**Office of the Vice-Chancellor for Research and Development**

**University of the Philippines Diliman**

**NOMINATION FORM**

**2019 GAWAD TSANSELOR SA**

**NATATANGING PROGRAMANG PANG-EKSTENSIYON**

**Title of Extension Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Unit/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Category (Please choose one): [ ] Degree Granting [ ] Non-degree Granting**

**Name of Extension Program Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/s and Position/Rank of other Program Team Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vision/Mission of Unit (**Please state the vision and mission of the Unit)

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**Extension Agenda of the Unit (**Please describe the specific Extension Agenda of the unit that this program is most associated with)

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| *Enclose a copy of the Unit’s updated Extension Agenda* |

**Justification:** Write a brief description of the notable achievements of the extension program (citing its most substantive and tangible output/results in the past three years). This is very important as a measure of the nominating person/unit’s esteem and regard for the program being nominated.

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| *Use additional space/sheet as necessary.* |

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**Printed Name, Designation & Signature of Nominating Person**

Contact Details (Landline/Mobile phone and Email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unit Head/s Endorsement:**

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| *Use additional sheet as necessary.* |

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**Printed Name and Signature of Printed Name and Signature of**

**DEPARTMENT CHAIR/DIRECTOR DEAN / HEAD OF UNIT**

*PLEASE FILL UP ALL INFORMATION COMPLETELY. INCOMPLETE NOMINATION FORMS WILL NOT BE CONSIDERED. YOU MAY ALSO ADD RELEVANT INFORMATION AS DEEMED NECESSARY.*

**SUMMARY OF EXTENSION PROGRAM**

1. **Title of Extension Program**

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1. **Duration of the Extension Program** (Indicate start and end dates of the program):

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1. **Geographic Coverage/Reach of the Program** (Provide details of location/s or areas covered/reached within the program period)

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1. **Program Cost and Source/s of Funding**

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| Name of Funding Source | Amount | Contact Person and Address/Tel No./Email |
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*Add more space if needed.*

1. **Extension Program Background and Description** (Provide a summary of the initiative describing its context, rationale, key objectives, key components/activities)
   1. *What were the main objectives of the program? Please highlight and focus on the extension/public service component or aspects of the initiative.*
   2. *What needs/problems/issues of the beneficiary or partner community/organization did the program address?*
   3. *How did the extension program address these needs/problems/issues?*

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| *Use additional sheet as necessary.* |

1. **Communities/Sectors/Organizations/Universities Served** (Describe the nature of the beneficiaries of the program.)
   1. *Who were the program’s beneficiaries? How were they chosen?*
   2. *Would they be considered as underserved or marginalized? In what way are they underserved?*
   3. *What is the estimate number of people and/or organizations reached by the program? Where are they located?*

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| *Use additional sheet as necessary.* |

1. **Substantive and significant effect/impact of extension work on the community/ sector/ organization/ university served**
   1. *Identify and describe the nature and extent of documented change in the behavior, action, or situation of the beneficiaries of the extension activities within the last three years.*
   2. *What significant results / changes at the community level can be attributed to the extension program? Provide details.*
   3. *How did the program assess/evaluate these outcomes and achievements?*
   4. *How effectively did it address the identified needs/problems of the beneficiary?*
   5. *To what extent were the objectives met based on the outcomes?*
   6. *Were there plans and measures to replicate or scale up the initiative?*
   7. *If applicable, describe how the program has contributed to advocacy?*
   8. *What awards/recognition/citation did the program receive?*

**(**Please provide relevant proof/evidence of the extension program, e.g., official reports/ documentation previously submitted to a UP office or non-UP agency; endorsement letters/signed testimonials/ citations received from reputable/ recognized representative of partner organizations/ communities/ institutions; published articles/stories about the extension program; signed Partnership Agreements/MOA/MOU with collaborating groups; ordinances or policies instituted; evaluation instruments/tools used in the program; photo documentation, etc.)

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| *Use additional sheet as necessary.* |

1. **Introduction of innovative/creative approaches**
   1. *Describe the nature of the intervention. What were the distinctive and/or innovative features of the extension program?*
   2. *Describe the composition of the program team and the collaboration/s established with other units/disciplines (if applicable).*
   3. *What was the role and contribution of the beneficiaries/partners in the initiative? Did the program introduce/utilize participatory, empowering and transformational processes?*
   4. *How was the program team compensated for their service?*

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| *Use additional sheet as necessary.* |

1. **Extent that the project was able to include others as partners within and outside the university** (List the names, address, and contact details of the extension program partners. Provide evidence of inter-college/ unit collaboration/partnership, and/or collaboration/partnership with communities, local governments, civil society, other universities/schools, etc.
   1. **Collaboration/Partnership within the university**

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| Name [e.g., individual, unit/department/office] | Position and Contact Details  (Address; landline/mobile phone; email address) | Role/ Contribution/ Participation in the extension program |
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* 1. **Collaboration/Partnership outside the university**

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| Name [e.g. individual/ organization/ agency] | Position and Contact Details  (Address; landline/mobile phone; email address) | Role/ Contribution/ Participation in the extension program |
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9.3 **Sustainability** (Provide details of how the initiative was institutionalized. What were the plans and measures to ensure sustainability?

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1. **Enhancement / enrichment of teaching and/or research knowledge & skills** 
   1. *Describe how the initiative contributed (or could potentially contribute) to the teaching and research mandates of the unit/college/university?*
   2. *How were students involved in the program? What benefits did they gain from their involvement in the extension initiative?*
   3. *How did the program outputs and experience contribute to other researchers and/or practitioners in the field/discipline?*
   4. *Describe how the publication/article and other knowledge products arose from the extension program?*

(Please attach proof of any of the following: published research/es or manuscripts accepted for publication completed as an output of the extension program; sample or prototypes of new course syllabus/curriculum, teaching materials/aids, training modules/manuals, activity guides, audio-visual materials, and other knowledge products developed or produced from the extension program; opportunities for service learning and/or student volunteerism, etc.).

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| *Use additional sheet as necessary.* |

# **CERTIFICATION:**

# I certify that all information/data in this nomination form are true to the best of my knowledge.

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

# **Printed name & Signature of Nominating Person**

**ENDORSEMENTS:**

We certify that we have reviewed this nomination and that the extension program has made significant and exemplary contributions to the achievement of the College/Unit’s vision and mission and the public service mandate of the University. We further certify that the nominated program is a regular program of the College/Unit and complies with the approved Extension Agenda of the College/Unit.

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**Printed Name and Signature of Printed Name and Signature of**

**DEPARTMENT CHAIR/DIRECTOR DEAN / HEAD OF UNIT**

# Date: Date:

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| ***Reminder:***  *All nominations should be addressed and submitted to the Vice Chancellor for Research and Development on or before* ***5:00 pm, 29 March 2019.*** *Please submit one hard copy with original signatures and attachments to the Office of the Vice-Chancellor for Research and Development (OVCRD), Lower Ground Floor, PHIVOLCS Bldg., C.P. Garcia Ave., UP Diliman, QC. Submit complete electronic copy with attachments via email to* [*oec.updiliman@up.edu.ph*](mailto:oec.updiliman@up.edu.ph) *with the subject: “Gawad Tsanselor sa Natatanging Programang Pang-ekstensiyon 2019 Nomination <Name of College or Unit>”. Only submissions with complete information and attachments will be considered.* |