**Extension Grant Form 2 (revised 12 Oct 2018)**

# **OFFICE OF THE VICE CHANCELLOR**

### FOR RESEARCH AND DEVELOPMENT

### Office of Extension Coordination (OEC)

# **University of the Philippines Diliman**

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**Date Accomplished: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_**

day month year

**Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- UPD EG**

**Type of Report** (*check one*)**:**

[ ] Progress Report

[ ] Final Report

**Date Received by OEC: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_**

day month year

### UP DILIMAN EXTENSION GRANT NARRATIVE REPORT

**Instructions:**

1. Submit electronic copy of report/s in PDF file to [oec.updiliman@up.edu.ph](mailto:oec.updiliman@up.edu.ph) and

one original hard copy to Office of Extension Coordination at the OVCRD.

1. Please attach EG Form 3-B (Project Expenditure Report) together with this report.
2. Only reports with the signed endorsement of Dean/ Unit Head will be accepted.

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| **I. PROJECT LEADER & PROJECT INFORMATION** | | | | | | |
| Name of Proponent: | |  | | | | |
| College/ Unit: | |  | Institute/Department: |  | | |
| Project Title: | |  | | | | |
| Date Started: | |  | Expected End Date: |  | | |
| Reporting Period: | |  | Percent of Work Accomplished: | |  | % |
| Expected Output/s Indicated on Approved Proposal: | | | | | | |
|  | * Training modules or manual developed * Full proceedings / documentation of the extension project * Full paper in conference/ symposium/ colloquium proceedings * Proof of exhibition or equivalent in visual and/or performing arts * Software or computer program developed from the project * Full paper submitted to a reputable peer-reviewed journal and letter of receipt of acknowledgement * Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| [PLEASE PROVIDE HARD COPY OF PROOF OF EXTENSION WORK OUTPUT/S. All proof of output submitted to the OVCRD shall be subjected to verification] | | | | | | |

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| **II. INFORMATION ON COLLABORATING ORGANIZATIONS** (if applicable) | |
| Full Name of Collaborating Institution | Nature of Collaboration (e.g., funding, co-implementer, client/partner, etc) |
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| **III. KEY ACCOMPLISHMENTS** |
| DISCUSSION OF PROJECT ACTIVITIES ACCOMPLISHED, SIGNIFICANT RESULTS/OUTCOMES, ISSUES ENCOUNTERED, LESSONS LEARNED, FUTURE DIRECTIONS/RECOMMENDATIONS (Please answer all items completely). |
| A. Describe actual activities undertaken compared to the project objective/s. |
| B. Discuss significant results and/or outcomes. |
| C. Cite key issues encountered and how these were addressed. Include activities not accomplished, if any, and the reasons why these were not done. |
| D. Discuss lessons learned, recommendations, and future direction/s. |
| E. Include pictures, feature/online articles about the extension project. |

**IV. CERTIFICATION**

I certify that all information /data in this report are true to the best of my knowledge. I further certify that I have no overdue accountabilities for OVCRD-funded and/or managed projects.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of Extension Grantee | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date submitted |

**V. ENDORSEMENTS**

I certify that I have reviewed this Extension Grant [Progress/Final] Report entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of Dept. Chair/Director  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of Dean of College  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |