



BUREAU OF CUSTOMS

Professionalism Integrity Accountability



MASTER COPY

11 June 2020

**CUSTOMS MEMORANDUM CIRCULAR
NO. 152-2020**

To: The Assistant Commissioner
All Deputy Commissioners
All Directors and Division Chiefs
All District/Port Collectors
And Others Concerned

SUBJECT: NDRRMC Memorandum No. 51, s.2020

Attached is a copy of Memorandum No. 51, s.2020 from National Disaster Risk Reduction and Management Council (NDRRMC) dated 22 May 2020 from Usec. Ricardo B. Jalad, Executive Director, NDRRMC and Administrator, OCD, entitled:

"Documentation of Donations for COVID-19 Response"

For your information and guidance.

For record purposes, please confirm the dissemination of this circular throughout your offices within fifteen (15) days from receipt hereof.


REY LEONARDO B. GUERRERO

Commissioner

JUN 16 2020



BOC-09-13233

South Harbor, Gate 3, Port Area, Manila 1099
Tel. Nos 8527-4537, 8527-1935

Website: www.customs.gov.ph Email: Boc.cares@customs.gov.ph

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REPUBLIC OF THE PHILIPPINES
NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL

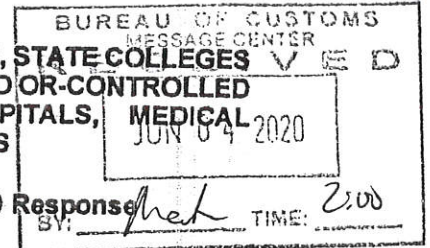
National Disaster Risk Reduction and Management Center, Camp Aguinaldo, Quezon City, Philippines

To all Users/COs/OSes/
HOAA

MAY 22 2020

MEMORANDUM
No. 51, s. 2020

TO : ALL DEPARTMENTS, BUREAUS, OFFICES, STATE COLLEGES OR UNIVERSITIES, GOVERNMENT-OWNED OR-CONTROLLED CORPORATIONS, GOVERNMENT HOSPITALS, FACILITIES, AND OTHER STAKEHOLDERS



SUBJECT: Documentation of Donations for COVID-19 Response

Pursuant to Administrative Order (AO) No. 27, the Office of Civil Defense (OCD) is tasked to coordinate and consolidate donated medicines, medical equipment and supplies, and other health products received or accepted from foreign governments, private entities, non-governmental organizations, or any group or individual; and to distribute and deliver the said donations to the identified beneficiary facilities, groups or establishments. In line with the requirements of AO No. 27, NDRRMC Memo Nos.31 and 35 have been issued to operationalize the management of donations for COVID-19.

To facilitate the documentation of said donations, all Departments, Bureaus, Offices, State Colleges or Universities, Government-Owned or -Controlled Corporations, and Government Hospitals and Medical Facilities, are hereby enjoined to report donations distributed or received for intended for COVID-19 response. For this purpose, the OCD has prepared the attached forms:

Offer of Donation Form	For donors who wish to address donations to the Philippine government, for accounting and distribution by OCD per AO No. 27; or to give to an intended recipient
Donation Declaration Form	For donors (or donees) who want to report about a donation that has already been distributed or handed over to intended recipient
Donation Monitoring Form	For donors who want to report series of donations that have already been distributed to various recipients

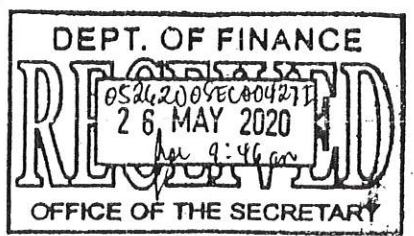
Submit the accomplished forms, or other similar reports on donations to ndrrmcdonations@gmail.com. For purposes of transparency and accountability, all donations monitored and coursed through OCD shall be published in OCD and NDRRMC websites, reflected in Situational Reports and other reportorial requirements.

For information and guidance.

For the Chairperson, NDRRMC:

USEC RICARDO B. JALAD
Executive Director, NDRRMC and
Administrator, OCD

Telefax: NDRRMC Opcen (+632) 8911-1408; 912-2865; 8912-5888;
Office of the Administrator, Office of Civil Defense (+632) 8912-2424
Email: ndrrmoc@ocd.gov.ph Website: www.bcd.gov.ph





REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF NATIONAL DEFENSE
OFFICE OF CIVIL DEFENSE

Camp Gen. Emilio Aguinaldo, Quezon City, Philippines

COVID-19 OFFER OF DONATION FORM

DONOR INFORMATION	DONEE/ BENEFICIARY INFORMATION <i>(leave as blank if there is no intended beneficiary)</i>
NAME OF DONOR/ CONTACT PERSON:	NAME OF RECIPIENT:
ORGANIZATION/AFFILIATION (if applicable):	ORGANIZATION/AFFILIATION (if applicable):
SECTOR (please check one): <input type="checkbox"/> Government <input type="checkbox"/> Local Government Unit <input type="checkbox"/> Private/Non-Government <input type="checkbox"/> INGO <input type="checkbox"/> Others (please specify)	SECTOR (please check one): <input type="checkbox"/> Government <input type="checkbox"/> Local Government Unit <input type="checkbox"/> Private/Non-Government <input type="checkbox"/> Public Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Others (please specify)
COMPLETE ADDRESS:	COMPLETE ADDRESS:
CONTACT INFORMATION: LANDLINE: MOBILE NUMBER: E-MAIL ADDRESS/ES:	CONTACT INFORMATION: LANDLINE: MOBILE NUMBER: E-MAIL ADDRESS/ES:

DONATION INFORMATION						
NO.	ITEM DESCRIPTION / SPECIFICATIONS	QUANTIT Y	UNI T	WEIGHT	DIMENSION S (L x W x H)	COST (PHP)
1						
2						
3						
4						
5						
6						
7						

Add additional pages as necessary.

SIGNATURE OVER PRINTED NAME

DATE:

Please submit the accomplished form, together with other relevant supporting documents, to:
ndrrmcdonations@gmail.com



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF NATIONAL DEFENSE
OFFICE OF CIVIL DEFENSE

Camp Gen. Emilio Aguinaldo, Quezon City, Philippines

COVID-19 DONATION DECLARATION FORM

DONOR INFORMATION	DONEE/ BENEFICIARY INFORMATION
NAME OF DONOR/ CONTACT PERSON:	NAME OF RECIPIENT:
ORGANIZATION/AFFILIATION (if applicable):	ORGANIZATION/AFFILIATION (if applicable):
SECTOR (please check one): <input type="checkbox"/> Government <input type="checkbox"/> Local Government Unit <input type="checkbox"/> Private/Non-Government <input type="checkbox"/> INGO <input type="checkbox"/> Others (please specify)	SECTOR (please check one): <input type="checkbox"/> Government <input type="checkbox"/> Local Government Unit <input type="checkbox"/> Private/Non-Government <input type="checkbox"/> Public Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Others (please specify)
COMPLETE ADDRESS:	COMPLETE ADDRESS:
CONTACT INFORMATION: LANDLINE: MOBILE NUMBER: E-MAIL ADDRESS/ES:	CONTACT INFORMATION: LANDLINE: MOBILE NUMBER: E-MAIL ADDRESS/ES:

DONATION INFORMATION
Date Received by Donee/ Beneficiary:
Details of Donation (quantity, description/specifications, etc.):

SIGNATURE OVER PRINTED NAME

DATE:

Please submit the accomplished form with means of verification (such as photos or acceptance letter) to:
ndrrmcdonations@gmail.com