**Prescribed Template for Capsule Proposal for an Extension Program/Project/Activity**

1. Title of Extension Program/Project/Activity
2. Proponent/s, Department, College, E-mail address, Mobile phone number
3. Collaborating Unit/s or Agency/ies (if any)
4. Proposed Clienteles / Number of Clienteles
5. **SDG Adressed**
6. Extension Site/Venue
7. Background of the Proposed Extension Program/Project/Activity

(Overview of the proposed extension program taking into account the factors that led to its conceptualization, including a strong rationale, statistics, current status, existing laws and issuances pertinent to the proposed activities, findings of empirical studies, needs assessment survey results, etc.)

1. Significance of the Proposed Extension Program/Project/Activity (Benefits that the clienteles will get from the set of activities)
2. Objectives: General and Specific (These should be stated in a SMART manner – Specific, Measurable, Attainable, Realistic, Time-bound.)
3. Methodology/Mechanics
4. Workplan/Gantt Chart

WORKPLAN

|  |  |  |
| --- | --- | --- |
| Activity | Output/s | Date |
|  |  |  |

GANTT CHART

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Month | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Logical Framework (Logframe)

|  |  |  |  |
| --- | --- | --- | --- |
| **Narrative Summary/**  **Intervention Logic**  **(ILO)** | **Objectively Verifiable Indicators (OVI)** | **Means of Verification (MOV)** | **Important**  **Assumptions** |
| ***Goal*** | Measures of goal achievement | Sources of information/  data and methods used | Beyond control factors affecting the goal-purpose linkage |
| ***Objective/***  ***Purpose*** | Measures of objective/purpose; end-of-project status | Source s of information/data and methods used | Beyond control factors affecting the purpose-results linkage |
| ***Outputs/***  ***Results*** | Measures of outputs/results; magnitude of outputs at planned completion date | Sources of information/data and methods used | Beyond control factors affecting the results-activities linkage |
| ***Activities*** | Nature and level of activities |  | Initial assumptions about the project |
| ***Inputs*** | Resources needed |  | Assumptions on the needed inputs of the project |

1. Project/Activity Management Team
2. Proposed Budget (Please indicate here the source/s of fund. Provide for a counterparting scheme.)
3. Line Item Budget (Put realistic and reasonable expenses based on auditing rules and regulations.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quantity and Description of Item | Unit Cost (Php) | Cost (Php) | | Total (Php) |
| MMSU | Agency X (if any) |
|  |  |  |  |  |

**Submitted by:**

**(Proponent/s)**

Reviewed by:

**MS. BELLA C. GERVACIO**

Chief, Training & Continuing Education

**DR. SHERLYN B. NICOLAS**

Chief, Monitoring & Evaluation

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Subject-Matter-Specialist

Endorsed by:

**(Department Chair, Extension Coordinator/Focal Person, Associate Dean, and Dean,**

**Director for Extension)\***

*\*Student-initiated activities should also be endorsed by the College SAC. Adherence to the provisions of CMO 63, series of 2017 is required.*