**PROGRAM CONVERGENCE BUDGETING ON THE SDGs**

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| **AGENCY:** |  |

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| PCB Focal Person | | | | | |
| First Name | |  | | | |
| Last Name | |  | | | |
| Designation | |  | | | |
| Office/Division | |  | | | |
| Office Phone No. | |  | | Mobile No. |  |
| Email | |  | | | |
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|  | This is to certify that the person named above is authorized to coordinate and enroll the agency's programs, activities, and projects under the Program Convergence Budget for the Sustainable Development Goals (PCB-SDGs) into the DBM’s Online Submission of Budget Proposals System (OSBPS), upon approval of the DBCC’s Subcommittee on the SDGs. | | | | |
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**Head of Agency/ Authorized Signatory**

(signature over printed name)