# **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*

*Tel 981-8500 local 2621; (02) 285-9613*

Email: *oec.updiliman@up.edu.ph*

###

###  APPLICATION FOR UP DILIMAN EXTENSION GRANT

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

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

Geographic Location/Coverage of Extension Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABOUT THE PROPONENT (PROJECT LEADER)**

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

 (Surname/ First Name/ Middle Name)

Sex: [ ] Male [ ] Female

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

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

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

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

Nature of Appointment: [ ] Permanent [ ] Temporary

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

*Are you currently receiving or applying for OVCRD research grants?* [ ] Yes [ ] No

*Please specify type of grant & project period:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For OEC use only**

**REMARKS / ACTIONS**

### EXTENSION WORK 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. **Proposed project period:** (indicate expected start and end dates)
	4. **Proposed Budget Requested:** (in Philippine pesos)
	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.

##### PART 2. DETAILS OF THE PROPOSAL (Please fill up all information completely. You may add relevant

##### information as deemed necessary.)

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

* 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. Attach a copy of the **updated Extension Agenda** approved by the College/ Unit for 2019-2020.

# **Extension Project Objectives**

* Please state the general and specific objectives addressed by the proposed extension work.

# **Target Beneficiaries and/or Participants**

* Please state the geographic location or coverage/reach of project beneficiaries/ participants.
* Please identify the specific groups or sectors that will benefit from the proposed project, including the target number of beneficiaries. How will they be selected (e.g., selection criteria)?
* Would they be considered as marginalized or underserved (e.g. indigenous communities, women, children, elderly, person with disability, etc.)? Why?
* What specific need/s or problem/s does the extension project address?
* What are the expected benefits, both direct and indirect, to the community/sector and/or university?

# **Methodology**

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

# **Gender and Development**

* Please describe your project’s gender and development component (if applicable).
* What specific gender issues or concerns and how are they addressed by the proposed extension work?

# **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
* Post-implementation/Reporting/Dissemination

|  |  |
| --- | --- |
| Project Phase/Key Activities | Timeframe (e.g., Months Covered)  |
| Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

# **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; project proceedings/ full documentation; academic paper; feature article about the project; paper presentation in a national/ international forum/ colloquium; exhibit; enhancement/ enrichment of teaching; others (please specify).

# **Monitoring and Evaluation Plan**

* Please describe how the proponent intends to monitor, evaluate and measure the project’s 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 Technology Transfer and Business Development Office (TTBDO), 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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample Line Item Budget (MOOE) | Details (Unit Cost x no. of units required) | 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 copy of MOA with cooperating agencies (if applicable).

# **Proponent’s Track Record** (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