FORM A1-DETAILS OF BUREAU/OFFICE PERFORMANCE REPORT

(1) NAME OF AGENCY:	
(2) NAME OR SERVICE[1]:	
(3) RESPONSIBLE/PROCESSING UNITS:	

(4) IDENTIFIED CLIENT/CUSTOMER(S)	(5) NUMBER OF CLIENT VISITS IN FY 2020	(6) VOLUME OF TRANSACTIONS IN FY 2020

Data for the tables can be provided in a separate sheet)

Program NEHEMIA priority sectors, kindly indicate if the service is a NEHEMIA commitment or contributory to NEHEMIA , for easy reference.

CRITERIA	STATUS AS OF FY 2019 (7)	TARGET IN FY 2020 (8)	FY 2020 STATUS OF STREAMLINING EFFORTS (9)	REMAR (10)
umber of Steps				
urnaround Time (TAT)[2]				
umber of Signatures[3]				
umber of required ocuments[4]				
ransaction Costs				
5.1 Primary transaction costs/fees				
5.2 Other transaction costs				
ubstantive Compliance osts				
lient/Citizen Satisfaction esults				

epared by: ________________________________

Name of Officer / Designation / Date

Approved by: ________________________________

Department Secretary/Agency Head/ D

– 3 working days (simple), 7 (complex), and 20 (highly technical) and/or lower than the FY 2019 status.

- reduce to three (3) signatures; including initials.

ed documents, OR simplification of forms.

ervice.

GUIDELINES IN ACCOMPLISHING
FORM A1 – DETAILS OF BUREAU/OFFICE PERFORMANCE REPORT

Row 1. Indicate the **name of the department/agency**.

Row 2. Indicate the **name of the critical government service**. This form is used to present each of the critical government services. Departments/agencies shall reproduce this form based on the number of critical government services that the department/agency provides. (*Example: Business Enterprise Registration, Accreditation and Licensing Service, Provision of Technical Assistance, Application for Claims and Benefits, Conduct of Research for Stakeholders, Production of Information, Education and Communication Materials, Request for Status of Reports*).

For agencies under Program NEHEMIA priority sectors, kindly indicate if the service is a NEHEMIA commitment or contributory to NEHEMIA commitments/targets, for easy reference.

Row 3. Indicate the **bureaus/offices/delivery units/processing units** responsible in the processing, delivery, and completion of the critical government service.

Column 4. Identify the **client/customer(s)** who avail the critical government service/s declared by the agency.

Column 5. Report the **number of client/customer(s)** who availed the critical government service in FY 2020. If there are variations of the service, indicate the disaggregated data on the number of clients/customers for FY 2020.

Column 6. Report the **volume of transactions** for FY 2020 for the critical government service. If there are variations of the service, indicate the disaggregated data on the Volume of Transactions for FY 2020.

Column 7. The department/agency shall indicate the status of each criterion[5] as of FY 2019, under each government service (frontline and non-frontline).

1. ***Number of Steps***
2. ***Turnaround Time (TAT)***
3. ***Number of Signatures***
4. ***Number of Required Documents***
5. ***Transaction Costs***
    5.1 Primary Transaction Cost
    5.2 Other Transaction Cost/s
6. ***Substantive Compliance Costs***
7. ***Citizen/Client Satisfaction Results***

[5] *Definitions based on JMC No. 2019-001- Implementing Rules and Regulations (IRR) on RA #11032.*

Column 8. Report **agency target in FY 2020** by the department/agency in each criteria of the government service (frontline and non-frontline).

Column 9. Report **FY 2020 streamlining efforts** accomplished by the department/agency in each criteria of the government service (frontline and non-frontline).

Column 10. In the event that the department/agency is unable to provide data in each criterion, departments/agencies shall provide justifications/explanations using the **remarks column**. The acceptance of explanation/s shall be subject to the review and recommendations of the validating agency/ies.