



COMMUNITY SERVICES PROPOSAL

The following template shall be used for the elaboration of the extension training proposal. Please complete ALL sections below. The full project proposal should not exceed 15 full pages (size: long) of text (including any charts or diagrams). Additional attachments (not more than 10 pages) may be submitted, including documents endorsements of the proposed project, funding commitments or other credentials and support from a partner or collaborating institutions, and evidence of community support and collaboration. Please ensure that the project proposal and all attachments are legible.

This form must be submitted and approved before conducting the work necessary to receive extension credit.

I. Identifying Information

Title: <i>(Title must jibe with the content of the proposal)</i>	
Proponent(s)/: <i>(Name of the lead person(s) and support person(s) who plan to conduct the activity)</i>	
Contact Person/Contact Details: <i>(Phone number or email)</i>	
Implementing Unit/Agency: <i>(College/Unit implementing the activity)</i>	
Cooperating Unit/Agency: <i>(Name of the agency/unit co-implementing the activity)</i>	
Number/Type of Target Participants: <i>(Specify the target number of beneficiaries/ participants, and the type, e.g. farmers, women, youth, other participants characteristics)</i>	
Target Implementation Date:	Start Date: End Date:
Target Venue: <i>(Specific location of the activity)</i>	

Registration Fee: (Write N/A, if not applicable)	
Total Budgetary Requirement:	PhP

II. Rationale and Brief Description of the Activity *(Provide a brief description of the activity.)*

III. Objectives *(What are the objectives of the activity?)*

IV.Expected Output *(based on the objectives, what are the expected outcomes that need to be accomplished)*

v. Timeline of Activities *(Give the details of the schedule of activities)*

Target Date/Time	Activity	Person Responsible

VI. Budgetary Requirement Breakdown the cost of the training *(can be modified depending on the resources)*

Line Item <i>(e.g Personnel services, supplies and materials, communication/documentation, travel, fuel, catering, etc.)</i>	Budgetary Counterpart			TOTAL
	<i>(Source of Fund)</i>	<i>(Source of Fund)</i>	<i>(Source of Fund)</i>	
Sub-Total				
Add: Admin. Cost, 10% of total Cost OR Other Incidental Expenses <i>(if applicable)</i>				
Grand Total				

VII. Success Indicators *(State the measurable value that determines how effectively the objectives were achieved.)*

Objectives	Indicators	Instrument for Evaluation/ Sources of Data

VIII. Approval Sheet

Prepared by:

Prepared by: Conforme: (Write N/A, if not applicable)

Reviewed and Endorsed by:

Extension Coordinator

Dean/Director

Recommending Approval for Availability of Funds:
(If College/Unit based)

Budget Officer

Reviewed and Endorsed by the BU Extension Review Committee:

KIMBERLY D. PAVILANDO
Member, BUEMD Review Committee

EDGARDO L. BESMONTE
Member, BUEMD Review Committee

PAMELA N. ROJAS
Member, BUEMD Review Committee

ELIZABETH E. ALFANE
Member, BUEMD Review Committee

RAFAEL B. BUEMIA
Member, BUEMD Review Committee

Recommending Approval for Availability of Funds:
(N/A if NO funding counterpart from EMD/OVPRDE)

JANET D. MANILA
Budget Officer, BUEMD

Recommending Approval:

DR. MARCIA CORAZON P. RICO
Director, BUEMD

DR. MARISSA N. ESTRELLA
VP for RDE

Approved:

BABY BOY BENJAMIN D. NEBRES III, EdD
SUC President IV