

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 HR |
| LEVEL (Right click the bullet and choose | se the tick box icon. Afterwards, | tick the appro | opriate box for the activity) School Level (GAD with Budget Proposal) |
| Proponent: Email Address: | | | |
| GENERAL DESCRIPTION Title of Project/Activity:_ | <u>V</u> | | |
| ProgramProjectExhibitSports/ TournameGeneral Assembly | / tivity (Print, Radio/ | • | Orientation Contest/ Competition/ Awarding Ceremony Spiritual Activity Publicity/ Awareness Campaign Others: |
| <u>PURPOSE</u> Rationale : | | | |
| Objectives : | | | |
| SPINISIONO | | Address: 0 | CSDO Bldg., DasCA Compound, Burol-II, Cit |

 Doc. Ref. Code
 QMS-HRD-F03
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 Effectivity
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 Page
 1 of 14

Email Address: dasmarinas.city@deped.gov.ph

Telephone No: (046) 432 9355

Website: https://depeddasma.edu.ph

| <u>INFORMATION</u> Date | : | : Time: | | | | | |
|---|---------------------|------------------------|---------|------|--|--|--|
| Venue/s | : | | | | | | |
| Target Participants | : | | | | | | |
| Target Number of Par | rticipants: | Male: | Female: | | | | |
| Budget Allocation | : | Budget | Source: | | | | |
| Partner/s (if any) | : | : | | | | | |
| | | | | | | | |
| Submitted by: | | | | | | | |
| Proponent | | Contact Nur | mber | Date | | | |
| NOTED: | | | | | | | |
| School Head (for School level ONLY | // Remove if not ap | pplicable) | | | | | |
| Public Schools District (for School and District | | ove if not applicable) | | | | | |
| Recommending Appr | roval: | | | | | | |
| Division Chief Education (for Division level ONL | • | pplicable) | | | | | |
| Approved: | | | | | | | |

RAYMUNDO M. CANTONJOS, CESO VI

Assistant Schools Division Superintendent Officer-In-Charge Office of the Schools Division Superintendent

Attachment No. 1

BUDGET PROPOSAL

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| 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 application | ble) |
| Public Schools District Supervisor (for School and District level ONLY/ Remove i | f not applicable) |
| Recommending Approval: | |
| MYRNA C. REFORMADO Administrative Officer V Budget and Finance | |

RAYMUNDO M. CANTONJOS, CESO VI

Approved:

Assistant Schools Division Superintendent Officer-In-Charge Office of the Schools Division Superintendent Attachment No. 2

PROGRAMME/ SCHEDULE OF ACTIVITY



Republic of the Philippines

Department of Education

Region IV-A CALABARZON
City Schools Division of Dasmariñas

INSERT HERE DRAFT MEMO TO BE POSTED IN DO/ SCHOOL

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



Address: CSDO Bldg., DasCA Compound, Burol-II, City of Dasmariñas, 4115

Telephone No: (046) 432 9355

Email Address: dasmarinas.city@deped.gov.ph

Website: https://depeddasma.edu.ph

Attachment No. 5

LIST OF PARTICIPANTS AND TECHNICAL WORKING COMMITTEE

PARTICIPANTS

| # | NAME | SCHOOL | DESIGNATION | SEX | GENDER | RELIGION | DIFFERENTLY |
|---|------|--------|-------------|-----|--------|----------|--------------|
| | | | | | | | ABLED? (Y/N) |
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TECHNICAL WORKING COMMITTEE

| # | NAME | SCHOOL | DESIGNATION | SEX | GENDER | RELIGION | DIFFERENTLY ABLED? (Y/N) |
|---|------|--------|-------------|-----|--------|----------|-----------------------------|
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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) | 8 |
| Salutation: | |
| Dr.Mr. | Mrs.Ms.Prof. |
| Full Name (First, Middle Initial, Last): | |
| Age: | |
| Sex: | |
| Female | Male |
| Gender: | |
| Female | Trans Man |
| Gay | Trans Woman |
| LesbianMale | • 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 |
|--------------------------------------|---|------|
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Attachment No. 8 (if applicable)

MEMORANDUM OF AGREEMENT

| Attachment No. 9 (For Program/ Project proposal ONLY) | ACTION PLAN |
|---|-------------|
| TITLE | AGTION EAT |

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