# **OFFICE OF THE VICE CHANCELLOR FOR**

### RESEARCH AND DEVELOPMENT

# **University of the Philippines Diliman**

# *Lower Ground Floor PHIVOLCS Bldg., C.P. Garcia Ave., UP Diliman, Quezon City*

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###

###  APPLICATION FOR UP DILIMAN EXTENSION GRANT

 Proposal Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Duration of Project (in months): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Project Budget: PhP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount of Extension Grant Requested: Php \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ABOUT THE PROPONENT (PROJECT LEADER)**

 Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Residence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Nos.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Faculty/REPS/Admin Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nature of Appointment: [ ] Permanent [ ] Temporary

 College/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Highest Educational Attainment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are you a Ph.D. candidate? [ ] Yes [ ] No

 Available for interview at OVCRD if required? [ ] Yes [ ] No [ ] Uncertain

 *Note: An interview may be used in the assessment of a proposal. It does not guarantee*

 *approval of the request for funding.*

### PROPOSAL FORMAT

**PART 1. PROPOSAL SUMMARY**

* 1. **Title of the proposal:**
	2. **Keywords to describe the subject area of the extension work:** (maximum of 5)
	3. **Duration of the extension work:** (in months)
	4. **Proposed Budget:**
	5. **Abstract**
* This is a brief summary that reflects the contents of the proposal, intelligible to the lay reader, and not more than 1,000 characters.
	1. **Possible conference/symposium/colloquium/visual or performing arts exhibition where outputs may be submitted for dissemination**

##### PART 2. DETAILS OF THE PROPOSAL (Use size 12 font, single space and limit file size to < 10MB)

# **Extension Work Agenda Theme or Topic (of the College/Unit) that the project is most associated**

* Please refer to the updated College/Unit extension work agenda submitted to the OVCRD.
	1. **Objectives**
* Please include the general and specific objectives addressed by the proposed extension work.

# **Methodology**

* Extension work design **-** describe the systematic plan to obtain the expected output.

# **Work Plan and Schedule of Activities**

* Critical activities to be undertaken in chronological order for every major extension work phase, e.g.:
* Preparatory/Conceptualization/Development of ideas
* Project implementation
* Report writing/Post-production/Exhibition/Distribution
* Kindly attach the request for the extension work from the partner organization.

# **Expected Output**

* Output may be any of the following:
* Final Project Report
* Academic Paper
* Feature article regarding the project
* Presentation in a national/international forum or conference/colloquium
* Others, please specify

# **Proposed Budget**

* The grant may be utilized for Maintenance and Other Operating Expenses (MOOE) such as supplies and materials, travel expenses, honoraria of non-UP project personnel, sundry (reproduction, communication, internet services, etc.):

|  |  |  |
| --- | --- | --- |
| Line Item Budget (MOOE) | Unit cost | Total |
| Travel expenses  |  |  |
| Supplies and materials |  |  |
| Sundry |  |  |
| Honorarium |  |  |
| TOTAL |  |  |

# **Potential Intellectual Property Rights (IPRs) in connection with the proposed extension project/work (if applicable)**

* Proponent should seek advice regarding IP protection policies of the University through the Intellectual Property and Technology Transfer Unit, Research Dissemination and Utilization Office of the OVCRD. Provide a short account of the initial consultation.

# **Cooperating Agencies**

* Are you applying for or receiving support for this work from any other source? If yes, supply information on the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funding Organization | Fund Source Classification\*  | Amount approved/ Amount applied for | Part of extension project’s LIB funded  | Other forms of assistance | Period of funding |
|  |  |  |  |  |  |
|   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# \*UPD, UPSys, DOST Councils, Gov't, Foreign, Others

* Please provide a draft/copy of existing MOA with cooperating agencies for review of IP ownership.

# **Track Record of the Proponent (Please attach updated curriculum vitae.)**

* List all research/creative projects/extension work undertaken in the last 5 years.

|  |  |  |  |
| --- | --- | --- | --- |
| Project Title | Year Implemented, Funding Agency, Amount of Funding | Outputs generated from the Project | Work Cited (at most three) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# **Additional Information**

* Is the extension work a new initiative or a continuation of a previous project? If a continuation, what is new or novel in the proposed work?

**PART 3. CERTIFICATION**

# I certify that all information/data in this proposal are true to the best of my knowledge. I understand that a report or proof of output is to be submitted to the Office of Extension Coordination at the end of the Extension Grant. I further certify that I have no overdue accountabilities for OVCRD-funded and/or -managed projects.

#  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# *Signature of Project Leader and Date*

**PART 4. ENDORSEMENTS**

I certify that I have reviewed this project proposal entitled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” and I am recommending it for funding. The proponent has the required capability/expertise to undertake and complete the proposed project. When completed, the extension work will be a significant contribution to the field of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Furthermore, considering the overall academic track record and other ongoing commitments of the proponent, I have the highest confidence that the proponent can finish the project within the proposed duration.

#  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# *Name and Signature of Dept. Chair/Director Name and Signature of Dean of College*

#  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# *Date Date*