# **OFFICE OF THE VICE CHANCELLOR**

### FOR RESEARCH AND DEVELOPMENT

### Office of Extension Coordination (OEC)

# **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: Php \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	5. **Abstract**
* Please provide 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** (optional)

##### PART 2. DETAILS OF THE PROPOSAL (Use size 11 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 attach a copy of the **updated Extension Agenda** approved by the College/Unit for 2017)

* Please state the specific theme/topic in the College/Unit extension work agenda submitted to the OVCRD and how this project will contribute to such.
	1. **Extension Project Objectives**
* Please state the general and specific objectives addressed by the proposed extension work.

# **Target Beneficiaries and/or Participants**

* Please identify the specific sector/s that will benefit from the proposed project, including the target number of beneficiaries. How will they be selected (e.g., selection criteria)?
* What specific need/s or problem/s does the extension project address?
* What are the expected benefits, both direct and indirect, to the community and/or university?

# **Methodology**

* Please describe the systematic project design or plan to obtain the desired objectives, specifying the key strategies / components and activities to be undertaken. (For trainings and workshops, please attach existing training/workshop design, if available.)
* How will ownership and involvement of the partner organization/beneficiaries/participants be engendered?
* Please attach the request for the extension work from the partner organization (if applicable).

# **Project Work Plan / Schedule of Activities and Timeframe**

* Present in a GANTT chart the critical activities to be undertaken in chronological order for every major phase of the extension work, e.g.:
* Preparatory/Conceptualization/Development of ideas
* Project implementation
* Report writing/Post-production/Exhibition/Distribution

|  |  |
| --- | --- |
| Project Phase/Key Activities | Timeframe (e.g., Months Covered)  |
| Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# **Expected Output**

* Please identify and briefly explain the specific expected output/s from the project. Outputs may be any of the following: training modules/manual; proceedings/documentation; academic paper; feature article about the project; paper presentation in a national/international forum/colloquium; exhibit; enhancement/enrichment of teaching; others (please specify).

# **Project Monitoring and Evaluation Plan**

* Please describe how the proponent intends to monitor, evaluate and measure project success/results, vis-à-vis attainment of stated objectives (e.g., quantitative and qualitative measures).
* How will impact and feedback from partners / participants / beneficiaries be gathered?

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

* Whenever 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.

# **Proposed Budget**

* The grant may be utilized for Maintenance and Other Operating Expenses (MOOE) such as supplies and materials, transportation and travel expenses, food/meals, honoraria of non-UP project personnel, sundry (reproduction, communication, internet services, etc.). Please provide detailed breakdown of funding requested:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Line Item Budget (MOOE) | Unit Cost | Total Cost | Amount Requested from UP Diliman Extension Grant | Amount requested from other funding sources (specify)\* |
| Transportation and travel expenses  |  |  |  |  |
| Supplies and materials |  |  |  |  |
| Meals/Food |  |  |  |  |
| Sundry |  |  |  |  |
| Honorarium for Non-UP personnel |  |  |  |  |
| Total |  |  |  |  |

 \* Fill-in if applying for co-funding

# **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 highlighting key accomplishments in the last five (5) years.)

* List the relevant 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 final report and proof of output is to be submitted to the Office of Extension Coordination, OVCRD at the end of the Extension Grant.

# I further certify that I have no overdue accountabilities for OVCRD-funded and/or -managed projects.

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

#  Name and Signature of Proponent

#  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 4. ENDORSEMENTS**

I certify that I have reviewed this project proposal entitled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”. The proposed project is within the approved Extension Agenda of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department/College/Unit).

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.

I am recommending the project for funding.

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

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

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

# Date Date