEPS                                                              | SERVICE PROVIDER/<br>AGENCY ACTION                | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|---------------------------------------------------------------------------|---------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Organize & fill up intake sheet and KALIPI membership form & roster form. | Provide Intake sheet and KALIPI membership forms. | None               | 10 minutes         | Clerk                 |
| 2           | Attend Capability Building Training                                       | Conduct Capability Building Training.             | None               | 1 hour             | Social Worker         |
| 3           | Apply for Livelihood Assistance.                                          | Assist KALIPI members for Livelihood program.     | None               | 5 minutes          | Social Worker         |
|             |                                                                           | End of Transaction                                |                    | _                  |                       |



| Service Name               | IV. PROVISION OF DAY CARE SERVICES                                                                                 |
|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| Description                | The CSWDO's role to register, license and accredit public and private ECCD centers, programs and service providers |
|                            | catering to children below six (6) years of age.                                                                   |
| Office/Division            | City Social Welfare & Development Office                                                                           |
| Classification             | Simple                                                                                                             |
| <b>Type of Transaction</b> | G2C                                                                                                                |
| Who May Avail of the       | 3-4 years old pre-schoolers, Children of working parents                                                           |
| Service                    |                                                                                                                    |
| Requirements               | Certificate of Livebirth, Health Record                                                                            |
| Duration                   | 7 days, 1 hour & 10 minutes                                                                                        |

| STEP<br>NO. | CLIENT STEPS                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                                  | FEES<br>TO BE PAID                                   | PROCESSING<br>TIME  | PERSON<br>RESPONSIBLE                           |
|-------------|----------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------|---------------------|-------------------------------------------------|
| 1           | Register/enroll in the Child<br>Development Center | Child Development Workers register pre-schoolers at the Child Development Center.   | P100.00 annual registration fee  P30.00 monthly dues | 5 days              | Child Development<br>Workers in the<br>Barangay |
| 2           | Attend in the weighing                             | Conduct initial & monthly weighing of children and assess pre-schoolers for session | None                                                 | 1 hour & 10 minutes | Child Development<br>Workers                    |



| STEP<br>NO. | CLIENT STEPS                         | SERVICE PROVIDER/<br>AGENCY ACTION                                                                            | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE        |
|-------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------------------|
| 3           | Attend Child Development<br>Sessions | Post the schedules of children in the Child Development Center and conduct CDW sessions.                      | None               | 8 hours            | Child Development<br>Workers |
| 4           |                                      | Focal person conduct monitoring, evaluation and provide technical assistance to the Child Development Worker. | None               | 1 day              | CSWDO Focal person           |
|             |                                      | End of Transaction                                                                                            |                    |                    |                              |



| Service Name               | V. PROVISION OF SUPPLEMENTARY FEEDING PROGRAM                                                                       |
|----------------------------|---------------------------------------------------------------------------------------------------------------------|
| Description                | The supplementary feeding program aims to improve and maintain the nutritional status of children enrolled in child |
|                            | development centers.                                                                                                |
| Office/Division            | City Social Welfare & Development Office                                                                            |
| Classification             | Simple                                                                                                              |
| <b>Type of Transaction</b> | G2C                                                                                                                 |
| Who May Avail of the       | 3-4 years old pre-schoolers at the Day Care Centers                                                                 |
| Service                    |                                                                                                                     |
| Requirements               | None                                                                                                                |
| Duration                   | 139 days                                                                                                            |

| STEP<br>NO. | CLIENT STEPS                                | SERVICE PROVIDER/<br>AGENCY ACTION                                  | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE        |
|-------------|---------------------------------------------|---------------------------------------------------------------------|--------------------|--------------------|------------------------------|
| 1           | Submit for weighing and attend CDW session. | Child Development Workers weighs pre-schoolers and conduct sessions | None               | 5 days             | Child Development<br>Workers |
| 2           |                                             | Submit report to focal person for consolidation.                    | None               | 1 day              | Child Development<br>Workers |
| 3           |                                             | Focal Person approves report and request for fund release.          | None               | 1 week             | Focal Person                 |
|             |                                             | Focal person release funds and goods to CDW.                        |                    | 1 day              |                              |
| 4           | Attend CDW session & Feeding                | Child Development Worker conducts Feeding to children.              | None               | 120 days           | Child Development<br>Workers |



| STEP<br>NO. | CLIENT STEPS                                  | SERVICE PROVIDER/<br>AGENCY ACTION                                                                             | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE        |
|-------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------------------|
| 5           | Attend weighing.                              | Child Development Worker conducts monthly weighing of children and submit report to Focal person.              | None               | 8 hours            | Child Development<br>Workers |
| 6           | Children became normal in nutritional status. | Continuation of feeding activity and refer pre-schoolers to the City Health Office for other support services. | None               | 120 days           | Child Development<br>Workers |
|             |                                               | End of Transaction                                                                                             |                    | _                  |                              |



| Service Name               | VI. PREPARATION OF SOCIAL CASE STUDY REPORTS TO AVAIL FINANCIAL ASSISTANCE                                                                                                       |  |  |  |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Description                | Case study shows how different family circumstances lead to different determinations of financial needs.                                                                         |  |  |  |
| Office/Division            | City Social Welfare & Development Office                                                                                                                                         |  |  |  |
| Classification             | Simple                                                                                                                                                                           |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                                                                              |  |  |  |
| Who May Avail of the       | Needy & distressed individuals                                                                                                                                                   |  |  |  |
| Service                    |                                                                                                                                                                                  |  |  |  |
| Requirements               | Medical Financial Assistance: Certificate of Indigency, Hospital Bill, Medical Abstract/certificate, Medical Prescriptions, Laboratory Request, Valid I.D of the Claimant/Client |  |  |  |
|                            | Burial Financial Assistance: Certificate of Indigency, Death Certificate, Funeral Contract, Valid I.D of the Claimant/Client                                                     |  |  |  |
|                            | Educational Financial Assistance: Certificate of Indigency, Registration Form, Valid I.D of the Claimant/Client                                                                  |  |  |  |
| Duration                   | 1 day & 5 hours                                                                                                                                                                  |  |  |  |

| STEP<br>NO. | CLIENT STEPS                                                                         | SERVICE PROVIDER/<br>AGENCY ACTION                           | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Request for Social Case Summary to avail financial assistance from CSWD-SWAD Office. | Security Guard issue number & refer client to Social Worker. | None               | 5 minutes          | Security Guard        |
|             |                                                                                      |                                                              |                    |                    |                       |



| STEP<br>NO. | CLIENT STEPS                                | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                              | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 2           | Submit required documents to Social Worker. | Assess & evaluate documents presented and in case of lacking documents, advice client to comply immediately. If the documents are complete, intake interview will be conducted. | None               | 20 minutes         | Social Worker         |
| 3           |                                             | Conducts validation, collateral investigation, prepares, formulate encode & review 10 social case summaries.                                                                    | None               | 1 day              | Social Worker         |
| 4           | Receive Social Case Summary.                | Approval, signing of the Social Case<br>Summary and then contact client and<br>release the social case summary.                                                                 | None               | 35 minutes         | Social Worker         |
|             |                                             | End of Transaction                                                                                                                                                              |                    | _                  |                       |



| Service Name               | VII. SHARING COMPUTER ACCESS LOCALLY AND ABROAD (SCALA) PROGRAM                                                      |
|----------------------------|----------------------------------------------------------------------------------------------------------------------|
| Description                | SCALA aims to promote basic computer literacy skill to Out-of-School Youth (OSY).                                    |
| Office/Division            | City Social Welfare & Development Office                                                                             |
| Classification             | Simple                                                                                                               |
| <b>Type of Transaction</b> | G2C                                                                                                                  |
| Who May Avail of the       | Out-of-School Youth (OSY), Needy, disadvantage, working, single (if PYAP)/KALIPI Member                              |
| Service                    |                                                                                                                      |
| Requirements               | Any of the following: Form 137/ High School Diploma/TOR if College level (Photocopy), Barangay Certification, 2 pcs. |
|                            | 1x1 I.D. pictures, Birth Certificate (Photocopy), Good Moral, Medical Certificate (for SCALA Purposes)               |
| Duration                   | 1 hour & 50 minutes                                                                                                  |

| STEP<br>NO. | CLIENT STEPS                                   | SERVICE PROVIDER/<br>AGENCY ACTION                                                     | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                 |
|-------------|------------------------------------------------|----------------------------------------------------------------------------------------|--------------------|--------------------|---------------------------------------|
| 1           | Apply for SCALA Training.                      | Security Guard refer applicant to Women & Youth Program for inquiry.                   | None               | 20 minutes         | Security Guard<br>Staff –n-charged    |
| 2           | Submit required documents to staff in-charged. | Review the applicant submitted documents and conduct further interview.                | None               | 20 minutes         | Staff in-charged<br>SCALA Center Head |
|             |                                                | Staff files the applicants documents, encode the name to the list of SCALA applicants. |                    | 10 minutes         |                                       |



| STEP<br>NO. | CLIENT STEPS              | SERVICE PROVIDER/<br>AGENCY ACTION                                      | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|---------------------------|-------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 3           | Attend SCALA Orientation. | Contact SCALA applicants for SCALA Orientation and conduct Orientation. | None               | 1 hour             | Social Worker         |
|             | End of Transaction        |                                                                         |                    |                    |                       |



| Service Name                                                                                                              | VIII. PAG-ASA YOUTH ASSOCIATION OF THE PHILIPPINES (PYAP) YOUTHS                                                        |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Description                                                                                                               | PYAP is a duly constituted barangay based organization of out-of-school-youth between 15-24 years old who are clientele |  |  |  |
|                                                                                                                           | of the CSWDO. The organization is geared towards the total development of the disadvantaged youth in terms of his/      |  |  |  |
|                                                                                                                           | socio-economic, physical, psychological, cultural and spiritual development.                                            |  |  |  |
| Office/Division                                                                                                           | Office/Division City Social Welfare & Development Office                                                                |  |  |  |
| Classification                                                                                                            | Simple                                                                                                                  |  |  |  |
| <b>Type of Transaction</b>                                                                                                | G2C                                                                                                                     |  |  |  |
| Who May Avail of the                                                                                                      | Out-of-School Youth (OSY), Needy, disadvantage, working, single (if PYAP) Youth                                         |  |  |  |
| Service                                                                                                                   |                                                                                                                         |  |  |  |
| Requirements Barangay Certification, Certificate of enrollment, Birth Certificate (Photocopy), Certificate of Eligibility |                                                                                                                         |  |  |  |
| Duration                                                                                                                  | 1 month, 2 days & 45 minutes                                                                                            |  |  |  |

| STEP<br>NO. | CLIENT STEPS                                                           | SERVICE PROVIDER/<br>AGENCY ACTION                                                        | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Organize & fill up Intake sheets & PYAP membership form & roster form. | Gather the data & forms of the youth.                                                     | None               | 30 minutes         | Youth Staff           |
| 2           | Attend Capability Building Training.                                   | Register the participants, distribute the training kit & conduct the Capability Building. | None               | 15 minutes         | Youth Staff           |



| STEP<br>NO. | CLIENT STEPS                                                                                                                                               | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                         | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 3           | Apply to cash for work.                                                                                                                                    | Selection & interview of facilitators, enumerators & encoders for cash for work and then send the application forms with documents to the Regional Office. | None               | 1 week             | Youth & Focal Staff   |
| 4           | Apply to government internship program & outreach program IOP for Semestral Break. (Month of September) and submit required documents to the Focal person. | Select Youth qualified for GIP applicant and evaluate/review the documents and applications for signatory.                                                 | None               | 1 week             | Youth & Focal Staff   |
|             |                                                                                                                                                            | End of Transaction                                                                                                                                         |                    |                    |                       |



| Service Name               | IX. PROVISION OF CAPITAL ASSISTANCE THROUGH SELF EMPLOYMENT ASSISTANCE (SEA)                                            |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------|
|                            | FAMILY ENTERPRISE/INDIVIDUAL SCHEME                                                                                     |
| Description                | Self Employment Assistance (SEA) Program is one of the strategies in providing livelihood opportunities to the poor. It |
|                            | aims to strengthen the socio-economic well-being of the poor family to make it productive, self-reliant and an active   |
|                            | participant in development efforts.                                                                                     |
| Office/Division            | City Social Welfare & Development Office                                                                                |
| Classification             | Simple                                                                                                                  |
| <b>Type of Transaction</b> | G2C                                                                                                                     |
| Who May Avail of the       | Family Heads, Needy adults, Youth, Women, and Person With Disability (PWD)                                              |
| Service                    |                                                                                                                         |
| Requirements               | Barangay Residence Certification, Valid ID Card, 2 pcs. 2x2 picture                                                     |
| Duration                   | 7 days, 1 hour & 55 minutes                                                                                             |

| STEP | CLIENT STEPS                         | SERVICE PROVIDER/                                       | FEES       | PROCESSING | PERSON            |
|------|--------------------------------------|---------------------------------------------------------|------------|------------|-------------------|
| NO.  |                                      | AGENCY ACTION                                           | TO BE PAID | TIME       | RESPONSIBLE       |
| 1    | Request for Livelihood<br>Assistance | Intake interview & initial assessment of SEA applicant. | None       | 30 minutes | Livelihood Worker |



| STEP<br>NO. | CLIENT STEPS                                                    | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                                                                                           | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                             |
|-------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|---------------------------------------------------|
|             |                                                                 |                                                                                                                                                                                                                                                                                              |                    |                    |                                                   |
| 2           | Make self available for interview and submit required documents | Conduct home visitation, assessment to livelihood applicant. Gather collateral information from barangay officials and evaluates/review documents presented and conduct further interview for project proposal outline and works on agreement to rollback and amortization schedule payment. | None               | 1 day & 30 minutes | Livelihood Worker                                 |
| 3           |                                                                 | Prepare, formulate & encode project proposal & feedback/assessment report & other attached documents.  Review of project proposal, feedback/assessment report and approval/signing of project proposal.                                                                                      | None               | 1 hour 15 minutes  | Livelihood Worker  Social Welfare Officer I CSWDO |
|             |                                                                 |                                                                                                                                                                                                                                                                                              |                    |                    |                                                   |
| 4           |                                                                 | Submit SEA Project Proposal & other documents to LGU for Processing.                                                                                                                                                                                                                         | None               | 5 days             | Livelihood Worker<br>LGU                          |



| STEP<br>NO. | CLIENT STEPS                                                                      | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                  | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                 |
|-------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------------------------------------|
| 5           | Attend Self Employment<br>Assistance (SEA) Orientation and<br>values inculcation. | Conduct Self Employment Assistance (SEA) Orientation and values inculcation.                                                        | None               | 1 hour             | Social Worker<br>Livelihood Worker                    |
| 6           | Receive livelihood assistance.                                                    | Assist the SEA client beneficiary at the City Treasurer's Office to sign Acknowledgement Receipt & claim the livelihood assistance. | None               | 5 minutes          | Livelihood Worker<br>City Treasurer's Office<br>staff |
| 7           | Pay monthly amortization.                                                         | Collect monthly amortization payments of beneficiaries.                                                                             | None               | 10 minutes         | Livelihood Worker                                     |
| 8           |                                                                                   | Turn over payments of beneficiaries to the City Treasurer's Office.                                                                 | None               | 30 minutes         | Livelihood Worker                                     |
| 9           |                                                                                   | Monitoring of SEA beneficiaries project.                                                                                            | None               | 1 day              | Livelihood Worker                                     |
|             |                                                                                   | End of Transaction                                                                                                                  |                    |                    |                                                       |



| Service Name               | X. PROVISION OF CAPITAL ASSISTANCE THROUGH SELF EMPLOYMENT ASSISTANCE (SEA-K)                                 |
|----------------------------|---------------------------------------------------------------------------------------------------------------|
|                            | KAUNLARAN SCHEME                                                                                              |
| Description                | Self Employment Assistance (SEA-K) Kaunlaran Program is a capability building program of the CSWDO and Local  |
|                            | Government Units which aims to enhance the socio-economic skills of poor families through the organization of |
|                            | community-based associations for entrepreneurial development.                                                 |
| Office/Division            | City Social Welfare & Development Office                                                                      |
| Classification             | Simple                                                                                                        |
| <b>Type of Transaction</b> | G2C                                                                                                           |
| Who May Avail of the       | Family Heads, Needy adults, Youth, Women, and Person With Disability (PWD) and abled Senior Citizen           |
| Service                    |                                                                                                               |
| Requirements               | Barangay Residence Certification, Valid ID Card, 2 pcs. 2x2 picture                                           |
| Duration                   | 24 1/2 days, 2 hours & 30 minutes                                                                             |

| STEP<br>NO. | CLIENT STEPS                         | SERVICE PROVIDER/<br>AGENCY ACTION                        | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|--------------------------------------|-----------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Request for Livelihood<br>Assistance | Intake interview & initial assessment of SEA-K applicant. | None               | 30 minutes         | Livelihood Worker     |



| STEP<br>NO. | CLIENT STEPS                                                    | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                           | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                         |
|-------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------------------------------|
| 2           | Make self available for interview and submit required documents | Conduct home visitation, assessment to livelihood applicant. Coordinate, gather collateral information from barangay officials, conduct interview/assessment regarding application for livelihood assistance | None               | 1 day & 30 minutes | Livelihood Worker                             |
| 3           |                                                                 | Intake Interview/assessment of SLP.                                                                                                                                                                          | None               | 2 days             | Livelihood Worker                             |
| 4           |                                                                 | Prepare feedback report/recommend qualified applicants for training, coordinate with Barangay Captain for the schedule of SLP Orientation.  Inform SLP applicants of SLP Orientation schedule.               | None               | 2 hours            | Livelihood Worker                             |
| 5           | Attend Sustainable Livelihood<br>Program (SLP) Orientation.     | Conduct SLP Orientation.                                                                                                                                                                                     | None               | 1 hour             | Livelihood Worker & PDO II                    |
| 6           |                                                                 | Set schedule of SLP Capability Building Training, Request preparation of supplies/materials needed.                                                                                                          | None               | 1 hour             | Social Worker I, Clerk<br>& Livelihood Worker |



| STEP | CLIENT STEPS                     | SERVICE PROVIDER/                      | FEES         | PROCESSING | PERSON                 |
|------|----------------------------------|----------------------------------------|--------------|------------|------------------------|
|      | CLIENT STEES                     |                                        |              |            |                        |
| NO.  |                                  | AGENCY ACTION                          | TO BE PAID   | TIME       | RESPONSIBLE            |
|      |                                  |                                        |              |            |                        |
| 7    | Att 141 2 1 SIDC 1334            |                                        | NT           | 2.1        | G '1W 1 I G1 1         |
| 7    | Attend the 3-days SLP Capability | Conduct the 3-days SLP Capability      | None         | 3 days     | Social Worker I, Clerk |
|      | Building Training.               | Building Training.                     |              |            | & Livelihood Worker    |
|      |                                  |                                        |              |            |                        |
| 8    |                                  | Conduct follow-up session/individual   | None         | 4 hours    | Livelihood Worker      |
|      |                                  | project proposal making & signing      |              |            |                        |
|      |                                  | agreement to rollback & other          |              |            |                        |
|      |                                  | documents.                             |              |            |                        |
| 9    |                                  | Prepare & submit mother proposal to    | None         | 3 days     | Livelihood Worker      |
|      |                                  | branch office.                         |              | -          |                        |
|      |                                  |                                        |              |            |                        |
| 10   |                                  | Facilitate SLP by laws & constitution, | Notarial Fee | 1 day      | Livelihood Worker      |
|      |                                  | resolution to open SKA bank account    |              |            |                        |
|      |                                  | and attach in the project proposal.    |              |            |                        |
| 11   |                                  | Facilitate SLP Memorandum of           | None         | 1 day      | Livelihood Worker      |
|      |                                  | Agreement to be signed by the CSWDO    |              |            | CSWDO, City Mayor      |
|      |                                  | and City Mayor.                        |              |            |                        |
|      |                                  |                                        |              |            |                        |
|      | Facilitate SLP Memorandum of     | Facilitate SLP Memorandum of           | Notarial Fee |            | Livelihood Worker      |
|      | Agreement for notarization.      | Agreement for notarization             |              |            |                        |
| 12   | Submit the needed documents to   | Assist the SLP Officers for submission | None         | 1 hour     | Livelihood Worker      |
|      | DOLE for issuance of Certificate | of documents for registration to DOLE. |              |            | SLP Officer            |
|      | of Registration.                 |                                        |              |            | DOLE staff             |

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| STEP<br>NO. | CLIENT STEPS                                                   | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                 | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                           |
|-------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------------------------------|
| 13          | Receive the Certificate of registration from DOLE.             | Assist the SLP Officers in the issuance of the Certificate of Registration from DOLE.                                                              | None               | 1 hour             | Livelihood Worker<br>SLP Officer<br>DOLE staff  |
| 14          |                                                                | Submit SLP mother proposal & other documents to LGU for processing.                                                                                | None               | 5 days             | Livelihood Worker                               |
| 15          | Claim the livelihood check at the City Treasurer's Office.     | Contact SLP President for schedule in claiming check and assist the SLP President in claiming the livelihood check at the City Treasurer's Office. | None               | 30 minutes         | Livelihood Worker                               |
| 16          | SLP President & Treasurer open the saving account at the bank. | Assist the SLP President & Treasurer in opening the savings account at the bank.                                                                   | None               | 3 hours            | Livelihood Worker                               |
| 17          | Attend meeting.                                                | Conduct meeting for the schedule of SLP distribution of capital assistance.                                                                        | None               | 1 day              | Livelihood Worker & YDA                         |
| 18          |                                                                | Assist SLP President & Treasurer in bank transaction/withdrawn funds for schedule of distribution of SLP capital assistance.  End of Transaction   | None               | 2 hours            | Livelihood Worker<br>SLP Officers<br>Bank Staff |

End of Transaction



| STEP<br>NO. | CLIENT STEPS                                             | SERVICE PROVIDER/<br>AGENCY ACTION                                | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE      |
|-------------|----------------------------------------------------------|-------------------------------------------------------------------|--------------------|--------------------|----------------------------|
| 19          | SLP client receive the capital assistance.               | Provide capital assistance.                                       | None               | 3 hours            | Livelihood Worker<br>CSWDO |
| 20          | Attend weekly/monthly meeting & pay weekly loan payment. | Conduct weekly/monthly meeting                                    | None               | 2 hours            | Livelihood Worker          |
| 21          | Deposit the collection in the bank.                      | Assist the SLP Officers in the deposit of collection at the bank. | None               | 1 hour             | Livelihood Worker          |
| 22          |                                                          | Monitor SEA beneficiaries project.                                | None               | 1 day              | Livelihood Worker          |
|             |                                                          | End of Transaction                                                |                    |                    |                            |



| Service Name               | XI. PROVISION OF SERVICES TO ABUSED CHILDREN (WITHOUT COURT CASES)                                               |  |
|----------------------------|------------------------------------------------------------------------------------------------------------------|--|
| Description                | CSWDO provides a variety of services to victims/ abused children and their families, such as medical assistance, |  |
|                            | counseling, and legal assistance.                                                                                |  |
| Office/Division            | City Social Welfare & Development Office                                                                         |  |
| Classification             | Simple                                                                                                           |  |
| <b>Type of Transaction</b> | G2C                                                                                                              |  |
| Who May Avail of the       | Children needing special protection against abuse, exploitation & discrimination.                                |  |
| Service                    |                                                                                                                  |  |
| Requirements               | Referral Letter, Birth Certificate                                                                               |  |
| Duration                   | 6 months, 5 hours and 5 minutes                                                                                  |  |

| STEP<br>NO. | CLIENT STEPS                                             | SERVICE PROVIDER/<br>AGENCY ACTION                                                            | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Referred abused children.                                | Clerk records referral at the Admin Section & refer to Social Worker.                         | None               | 5 minutes          | Clerk                 |
| 2           |                                                          | Conducts initial interview & assessment.                                                      | None               | 10 minutes         | Social Worker         |
| 3           | Submit for medical examination & psychiatric evaluation. | Refer minor to City Health Office for medical examination & psychiatric evaluation as needed. | None               | 2 hours            | Social Worker         |



| STEP<br>NO. | CLIENT STEPS            | SERVICE PROVIDER/<br>AGENCY ACTION                                                                   | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|-------------------------|------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 4           |                         | Discuss result of medical examination & psychiatric evaluation to parents/guardians of abused child. | None               | 30 minutes         | Social Worker         |
| 5           | Ask and answer query.   | Follow up interview & provide psychosocial intervention/counseling.                                  | None               | 45 minutes         | Social Worker         |
| 6           | Attend Family Dialogue. | Coordinate with Barangay VAWC Desk<br>Officer and conduct family dialogue<br>with the victim.        | None               | 1 hour & 5 minutes | Social Worker         |
| 7           |                         | Facilitate placement of the child for custody either in the family or in the center.                 | None               | 30 minutes         | Social Worker         |
| 8           |                         | Supervise and monitor child's activities in the center or at home.                                   | None               | 6 months           | Social Worker         |
|             |                         | End of Transaction                                                                                   |                    |                    |                       |



| Service Name               | XII. PROVISION OF SERVICES TO ABUSED CHILDREN (WITH COURT CASES)                                                        |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Description                | CSWDO will investigate reports about the abuse and provide the necessary services to the family such as shelter, legall |
|                            | aid, counseling and medical assistance.                                                                                 |
| Office/Division            | City Social Welfare & Development Office                                                                                |
| Classification             | Simple                                                                                                                  |
| <b>Type of Transaction</b> | G2C                                                                                                                     |
| Who May Avail of the       | Children needing special protection against abuse, exploitation & discrimination.                                       |
| Service                    |                                                                                                                         |
| Requirements               | Referral Letter, Medical Certificate, Court Order, Birth Certificate                                                    |
| Duration                   | 1 ½ year onwards, 16 days, 9 hours and 40 minutes                                                                       |

| STEP<br>NO. | CLIENT STEPS                         | SERVICE PROVIDER/<br>AGENCY ACTION                                              | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|--------------------------------------|---------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 1           | Receive Court Order.                 | Clerk receive/record court order and indorse to the Social Worker in-charge.    | None               | 5 minutes          | Clerk                 |
| 2           | Submit for interview and assessment. | Conducts initial interview to the minor and review supporting documents.        | None               | 20 minutes         | Social Worker         |
| 3           |                                      | Conduct follow up interview, assessment of the case and prepare Treatment Plan. | None               | 30 minutes         | Social Worker         |



| STEP<br>NO. | CLIENT STEPS                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                             | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 4           |                                                    | Conduct psychosocial intervention/counseling.                                                                                                                                  | None               | 30 minutes         | Social Worker         |
| 5           |                                                    | Conduct collateral investigation and home visitation of the minor and his/her family. And facilitate placement of the child for custody either in the family or in the center. | None               | 1 day & 30 minutes | Social Worker         |
| 6           |                                                    | Supervise and monitor child's activities in the center/at home.                                                                                                                | None               | 6 months           | Social Worker         |
| 7           | Attend preliminary investigation & court hearings. | Attend preliminary investigation of the case.                                                                                                                                  | None               | 4 hours            | Social Worker         |
| 8           |                                                    | Prepare social Case study report.                                                                                                                                              | None               | 15 days            | Social Worker         |
| 9           | Attend case conference.                            | Conducts technical review of the report and case conference.                                                                                                                   | None               | 4 hours            | Social Worker         |



| STEP<br>NO. | CLIENT STEPS           | SERVICE PROVIDER/<br>AGENCY ACTION                                              | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|-------------|------------------------|---------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| 10          |                        | Submit report to the City Prosecutors Office.                                   | None               | 30 minutes         | Social Worker         |
| 11          |                        | Social Worker conducts case conference with the 5 pillars of justice as needed. | None               | 45 minutes         | Social Worker         |
| 12          | Attend court hearings. | Attend court hearings.                                                          | None               | 1 year onwards     | Social Worker         |
|             |                        | End of Transaction                                                              |                    |                    |                       |



| Service Name               | XIII. PROVISION OF SERVICES TO ABUSED WOMEN AND THEIR CHILDREN                                                              |  |  |  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                            | (WITHOUT COURT CASES)                                                                                                       |  |  |  |
| Description                | CSWDO provides protective programs and services for victim-survivors of violence against women and their children           |  |  |  |
|                            | such as psychosocial care, counseling, psychosocial/psychiatric tests, professional health services, referral for medico-le |  |  |  |
|                            | examination and provision of mechanisms for protection from mental, emotional, physical, sexual abuse and other form        |  |  |  |
|                            | of exploitation.                                                                                                            |  |  |  |
| Office/Division            | City Social Welfare & Development Office                                                                                    |  |  |  |
| Classification             | Simple                                                                                                                      |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                                         |  |  |  |
| Who May Avail of the       | Abused Women and their Children                                                                                             |  |  |  |
| Service                    |                                                                                                                             |  |  |  |
| Requirements               | Referral Letter                                                                                                             |  |  |  |
| Duration                   | 6 moths, 4 hours and 10 minutes.                                                                                            |  |  |  |

| STEP<br>NO. | CLIENT STEPS           | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                           | FEES<br>TO BE PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE |
|-------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|-----------------------|
| 1           | Referred abused women. | Clerk record referral at the Admin.<br>Section & refer to the Social Worker.                                                                                 | None               | 5 minutes            | Clerk                 |
| 2           |                        | Conducts initial interview and assessment, and refer the abused woman to the City Health Office for medical examination & psychosocial evaluation as needed. | None               | 2 hours & 10 minutes | Social Worker         |



| STEP<br>NO. | CLIENT STEPS                                                     | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                                                                | FEES<br>TO BE PAID | PROCESSING<br>TIME    | PERSON<br>RESPONSIBLE |
|-------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-----------------------|
| 3           | Ask and answer to query                                          | Discuss results of medical examination & psychiatric evaluation.  Follow-up interview & provide psychosocial intervention/counseling                                                                                                                              | None               | 30 minutes 45 minutes | Social Worker         |
| 4           | Apply for the issuance of<br>Barangay Protection Order<br>(BPO). | Coordinate with Barangay VAWC Desk Officer/Barangay Officials for the issuance of BPO.  Facilitate placement of the abused woman and her children in the center.  Supervise and monitor abused woman and her children activities in the center/ at home with BPO. | None               | 10 minutes 30 minutes | Social Worker         |

**End of Transaction** 



| Service Name               | XIV. Pre-Marriage Counseling Application                                                                                    |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Description                | Pre-Marriage Counseling helps pre-marriage couples identify core beliefs, set realistic expectations for marriage, plan for |
|                            | the future and decide the ways in which their lives be merged.                                                              |
| Office/Division            | City Social Welfare & Development Office                                                                                    |
| Classification             | Simple                                                                                                                      |
| <b>Type of Transaction</b> | G2C                                                                                                                         |
| Who May Avail of the       | Engaged couples                                                                                                             |
| Service                    |                                                                                                                             |
| Requirements               | PMC Official Receipt                                                                                                        |
| Duration                   | 20 minutes                                                                                                                  |

| STEP<br>NO. | CLIENT STEPS                                                                            | SERVICE PROVIDER/<br>AGENCY ACTION                                                                     | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                        |
|-------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------------------------|
| 1           | Inquire PMC schedule and requirements.                                                  | Inform the applicants of the schedule of PMC and requirements.                                         | None               | 5 minutes          | Administrative Staff incharged                               |
| 2           | Receives and fill up logbook,<br>Marriage Expectation Inventory<br>and Couples Profile. | Issues/.Check completeness of entries in the Marriage Expectation Inventory and Couples Profile Forms. | None               | 10 minutes         | Administrative Staff incharged                               |
| 3           | Pay PMC fee at the City<br>Treasurer's Office.                                          | Refer clients to the City Treasurer's Office for payment of PMC fee.                                   | P150.00            | 1 minute           | Administrative Staff incharged City Treasurer's Office Staff |



| STEP<br>NO. | CLIENT STEPS                                  | SERVICE PROVIDER/<br>AGENCY ACTION | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE          |  |
|-------------|-----------------------------------------------|------------------------------------|--------------------|--------------------|--------------------------------|--|
| 4           | Present Official Receipt as proof of payment. | Record Official Receipt Number     | None               | 1 minute           | Administrative Staff incharged |  |
|             | End of Transaction                            |                                    |                    |                    |                                |  |



| Service Name               | XV. Pre-Marriage Counseling Session                                                                 |  |  |  |
|----------------------------|-----------------------------------------------------------------------------------------------------|--|--|--|
| Description                | Pre-Marriage Counseling Session is conducted to pre-marriage couples applying for marriage license. |  |  |  |
| Office/Division            | City Social Welfare & Development Office                                                            |  |  |  |
| Classification             | Simple                                                                                              |  |  |  |
| <b>Type of Transaction</b> | G2C                                                                                                 |  |  |  |
| Who May Avail of the       | Engaged couples                                                                                     |  |  |  |
| Service                    |                                                                                                     |  |  |  |
| Requirements               | Attendance of the Engaged Couples                                                                   |  |  |  |
| Duration                   | 1 day                                                                                               |  |  |  |

| STEP<br>NO. | CLIENT STEPS              | SERVICE PROVIDER/<br>AGENCY ACTION                       | FEES<br>TO BE PAID | PROCESSING<br>TIME                                    | PERSON<br>RESPONSIBLE          |
|-------------|---------------------------|----------------------------------------------------------|--------------------|-------------------------------------------------------|--------------------------------|
| 1           | Fill up attendance sheet. | Provides attendance sheet to engaged couples.            | None               | 2 minutes                                             | Administrative Staff incharged |
| 2           | Attend PMC Session        | Conduct Pre-Marriage Counseling Session.                 | None               | Morning Session- 4 hours  Afternoon Session – 3 hours | PMC Team:<br>CSWDO<br>CHO      |
|             |                           | Prepares PMC Certificates and check accuracy of entries. |                    | 10 minutes                                            | Administrative Staff incharged |



| STEP<br>NO. | CLIENT STEPS                                                                                                                                  | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                  | FEES<br>TO BE PAID | PROCESSING<br>TIME  | PERSON<br>RESPONSIBLE                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|-----------------------------------------------------|
| 2           |                                                                                                                                               | PMC Team sign the Certificates 1. Certificate of Compliance 2. Certificate of Marriage Counseling Forward PMC Certificates to the Office of the City Administrator's for signature. | None               | 10 minutes 1 minute | PMC Team: CSWDO CHO  Administrative Staff incharged |
| 3           | Receive PMC Certificate & Certificate of Compliance and proceed to the City Civil Registrar's Office for the application of Marriage License. | Release PMC Certificate & Certificate of Compliance to couples and advice for application of Marriage License to the City Civil Registrar's Office.                                 | None               | 1 minute            | Administrative Staff incharged                      |
|             |                                                                                                                                               | End of Transaction                                                                                                                                                                  |                    |                     |                                                     |



# CITY TOURISM PROMOTIONS & DEVELOPMENT OFFICE



| Service Name               | I. DEPARTMENT OF TOURISM (DOT) ACCREDITATION OF TOURISM RELATED ESTABLISHMENT                            |
|----------------------------|----------------------------------------------------------------------------------------------------------|
| Description                | Accreditation from DOT ensures the quality of facilities and services of tourism related establishments. |
| Office/Division            | City Tourism Promotion & Development Office                                                              |
| Classification             | Simple                                                                                                   |
| <b>Type of Transaction</b> | G2C                                                                                                      |
| Who May Avail of the       | Any Tourism related establishments                                                                       |
| Service                    |                                                                                                          |
| Requirements               | Online services                                                                                          |
| Duration                   | 5 minutes.                                                                                               |

|   | STEP<br>NO.        | CLIENT STEPS                 | SERVICE PROVIDER/<br>AGENCY ACTION                                  | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE             |
|---|--------------------|------------------------------|---------------------------------------------------------------------|--------------------|--------------------|-----------------------------------|
|   | 1                  | Apply for DOT accreditation. | Provide Instruction materials from the Department of Tourism (DOT). | None               | 5 minutes          | Sr. Tourism Operations<br>Officer |
| - | End of Transaction |                              |                                                                     |                    |                    |                                   |



| Service Name               | II. REQUEST FOR CITY TOUR GUIDE                                                                                                 |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Description                | City Tourism tour guide may point out historical or cultural sites, restaurants, architectural points of interest of tourist in |
|                            | the City.                                                                                                                       |
| Office/Division            | City Tourism Promotion & Development Office                                                                                     |
| Classification             | Simple                                                                                                                          |
| <b>Type of Transaction</b> | G2C                                                                                                                             |
| Who May Avail of the       | Any Tour Operators                                                                                                              |
| Service                    |                                                                                                                                 |
| Requirements               | Business Permits and License                                                                                                    |
| Duration                   | 1 day & 10 minutes.                                                                                                             |

| STEP<br>NO. | CLIENT STEPS                                  | SERVICE PROVIDER/<br>AGENCY ACTION        | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                    |
|-------------|-----------------------------------------------|-------------------------------------------|--------------------|--------------------|----------------------------------------------------------|
| 1           | Tour Operator inquire for a tour in the City. | Provide information and application form. | None               | 5 minutes          | Sr. Tourism Operations<br>Officer<br>Administrative Aide |
| 2           | Submit required documents.                    | Approved of Requested paper and services. | None               | 1 day              | Administrative Officer IV City Tourism Officer           |
| 3           |                                               | Assign Tour guide and schedule events.    | None               | 5 minutes          | Sr. Tourism Operations<br>Officer                        |
|             | End of Transaction                            |                                           |                    |                    |                                                          |





### **CITY BUDGET OFFICE**



| Service Name               | I. PRELIMINARY REVIEW OF BARANGAY/SANGGUNIANG KABATAAN ANNUAL AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                            | SUPPLEMENTAL BUDGET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Description                | Review of the annual and supplemental budget of 47 Barangays and Sangguniang Kabataan of Roxas City.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| Office/Division            | City Budget Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Classification             | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| <b>Type of Transaction</b> | G2G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Who May Avail of the       | 47 Barangays of the City of Roxas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Service                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Requirements               | Transmittal Letter, Barangay Appropriation Bill, Budget Message, Barangay Executive Annual Budget, Certified Statement of Income for past years, and budget year, Certified Statement of Income and Expenditures for past year, calendar year and budget year, Personnel Schedule (Plantilla of Barangay Officials), Resolution Approving the Barangay Annual Investment Plan, Resolution Approving the Action Plan on Disaster Preparedness, Resolution Approving the Barangay Council Protection for Children and BCPC Plan, Resolution Approving the Gender and Development Plan, Resolution Approving the Barangay Development and Annual Investment Plan, Barangay Expenditure Program/Sangguniang Kabataan Appropriation Bill, Sangguniang Kabataan Resolutionn Approving the SK Plan or Work Program. |  |  |  |
| Duration                   | 58 minutes for Annual Budget 43 minutes for Supplemental Budget                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |



| STEP<br>NO. | CLIENT STEPS                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                        | FEES<br>TO BE PAID | PROCESSING<br>TIME                                                          | PERSON<br>RESPONSIBLE             |
|-------------|----------------------------------------------------|---------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------|-----------------------------------|
| 1           | Submit Barangay Annual and/or Supplemental Budget. | Receive Barangay Annual and/or Supplemental Budget.                       | None               | 3 minutes for<br>Annual Budget<br>2 minutes for<br>Supplemental<br>Budget   | Barangay Budget<br>Division Staff |
| 1.1         |                                                    | Preliminary review of Annual/Supplemental Budget.                         | None               | 30 minutes for<br>Annual Budget<br>15 minutes for<br>Supplemental<br>Budget | City Budget Division<br>Staff     |
| 1.2         |                                                    | Prepare, review the Endorsement Letters to the Sangguniang Panlungsod.    | None               | 10 minutes/<br>Budget                                                       | City Budget Division<br>Staff     |
| 1.3         |                                                    | Final review and signature                                                | None               | 5 minutes/<br>Budget                                                        | Head of Office                    |
| 1.4         |                                                    | Endorse to the SP Office for approval.                                    | None               | 5 minutes                                                                   | Barangay Budget<br>Division Staff |
| 1.5         |                                                    | Deliberation & approval of<br>Annual/Supplemental Budget by SP<br>Office. | None               |                                                                             | SP Office                         |



| STEP<br>NO. | CLIENT STEPS                                      | SERVICE PROVIDER/<br>AGENCY ACTION                             | FEES<br>TO BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE             |
|-------------|---------------------------------------------------|----------------------------------------------------------------|--------------------|--------------------|-----------------------------------|
| 1.6         |                                                   | Receives approved Annual/Supplemental Budget from SP Office.   | None               | 2 minutes          | Barangay Budget<br>Division Staff |
| 2           | Receive duly approved Annual/Supplemental Budget. | Releasing of Annual/Supplemental Budget to concerned barangay. | None               | 3 minutes          | Barangay Budget Division Staff    |
|             | End of Transaction                                |                                                                |                    |                    |                                   |



## DDD INTERNAL SERVICES



## CITY BUDGET OFFICE



| Service Name               | I. PROCESSING OF OBLIGATION REQUEST                                                                                   |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Description                | The processing of Obligation Request (OBR) on Personal Services, maintenance and other Operating Expenses and Capital |
|                            | Outlays is among the core function of this office, whereby, every expenses of the different departments/agencies are  |
|                            | properly certified as to the existence of available appropriation.                                                    |
| Office/Division            | City Budget Office                                                                                                    |
| Classification             | Simple                                                                                                                |
| <b>Type of Transaction</b> | G2G                                                                                                                   |
| Who May Avail of the       | All City and National Government Agencies Concerned                                                                   |
| Service                    |                                                                                                                       |
| Requirements               | Charge slip, Obligation Request Form, Voucher/Purchase Requests/ Payroll(s), all other attachments needed (e.g.       |
|                            | CAPELCO, MRWD, PLDT, etc.)                                                                                            |
| Duration                   | 24 minutes                                                                                                            |

| STEP<br>NO. | CLIENT STEPS                               | SERVICE PROVIDER/<br>AGENCY ACTION                        | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME     | PERSON<br>RESPONSIBLE            |
|-------------|--------------------------------------------|-----------------------------------------------------------|-----------------------|------------------------|----------------------------------|
| 1           | Submit Obligation Requests for processing. | Receives Obligation Requests (OBRs).                      | None                  | 2 minutes/<br>document | Administrative<br>Division Staff |
| 1.1         |                                            | Assigning of OBRs number and responsibility center number | None                  | 5 minutes/<br>document | City Budget Division<br>Staff    |



| STEP<br>NO. | CLIENT STEPS                               | SERVICE PROVIDER/<br>AGENCY ACTION                             | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME     | PERSON<br>RESPONSIBLE                                     |
|-------------|--------------------------------------------|----------------------------------------------------------------|-----------------------|------------------------|-----------------------------------------------------------|
| 1.2         |                                            | Recording of OBRs to corresponding books of accounts (LEDGER). | None                  | 5 minutes/<br>document | Barangay Budget Division Staff City Budget Division Staff |
| 1.3         |                                            | Posting of OBRs to Local Area Network (LAN)                    | None                  | 3 minutes/<br>document | Administrative Division<br>Staff                          |
| 1.4         |                                            | Review of Obligation Requests.                                 | None                  | 3 minutes/<br>document | Assistant Department<br>Head                              |
| 1.5         |                                            | Final Review and Approval of OBRs.                             | None                  | 3 minutes/<br>document | Administrative Division<br>Staff                          |
| 2           | Receives duly approved Obligation Request. | Releases OBRs.                                                 | None                  | 3 minutes/<br>document | 3 minutes/<br>document                                    |
|             |                                            | End of transactions                                            |                       |                        |                                                           |

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# OFFICE OF THE CITY ACCOUNTANT



| Service Name               | I. CHECKING & PROCESSING OF PAYROLL                                                                                   |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Description                | The payroll accounting process entails determining, recording, analyzing, and managing employee compensation. Payroll |
|                            | accounting involves accounting for employee salaries and wages, payroll taxes and employee benefits.                  |
| Office/Division            | Office of the City Accountant                                                                                         |
| Classification             | Simple                                                                                                                |
| <b>Type of Transaction</b> | G2G                                                                                                                   |
| Who May Avail of the       | Employees concerned                                                                                                   |
| Service                    |                                                                                                                       |
| Requirements               | Charge slip, Payroll(s), all other attachments needed (e.g. CAPELCO, MRWD, PLDT, etc.)                                |
| Duration                   | 1.5 hours to 2 hours                                                                                                  |

| STEP<br>NO. | CLIENT STEPS                       | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                     | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE                              |
|-------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------------------------------------|
| 1           | Submit payroll to receiving Clerk. | Stamp/ received the payroll and forward to person in-charged.                                                                                                                                          | None                  | 1 minute             | Receiving Clerk                                    |
| 2           |                                    | 1) Check the attached supporting documents which are as follows: a)Charge Slip, b) Prooflist, c) JEV, d) OBR, e) Summary/Report of Changes & Absences, f) DTR, g) Application for leave and undertime. | None                  | 10 minutes to 1 hour | Internal Audit and<br>Processing Division<br>Staff |



| STEP<br>NO. | CLIENT STEPS | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                                                                           | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE                              |
|-------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------------------------------------|
| 2           |              | 2) Record the salaries and leave applications of employees to their individual salary index and leave cards, check and initial to the correctness of JEV, prooflist and remittances.                                                         | None                  | 10 minutes to 1 hour | Internal Audit and<br>Processing Division<br>Staff |
|             |              | 3) Records the employees' deductions to ensure accurate remittances to particular agencies; check and initial the JEV.                                                                                                                       |                       | 20 minutes           |                                                    |
|             |              | 4) Check and verifies the completeness of supporting documents, accuracy of the amount claimed and its deductions as well as mathematical computations of the amount in the payroll, JEV and prooflist. Download data to the payroll system. |                       | 20 minutes           |                                                    |



| STEP<br>NO. | CLIENT STEPS | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                                                             | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                              |
|-------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|----------------------------------------------------|
| 2           |              | 5) Review the verified documents as to the completeness of supporting documents, accuracy of computations and amount in payroll, JEV and prooflist and sign box "A" of the Disbursing Voucher. | None                  | 20 minutes         | Internal Audit and<br>Processing Division<br>Staff |
| 3           |              | Encode and validate JEV to the accounting system.                                                                                                                                              | None                  | 10 minutes         | Internal Audit and<br>Processing Division<br>Staff |
| 4           |              | Release the payroll to the City<br>Treasurer's Office                                                                                                                                          | None                  | 1 minute           | Releasing Clerk                                    |
|             |              | End of transactions                                                                                                                                                                            |                       |                    |                                                    |



| Service Name               | II. ISSUANCE OF CERTIFICATION OF NET TAKE HOME PAY                                                                       |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Description                | Certificate of Net Pay is a document that contains an employees' monthly total earnings, breakdown of monthly deductions |
|                            | and summary of net salary received during the month.                                                                     |
| Office/Division            | Office of the City Accountant                                                                                            |
| Classification             | Simple                                                                                                                   |
| <b>Type of Transaction</b> | G2G                                                                                                                      |
| Who May Avail of the       | Employees concerned                                                                                                      |
| Service                    |                                                                                                                          |
| Requirements               | None                                                                                                                     |
| Duration                   | 19 minutes                                                                                                               |

| <br>TEP<br>NO. | CLIENT STEPS                                                                       | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                    | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME      | PERSON<br>RESPONSIBLE                              |
|----------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|----------------------------------------------------|
| 1              | Submit Certificate of Net Pay form to person in –charged and wait for the release. | Receive the Certificate of Net Pay (CNP) form.                                                                        | None                  | 1 minute                | Internal Audit and<br>Processing Division<br>Staff |
| 2              |                                                                                    | Review Net Pay and if found correct, affix initial to CNP and forward the CNP and salary card to the City Accountant. | None                  | 15 minutes & 30 seconds | Internal Audit and<br>Processing Division<br>Staff |



| STEP<br>NO. | CLIENT STEPS                                             | SERVICE PROVIDER/<br>AGENCY ACTION                                 | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME    | PERSON<br>RESPONSIBLE |
|-------------|----------------------------------------------------------|--------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| 3           |                                                          | Signs CNP and forward it to the Releasing Clerk.                   | None                  | 1 minute              | City Accountant       |
| 4           | Receive signed Certificate of Net Pay and signs logbook. | Record to logbook and release to client or his/her representative. | None                  | 1 minute & 30 seconds | Releasing Clerk       |
|             |                                                          | End of transactions                                                |                       |                       |                       |



| Service Name               | III. PROCESSING OF REMITTANCES                                                                                      |
|----------------------------|---------------------------------------------------------------------------------------------------------------------|
| Description                | Remittance processing involves capturing payment and account data from scanned images of remittance studs, coupons, |
|                            | invoice and the accompanied payment source such as checks/cheque, cash, credit card, ACH, wire or other electronic  |
|                            | payment sources. This process includes balancing the transaction for deposit and posting.                           |
| Office/Division            | Office of the City Accountant                                                                                       |
| Classification             | Simple                                                                                                              |
| <b>Type of Transaction</b> | G2G                                                                                                                 |
| Who May Avail of the       | GOCCs and Lending Institution                                                                                       |
| Service                    |                                                                                                                     |
| Requirements               | Disbursement Voucher                                                                                                |
| Duration                   | 30 minutes                                                                                                          |

| STEP<br>NO. | CLIENT STEPS                                                             | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                   | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                              |
|-------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|----------------------------------------------------|
| 1           | Submit Disbursement Voucher (DV) for remittances to the receiving clerk. | Receive the Disbursement Voucher (DV) for remittances.                                                                                               | None                  | 1 minute           | Receiving Clerk                                    |
| 2           |                                                                          | 1) PIC checks the amount of remittance or summary of deductions vis-å-vis the record book to ensure the correctness/accuracy of the amount remitted. | None                  | 18 minutes         | Internal Audit and<br>Processing Division<br>Staff |



| STEP<br>NO. | CLIENT STEPS | SERVICE PROVIDER/<br>AGENCY ACTION                                                                                                                   | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                              |
|-------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|----------------------------------------------------|
| 2           |              | 2) Verifies the accuracy of the amount of remittances vis-à-vis summary of deduction as attached per office. If in order, affix initials to the JEV. | None                  | 5 minute           | Internal Audit and<br>Processing Division<br>Staff |
| 3           |              | Verifies and approve the accuracy of amount of remittance against summary of deductions attached per office. If in order, affix signature.           | None                  | 5 minutes          | Internal Audit and<br>Processing Division<br>Staff |
| 4           |              | Release Disbursement Voucher to City<br>Treasurer's Office for issuance of check.                                                                    | None                  | 1 minute           | Releasing Clerk                                    |
|             |              | End of transactions                                                                                                                                  |                       |                    |                                                    |