Republic of the Philippines

Department of Education

Region IV-A CALABARZON

City Schools Division of Dasmariñas

ACTIVITY PROPOSAL FORM

NOTE: Incomplete attachments shall not be accepted. Make a copy using Google Docs to edit and rename the file with the title of the activity.. DO NOT DOWNLOAD.

HTN:_____

To be filled out by HRD

LEVEL

(Right click the bullet and choose the tick box icon. Afterwards, tick the appropriate box for the activity)

- Division-Wide
- Division Level
- District
- School Level (GAD with Budget Proposal)

Proponent: _____

Email Address: _____

GENERAL DESCRIPTION

Title of Project/Activity:_____

_____

Type of Activity:

(Right click the bullet and choose the tick box icon. Afterwards, tick the appropriate box for the activity)

- Program
- Project
- Exhibit
- Sports/ Tournament
- General Assembly
- Media-Related Activity (Print, Radio/ TV exposure, etc.)
- Orientation
- Contest/ Competition/ Awarding Ceremony
- Spiritual Activity
- Publicity/ Awareness Campaign
- Others: _____

PURPOSE

Rationale : _____

_____

_____

_____

Objectives : _____

_____
_____
_____
_____

INFORMATION

Date : _____ **Time:** _____

Venue/s : _____

Target Participants : _____

Target Number of Participants:_____**Male:** _____**Female:** _____

Budget Allocation : _____ **Budget Source:** _____

Partner/s (if any) : _____

_____

_____

Submitted by:

_____ _____ _____
Proponent *Contact Number* *Date*

NOTED:

_____
School Head
(for School level ONLY/ Remove if not applicable)

_____
Public Schools District Supervisor
(for School and District level ONLY/ Remove if not applicable)

Recommending Approval:

_____
Division Chief Education Supervisor
(for Division level ONLY/ Remove if not applicable)

Approved:

RAYMUNDO M. CANTONJOS, CESO VI
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Attachment No. 1

BUDGET PROPOSAL

Title of the Training/ Activity:

_____

Quantity	Unit	Particulars	Unit Cost	Source of Fund	Total Cost
TOTAL					

***Insert more rows if necessary*

Prepared by:

_____
Proponent

NOTED:

_____
School Head
(for School level ONLY/ Remove if not applicable)

_____
Public Schools District Supervisor
(for School and District level ONLY/ Remove if not applicable)

Recommending Approval:

MYRNA C. REFORMADO
Administrative Officer V
Budget and Finance

Approved:

RAYMUNDO M. CANTONJOS, CESO VI
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Attachment No. 2

PROGRAMME/ SCHEDULE OF ACTIVITY

INSERT HERE
DRAFT MEMO TO BE POSTED
IN DO/ SCHOOL

for SCHOOL LEVEL,
replace the header and footer with your official school template.

Attachment No. 5

LIST OF PARTICIPANTS AND TECHNICAL WORKING COMMITTEE

PARTICIPANTS

#	NAME	SCHOOL	DESIGNATION	SEX	GENDER	RELIGION	DIFFERENTLY ABLED? (Y/N)

TECHNICAL WORKING COMMITTEE

#	NAME	SCHOOL	DESIGNATION	SEX	GENDER	RELIGION	DIFFERENTLY ABLED? (Y/N)

Attachment No. 6 (if applicable)

MECHANICS OF THE ACTIVITY

Attachment No. 7 (if applicable)

RESOURCE SPEAKER'S PROFILE

(To be filled out by the Resource Speaker)

Topic Assigned: _____

Type:

- **Internal** (within DepEd)
- **External** (outside DepEd)

Salutation:

- **Dr.**
- **Mr.**
- **Mrs.**
- **Ms.**
- **Prof.**

Full Name (First, Middle Initial, Last)**:**

_____

Age: _____

Sex:

- **Female**
- **Male**

Gender:

- **Female**
- **Gay**
- **Lesbian**
- **Male**
- **Trans Man**
- **Trans Woman**
- **Other:** _____

Religion: _____

Civil Status: _____

Contact Number: _____

Complete Present Address:

_____

_____

Email Address: _____

EDUCATIONAL BACKGROUND

School (College):

_____

Year Graduated : _____

Degree Received:

_____

School (Post Graduate):

_____

Year Graduated : _____

Degree Received:

_____

EMPLOYMENT RECORD

Institution/ Company Name:

_____

Designation/ Position:

_____

Years in Service: _____

Specialization: _____

Skills:

_____

TRAINING(S)/ SEMINAR(S) ATTENDED RELATED TO THE TOPIC TO BE DISCUSSED

(For the past 3 years)

Title of the Training(s)/ Seminar(s)	**Year**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attachment No. 8 (if applicable)

MEMORANDUM OF AGREEMENT

Attachment No. 9 (For Program/ Project proposal ONLY)

ACTION PLAN

TITLE:_____

ACTIVITY	OBJECTIVES	NO. OF PARTICIPANTS	RESOURCES NEEDED	TARGET DATE	VENUE	PERSON IN CHARGE	SOURCE OF FUND