UNIVERSITY OF THE PHILIPPINES LOS BAÑOS



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**UPLB BASIC RESEARCH PROGRAM**

**ANNUAL/ PROGRESS REPORT FORM**

(Revised, 2021)

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| **Note:** This form is to be used in preparing and submitting the annual report of a study funded under the UPLB Basic Research Program. This must be submitted in one (1) electronic copy to documents\_ovcre.uplb@up.edu.ph. Text should be in Point 10 Arial font. Annual reports should be submitted through channels. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. BASIC INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title | | | | | | | | | | | | 2. Annual Progress Report No. \_\_\_\_\_ (Indicate if No. 1, 2 or so) | | | | | | | | | 3. Period covered by the report  (Indicate dates) | | | | | | | | | |
| 4. Author (s) of the report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (s) | | | | Designation (s) | | | | | | | | | | | Department/ Institute/ College | | | | | | | | | | | | | | | |
| 5. List of assisting technical and non-technical personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (s) and designation (s) | | | | Areas of research/ duties | | | | | | | | | | | Compensation given | | | | | | | | | | | | | | | |
| 6. Cooperating Agency (ies), if any | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Agency (ies) | | | | | | | | | | Address (es) | | | | | | | | | | | | | | | | | | | | |
| 7. Date of implementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date project started | | | | | | | | | | Expected date of completion | | | | | | | | | | | | | | | | | | | | |
| 8. Project funding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount approved for the year | | | Amount released | | | | | | | Balance for the year | | | | | | | | | Amount disbursed | | | | | | | | | | | |
| **B. TECHNICAL DESCRIPTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Project background | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.Objectives (vis-à-vis) percent accomplishment for the entire project duration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Objectives of the study  (Itemize overall objectives as approved by the Evaluation Committee) | | | | | | | | | | | Percent accomplishment  (Indicate overall accomplishment in terms of percentage on the specific objective) | | | | | | | | | | | | | | | | | | |
| 11. Methodology  (State procedures, conceptual framework and/or methodology used. If possible, present research design, questionnaires used, sampling procedures/techniques, etc.). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Accomplishments and major findings  (Accomplish an exhaustive narrative report, at least 10 pages on the progress of the work. Include relevant tables and figures.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Project Summary (accomplish in Point 8 Arial font) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specific Objectives | | Activities | | | | Output/ Milestones | | | | | | | | | | | Date  Accomplished  (d/m/y) | | | | | | | | Budget | | | | |
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| 14. Plan of activities for the coming year (accomplish in Point 8 Arial font) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Gantt Chart | | | | | | | | | | | | | | | |
| Activity No. | Major activities | | | | Planned start  (d/m/y) | | Planned end  (d/m/y) | | | | | | Duration in months | 1 | 2 | 3 | | 4 | | 5 | | 6 | 7 | 8 | | 9 | 10 | 11 | 12 |
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| 15. Original work plan (accomplish in Point 8 Arial font) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Gantt Chart | | | | | | | | | | | | | | | |
| Activity No. | Major activities | | | | Planned start  (d/m/y) | | Planned end  (d/m/y) | | | | | | Duration in months | 1 | 2 | 3 | | 4 | | 5 | | 6 | 7 | 8 | | 9 | 10 | 11 | 12 |
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| **C. Project management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Last year’s comments of evaluators and action taken, if applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | Action taken | | | | | | | | | | | | | | | | | | | | | |
| 17. Problems encountered and recommendations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Problems  (State encountered problems related to administrative processes, research implementation, infrastructure and equipment reliability, among others) | | | | | | | | | Recommendations  (State constructive comments on how to improve research implementation and monitoring) | | | | | | | | | | | | | | | | | | | | |
| **D. ENDORSEMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be filled up by the proponent/ author | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Submitted by:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proponent’s Name and Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | | | | | | | | | | | | | |
| To be filled up by the immediate supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Noted by:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Name and Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | | | | | | | | | | | | | |
| To be filled up by the College Dean or Research Institute Director | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Noted by:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | | | | | | | | | | | | | |
| To be filled up by the receiving personnel of the OVCRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Received by:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Receiving Clerk  OVCRE | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | | | | | | | | | | | | | |