



EXTENSION PROJECT PROPOSAL FORM- A

I. Basic Information

Project Title: _____

Proponents:

Service Provider:

Department/College/ Campus _____

Student Organization _____

Project Leader: _____

Extension Service to be rendered

Training Name of Trainer: _____

Technical Assistance Name of Expert: _____

Consultancy Name of Consultant: _____

Project Duration: _____ **Inclusive Dates:** _____

Collaborating Agency/ies: _____

Partner/Beneficiary Information

Partner/Beneficiary name _____ Date of Application _____

Nature of Organization Government Private NGO

Others, specify: _____

Contact Person: _____ Designation: _____

Contact Details: Tel. No.: _____ Fax No.: _____

Mobile No.: _____ Email Add: _____

No. of Participants: _____

Attachment

Photo copy of request letter

Training Modules

Need Assessment Report

Request for Extension Service

MOU/ MOA/Partnership Agreement

Others, specify: _____

II. Workplan

Service Rendered	Objective of the Service	Activities	Expected Output	Date	Responsible Person	Budgetary Requirements

III. Budgetary Requirement and Sources of Funds

PARTICULARS	AMOUNT	SOURCE/S	REMARKS
I. PERSONAL SERVICES (Honoraria) 1. Project Team Leader 2. Project Coordinator 3. Trainer 4. Consultant 5. Guest Resource Speakers			
SUBTOTAL:			
II. EQUIPMENT/TOOLS/MATERIALS <i>Note: Lists may vary according to the needs of projects or activities</i> 1. 2. 3. 4. 5.			
III. MOOE 1. Gasoline, Oil, Lubricants 2. Transportation 3. Accommodation and Lodging 4. Office Supplies and Materials 5. Meals and Snacks 6. Venue Rental 7. Documentation 8. Communications			
SUBTOTAL :			
IV. CONTINGENCY			
TOTAL :			

Prepared By: _____
Project Leader

Date: _____

Reviewed By: _____
Extension Unit Head

Date: _____

Recommending Approval:

Funds Available:

College Dean

Director, Finance Services

Director, Extension Services Department

Vice President for RET

Approved by:

SUC President