**COLLECTIVE ACTIVITY PROPOSAL FOR FY 2023**



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| **PROPONENT OFFICE:**  *(Please indicate the Complete Office Title (Division, Strand), Program Manager/Focal and contact no.)* |
| **PROGRAM NAME:**  (*Program Area wherein the Activities are included)* |
| **AMOUNT REQUESTED:**  *(Total Amount of the all the proposed activities of the Program charged to MOOE fund)* |
| 1. **RATIONALE:**   *Briefly state your office mandate and its need to implement Functional Division programs, projects, and activities.* |

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| 1. **PROPOSED ACTIVITIES FOR FY 2023** | | |
| ***\*Note: Arrange the order of your activties from most priority to least priority*** | | |
| 1. **(Title of Activity)**   *(The title should clearly state the type of activity. Is it a project, training, workshop, meeting, etc.?)*  *E.g. Training on Technical Presentation and Activity Facilitation Skills* | | |
|  | * 1. Date of Conduct:   *Indicate the dates of the activity from first to last day. For one-day activity, include time duration.*  *E.g. January 7-10, 2020* | * 1. Duration of Activity:   *Indicate the number of full days or number of hours for less than one-day activity.*  *E.g. Three full days* |
| * 1. Venue/Platform:   *Indicate preferred city and province.*  *E.g. Tagaytay City, Cavite*  *Or the Platform to be used for online activity*  *E.g. Zoom, MSTeams, google meet* | * 1. Target Participants:   *Specify the nature and total number of participants, Facilitators, RPs.*  *E.g.*  *40 Administrative Technical Staff of BHROD; 2 Resource Persons* |
| * 1. Activity Rationale:   *-Why is there a need to conduct the activity??*  *-How does the activity advance /support the office or organization’s priorities (based on*  *Strategic Reform Agenda, Thrusts and Directions, etc.*  *-What identified operational and learning needs will the activity address?*  *- What are the desired results of this activity/project?* | |
| * 1. Objective:   *- State the general goal of the activity and the specific objectives that are stated with SMART*  *indicators (Specific, Measurable w/Measurement, Achievable, Relevant, Time-Oriented).*  *E.g.*  *This three-day training aims to provide appropriate knowledge, skills, and attitude for the*  *participants to be able to:*   1. *Discuss….* 2. *Identify…* 3. *Demonstrate….* | |
| * 1. Expected Output:   - *Outputs are those results which are achieved immediately after implementing an activity.*  *This may be reflected on the activity documentation report and activity evaluation report.*  *E.g. Manual on...* | |
| * 1. Methodology:   -*State how the activity will run with the given design. (Time, Activities, Responsible Persons, Method)* | |
| * 1. Resource Requirement   - *Workforce needed (who will serve as secretariat, facilitator, program manager, documenter, Resource Persons, etc)*  *- Materials needed*  *- Logistical Requirements* | |
| * 1. Budgetary Requirement  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Batch | No. of Pax | EXPENSES | | | | TOTAL | | Supplies | Travel | Honor-arium | Contingency | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  * *input as indicated in your draft Expenditure Matrix* * *you may delete expenses column that are not applicable or change to applicable expense*   *(eg. expenses: Board and lodging, communication expenses, supplies, etc.)* | |

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| 1. **(Title of Activity)** | | |
|  | * 1. Date of Conduct: | * 1. Duration of Activity: |
| * 1. Venue/Platform: | * 1. Target Participants: |
| * 1. Activity Rationale: | |
| * 1. Objective: | |
| * 1. Expected Output: | |
| * 1. Methodology: | |
| * 1. Resource Requirement | |
| * 1. Budgetary Requirement  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Batch | No. of Pax | EXPENSES | | | | TOTAL | | Supplies | Travel | Honor-arium | Contingency | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | |

\*Add columns for additional activities

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| Prepared by:  **(Signature over Printed Name)**  Position | Noted by:  **(Signature over Printed Name)**  **Chief/Head of Office** |
| Date: | Date: |

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| Reviewed by:  **NAME**  Chief, HRDD | Recommending Approval as to Availability of Fund:  **MARITES L. GLORIA**  Chief, Finance Division |
| Date: | Date |

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| Recommending Approval; |
| CHERRYLOU D. REPIA  Assistant Regional Director |
| Date: |
| Approved: |
| **ATTY. ALBERTO T. ESCOBARTE, CESO II**  **Regional Director** |
| Date: |