UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

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**UPLB BASIC RESEARCH PROGRAM**

**DETAILED PROPOSAL FOR FINANCIAL ASSISTANCE**

(Revised, 2021)

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| **Note:** This form enumerates the various steps that have to be taken by a proponent to present a proposal for financial assistance from the UPLB Basic Research Program. This must be submitted to documents\_ovcre.uplb@up.edu.ph. All text should be in Point 10 Arial font. All proposals must be endorsed by the Department Chairman or Institute/Center Director and the Dean of the college. | | | |
| **A. PROPOSAL SUMMARY** | | | |
| 1. Title | | | |
| 2. Proponent | | | |
| Name, Signature and Designation | | Department/ Institute/ College | |
| Telephone Number | | Email Address | |
| Name, Signature and Designation of Co-Proponent | | Department/ Institute/ College | |
| Telephone Number | | Email Address | |
| 3. Cooperating Agency (ies), if any | | | |
| Name of Agency (ies) | | Address (es) | |
| 4. Project Summary | | | |
| Project cost requested from the program | Others sources, if any | | Total Cost |
| Project location | Duration in months | | Estimated date of start of implementation |

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| **B. TECHNICAL DESCRIPTION** | | | | | | | | | | | | | |
| 5. Rationale | | | | | | | | | | | | | |
| 6. Objectives  (State specific objectives, purpose of the study including problems intended to be solved, hypotheses to be tested, etc.). | | | | | | | | | | | | | |
| 7. Expected output  (e.g. technical paper and poster, method, product, others). | | | | | | | | | | | | | |
| 8. Milestones/ Impact | | | | | | | | | | | | | |
| 9. Present status of the proposed study (State what has been done in the area of research of the study, both locally and abroad by the proponent) | | | | | | | | | | | | | |
| 10. Review of literature (Include the literature review and bibliography cited for this study) | | | | | | | | | | | | | |
| 11. Procedure/ Methodology (State proposed procedures, conceptual framework and/or methodology to be used. If possible, present research design, questionnaires to be used, sampling procedures/techniques, etc.). | | | | | | | | | | | | | |
| **C. PLAN OF WORK** | | | | | | | | | | | | | |
| 12. Schedule of activities (State estimated time to be spent for the study in terms of weeks, for the various phases of the study, by following the format below): | | | | | | | | | | | | | |
| Phase | Description of activity | | | | | | Duration in weeks | | | | Expected output | | |
| 13. Financial plan (Present a summary of the financial plan for the study according to the format below. If the study is to last for more than one (1) year, a separate plan for each year or a fraction thereof should be presented. The plan should include, if any, the type and amount of counterpart the proponent or any other agency would give for the study.) | | | | | | | | | | | | | |
| Summary | | | | | | | | | | | | | |
|  | | Total Amount (P) | | | | Requested from the program (P) | | | | Other  sources (P) | | | |
| Personal Services | |  | | | | (Not applicable) | | | |  | | | |
| Maintenance and Operating Expenses | |  | | | |  | | | |  | | | |
| Total Cost of Study | |  | | | | | | | | | | | |
| Detailed Line-Item Budget (Basic Research Component) | | | | | | | | | | | | | |
| Particular | | | | Amount (P) Year 1 | | | | Amount (P) Year 2 | | | | | |
| Travel  1.  2.  3.  4.  5. | | | |  | | | |  | | | | | |
| Supplies  1.  2.  3.  4.  5. | | | |  | | | |  | | | | | |
| Communication/ Other Services  1.  2.  3.  4.  5. | | | |  | | | |  | | | | | |
| Subtotals | | | |  | | | |  | | | | | |
| Total Amount | | | |  | | | | | | | | | |
| 14. Brief Profile of Proponent | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | |
| Name and address of  educational establishment | | | Degrees obtained and  area of specialization | | | | | | Month/ Year | | | | |
| From | | | | To |
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| Other studies conducted | | | | | | | | | | | | | |
| Subject area and title(s) | | | | | | | | | Place of conduct | | | Dates of conduct | |
| Publications  (Bibliographic entry of all publications) | | | | | | | | | | | | | |
| Trainings/ workshops/ technical seminars participated in (As regular participant, resource person, trainor, etc.) | | | | | | | | | | | | | |
| **D. ENDORSEMENTS** | | | | | | | | | | | | | |
| To be filled up by the proponent | | | | | | | | | | | | | |
| *Submitted by:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proponent’s Name and Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | | | |
| To be filled up by the immediate supervisor | | | | | | | | | | | | | |
| *Endorsed by:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Name and Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | | | |
| To be filled up by the College Dean or Research Institute Director | | | | | | | | | | | | | |
| *Endorsed by:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | | | |
|  | | | | |  | | | | | | | | |
| *Received by:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Receiving Clerk  OVCRE | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | | | |