



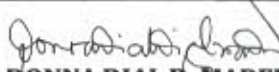
Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
 Region XIII (Caraga)
 1559 Matimco Bldg, Km 4., Libertad, Butuan City
 caraga.dilg.gov.ph

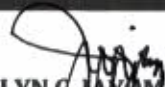
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Name of Division/FOU: **Local Government Capability and Development Division**

MASTERLIST OF RETAINED DOCUMENTED INFORMATION

| DOCUMENT CODE | DOCUMENT TITLE | CUSTODIAN | LOCATION | FILING SYSTEM | | RETENTION PERIOD | | | DISPOSAL |
|---|----------------|-----------|----------|---------------|--------|------------------|---------|-------|----------|
| | | | | FOLDER | SCHEME | ACTIVE | STORAGE | TOTAL | |
| Provision of Capacity Development Activities | | | | | | | | | |
| | | | | | | | | | |

Prepared By

DONNA DIAL D. MADELO
 LGOO II
 Process Owner

Reviewed by

JOCELYN C. JACOMA
 OIC, Division Chief
 Deputy DMR





Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
REGION XIII (CARAGA)
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Name of Division/FOU: **Local Government Capability and Development Division**


MASTERLIST OF MAINTAINED DOCUMENTED INFORMATION (INTERNAL)

| DOCUMENT CODE | DOCUMENT TITLE | REVISION | | | | | |
|---|---|----------|----|----|----|----|----|
| | | 00 | 01 | 02 | 03 | 04 | 05 |
| Provision of Capacity Development Activities | | | | | | | |
| QP-R13-LGCDD-01 | Quality Procedure | 10.16.17 | | | | | |
| QO-QP-R13-LGCDD-01 | Quality Objective | 10.16.17 | | | | | |
| QME-QP-R13-LGCDD-01 | Quality Monitoring and Evaluation | 10.16.17 | | | | | |
| FM-QP-R13-LGCDD-01-01 | Process Summary Logsheet | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-02 | Activity Design | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-03 | Capacity Development Activity Checklist | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-04 | Office Order | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-05 | Regional Order | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-06 | Attendance Sheet | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-07 | Distribution List | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-08 | Pre Evaluation Questionnaire | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-09 | Post Evaluation Questionnaire | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-10 | Honorarium Computation | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-11 | Certificate of Appearance | 10.16.17 | | | | | |
| FM-QP-13-LGCDD-01-12 | Activity Report | 10.16.17 | | | | | |

Prepared By


JOB DANIEL B. CASSION
 EGO III
 Regional Document Controller

Noted By


DONALD A. SERONAY
 CAO/OIC- Asst. Regional Director
 Regional QMR





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Name of Division/FOU: **Local Government Capability and Development Division**

MASTER LIST OF MAINTAINED DOCUMENTED INFORMATION (EXTERNAL)

| DOCUMENT CODE | DOCUMENT TITLE | REVISION | | | | | |
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| Provision of Capacity Development Activities | | | | | | | |
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Prepared By

JOB DANIEL B. CASSION
 IGD/III
 Regional Document Controller

Noted By

DONALD A. SERONAY
 CAO/ OIC- Asst. Regional Director
 Regional QMR





QUALITY PROCEDURE (QP)

| | | |
|---|---|-----------------------|
| PROCEDURE TITLE | Provision of Capacity Development Activities | |
| SCOPE | This process covers the preparation of Activity Design, conduct of capacity development activities, and submission of Post Activity Reports. | |
| PURPOSE | To define the standard process in the provision of capacity development activities that will equip clients with relevant knowledge in the implementation of PPAs. | |
| PROCESS DESCRIPTION | | |
| INPUT | PROCESS | |
| OUTPUT | | |
| Activity Design | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Provision of Capacity Development Activities </div> | Post Activity Reports |
| SOURCES → | | OUTPUT → |
| DESCRIPTIVE STATEMENT: | | |
| DILG is concerned with improving the overall effectiveness of its stakeholders in responding to the challenges presented by the nature of their functions. The conduct of capacity development activity is aimed towards generating new skills and capabilities and professional evolution. | | |

| Step No. | Responsible Personnel | PROCESS/ACTIVITY | Details | References |
|----------|-----------------------------|---|---|-----------------------------|
| 1 | Regional Focal Person (RFP) | Receive issuance / directive | -Receipt of issuance / directive from the Regional Director | Issuances |
| 2 | RFP | Formulate Activity Design | -Draft Activity Design and prepare other documentary requirements for the conduct of activity | Activity Design |
| 3 | Division Chief | Review the design | -DC reviews the content of the design | Activity Design |
| 4 | Budget officer | Identify fund availability | -Route to Budget Officer for the availability of allotment | Activity Design |
| 5 | Accountant | Certify correctness of budgetary requirements | -Accountant confirms correctness of budgetary requirements | Activity Design |
| 6 | ARD | Recommend approval | -ARD reviews the design and recommends the same to RD for approval | Activity Design |
| 7 | Regional Director | Approve the design | -RD approves the activity design | Activity Design |
| 8 | RFP | Prepare Purchase Request | - RFP prepares purchase request for the meals, accommodation, supplies and tarpaulin. Once approved, GSS processes submitted purchase | Approved Activity Design PR |





QUALITY PROCEDURE (QP)

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| Step No. | Responsible Personnel | PROCESS/ACTIVITY | Details | References |
|----------|----------------------------|--|---|--|
| | | | request . | |
| 9 | RFP | Prepare logistics | -RFP prepares the necessary logistics. This includes preparation of the Regional/ Office Order and other necessary items identified in the Checklist. | -Regional/ Office Order -Capacity Development Activity Checklist - Honorarium Computation with necessary attachments (CV, Salary Certification, Program and Invitation Letter) -Program -Hand-outs (if applicable) |
| 9 | RFP / Responsible division | Conduct capacity development activities | -Conduct capacity development activities in accordance with the approved activity design | -Program -Attendance Sheet -Distribution List -Certificate of Appearance -Certificate of Participation, if applicable) -Certificate of Appreciation -Pre- Evaluation Form, if applicable -Post Evaluation Form, if applicable |
| 10 | RFP | Prepare Post Activity Report | -Prepare Activity and Special Report (if applicable) based on the activity conducted. | -Pre- Evaluation Form, if applicable -Post Evaluation Form, if applicable -Workshop Result -Activity Design |
| 11 | Division Chief | Recommend approval of Post Activity Report | -DC reviews and recommends for approval | -Activity Report -Special Report, if applicable) |
| 12 | Regional Director | Approve Post Activity Report | -RD approves the report | -Activity Report -Special Report, if applicable) |
| 13 | RFP | Submit Post Activity Report | -Submit approved activity/ special report to the following: 1. Accounting | -Activity Report -Special Report, if applicable) -Activity Design |





QUALITY PROCEDURE (QP)

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| Step No. | Responsible Personnel | PROCESS/ACTIVITY | Details | References |
|----------|-----------------------|------------------|--|--|
| | | | 2. GS 3. Bureau (if applicable) | -Attendance Sheet -Distribution List |
| 13 | RFP / Process owner | Retain records | -Retain records in accordance with the Control of Retained Documented Information Procedure and Master list of Records (R13-SP-02) | -Activity Report -Special Report (if applicable) -Activity Design -Attendance Sheet -Distribution List -Pre- Evaluation Form -Post Evaluation Form |

Definition of Terms:

- Capacity Development Activities- refers to the desired intervention deemed necessary to capacitate the Local Government Units. Related activities are the following:
 - Coaching- method of directing, instructing and training a person or group of people in order to acquire new skills especially when there are new system or program.
 - Mentoring- a process of sharing knowledge and experience from a senior or most experienced individual.
 - Cascading- a process of passing-on an information or knowledge.
 - Training- the process for providing required skills in order to perform a specific job.
 - Workshop- a type of interactive training where participants carry out a number of training activities rather than listening to a lecture or presentation
- Pre- Evaluation Form- Form used to gauge the knowledge/ skills of the participants prior to the conduct of the capacity development activities. This, however, shall be utilized only during trainings and workshop.
- Post Evaluation Form- Form used to assess the effectiveness of the activity. It covers evaluation of resource person, content, venue and the general satisfaction. This, however, shall be utilized only during trainings and workshops.

Legal References:

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | JOCELYN C. JAYOMA OIC, Division Chief | DONALD A. SERONAY CAO/OIC-Asst. Regional Director |
| | | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Deputy QMR | Regional QMR |
| | | Top Management |





DILG REGION XIII (CARAGA)
**QUALITY
 OBJECTIVE (QO)**

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| | |
|--------------------------------|--|
| DIVISION/FOU | Local Government Capability and Development Division |
| QUALITY PROCEDURE TITLE | Provision of Capacity Development Activities |

| Function | Key Performance Indicators (KPI) | | | Frequency of Monitoring Results | Responsible for Monitoring | Applicable Documents (e.g. Tracker, Monitoring Log Sheet, Summary Log Sheet, Report, Memo, etc.) |
|--|---|--------|--|-------------------------------------|----------------------------|--|
| | Objective | Target | Indicator/Formula (if applicable) | | | |
| Provision of Capacity Development Activities | Satisfactory rating from the participants | 80% | Total Number of received Satisfaction Rating/ Total number of ratings received $= (A/B) \times 100$ | Every after the conduct of activity | Focal Person | <ul style="list-style-type: none"> Post Evaluation Form |

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | JOCELYN C. JAYOMA OIC, Division Chief | DONALD A. SERONAY OIC-Asst. Regional Director |
| Process Owner | Deputy QMR | Regional QMR |
| | | LILIBETH A. FAMACION, CESO III Regional Director |
| | | Top Management |





DILG REGION XIII (CARAGA)
**PROCESS QUALITY MONITORING
 AND EVALUATION (QME)**

| | | |
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| | |
|----------------------------|--|
| DIVISION/FOU | Local Government Capability and Development Division |
| PROCEDURE TITLE | Provision of Capacity Development Activities |
| OBJECTIVE STATEMENT | Satisfactory rating from the participants |
| CURRENT PERIOD | |

| INDICATORS | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Objective 1: 80% satisfactory rating from the participants | | | | | | | | | | | | | | |
| A | Total no. of received Satisfaction Rating/ Total number of ratings received | | | | | | | | | | | | | |
| B | Total number of ratings received | | | | | | | | | | | | | |
| C | Formula: $\frac{A}{B} \times 100$ Target Result: 80% | | | | | | | | | | | | | |
| D | Gap Analysis: In case the objective is not met, put your analysis why it is not met | | | | | | | | | | | | | |

Note: For unmet targets, the QMS Secretariat will issue Corrective/Preventive Action Report (CPAR) duly signed by the DILG-XIII Deputy QMR.

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LG00 II | JOCELYN C. JAYOMA OIC, Division Chief | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Deputy QMR | Regional QMR |
| | | Top Management |





DILG 13- Caraga
Provision of Capacity Development Activities
Process Summary Logsheets and Database

Document Code
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QUALITY OBJECTIVE: 80% satisfactory rating from the participants
FREQUENCY OF MONITORING: Monthly
CURRENT PERIOD:

| No. | Type of Capacity Development Activity | Title of Capacity Development Activity | Date | Attendees | Office | Total Number of received satisfaction rating | Total Number of ratings received | Average Satisfaction Rating |
|-----|---------------------------------------|--|------|-----------|--------|--|----------------------------------|-----------------------------|
| | | | | | | | | |
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Prepared By

DONNA DIAL D. MADEJO
LG00 II
Process Owner

Reviewed by

JOCELYN C. JAYOMA
OIC, Division Chief
Deputy QMR





DILG REGION XIII
ACTIVITY DESIGN

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| |
|----------------|
| TITLE : |
|----------------|

| | |
|------------------------------------|-------------------------------------|
| Prepared by | Reviewed by |
| Name: | Name: |
| Position: | Position: |
| Date: | Date: |
| Availability of Funds: | |
| Name: PRIMADONNA M. LINCUNA | Name: ROCHE LYNNE L. CUNANAN |
| Position: Budget Officer III | Position: Accountant III |
| Date: | Date: |
| Fund Source: | |

| | |
|--------------------------------|---|
| Noted by: | Recommending Approval: |
| Name: ELENITA S. MANDAP | Name: DONALD A. SERONAY |
| Position: Planning Officer III | Position: OIC- Asst. Regional Director/ CAD |
| Date: | Date: |

| |
|---|
| Approved by |
| Name: LILIBETH A. FAMACION, CESO III |
| Position: Regional Director |
| Date: |





DILG REGION XIII
ACTIVITY DESIGN

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I. BASIC INFORMATION

| | |
|----------------------------------|--|
| Title | |
| Date | |
| Venue | |
| Responsible Person(s) / Division | |
| Total Budget Requested | |

II. RATIONALE

III. OBJECTIVES

IV. ACTIVITY FLOW

| Date/Time | Activity | Responsible Person |
|-----------|----------|--------------------|
| | | |
| | | |

V. METHODOLOGY

VI. PARTICIPANTS

VII. BUDGETARY REQUIREMENTS

| Particulars | Details | Amount |
|-------------|---------|--------|
| | | |
| | | |

VIII. HONORARIUM COMPUTATION

IX. FUND SOURCE

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | DONALD A. SERONAY CAO/OIG-Asst. Regional Director | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |





DILG REGION XIII
**CAPACITY DEVELOPMENT
 ACTIVITY CHECKLIST**

| | | |
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Title of Activity: _____

Date: _____

| | Particulars | Remarks |
|----|----------------------------------|---------|
| 1 | Activity Design | |
| 2 | Letter of Invitation | |
| 3 | Attendance Sheets | |
| 4 | Distribution List | |
| 5 | Certificate of Appearance | |
| 6 | Certificate of Participation | |
| 7 | Certificate of Appreciation | |
| 8 | Program | |
| 9 | Tarpaulin | |
| 10 | Laptop | |
| 11 | Printer | |
| 12 | LCD Projector | |
| 13 | Pointer | |
| 14 | Extension Wire | |
| 15 | Table name tags | |
| 16 | Seminar Kits/ hand | |
| 17 | Bond paper | |
| 18 | Secretariat Box: | |
| | Pentel Pen | |
| | Stapler, staple wire | |
| | Ballpens | |
| | Tapes (masking tape,scotch tape) | |
| | Metacard | |
| | Others: | |
| 19 | Documenter | |
| 20 | Photographer | |
| 21 | Secretariat | |

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | DONALD A. SERONAY CAO/OIG-Asst. Regional Director | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |





DILG REGION XIII
OFFICE ORDER

| | | |
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No. ___ - ___

SUBJECT :

DATE :

The DILG Regional Office 13 will conduct a "Title of Activity" for the Participants on Date at Venue.

To ensure success of the activity, the following personnel are directed to attend:

| NAME OF PERSONNEL | POSITION | RESPONSIBILITY |
|-------------------|----------|----------------|
| | | |
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| | | |

Subject of personnel shall be at the venue on _____ at _____.

For compliance.

LILIBETH A. FAMACION, CESO III
Regional Director

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | DONALD A. SERONAY CAO/OIG-Asst. Regional Director | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |





DILG REGION XIII
REGIONAL ORDER

| | | |
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No. ___ - ___

TO :

SUBJECT :

DATE :

In relation to the conduct of the **Title of Activity** for **Attendees** on **Date** in **Venue**, the following are directed to supervise, facilitate and provide technical assistance and secretariat services during the above-mentioned activity:

| NAME OF PERSONNEL | POSITION | RESPONSIBILITY |
|--------------------------|-----------------|-----------------------|
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This order is made of record for compliance.

LILIBETH A. FAMACION, CESO III
Regional Director

cc: Personnel Concerned
Bulletin Board
File

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | DONALD A. SERONAY CAO/OIG-Asst. Regional Director | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |

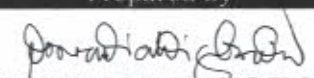
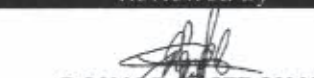
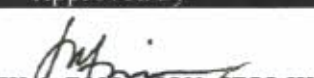




DILG REGION XIII
ATTENDANCE SHEET

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| Name | Office | Position/ Designation | Gender | | Breakfast | AM Snacks | Lunch | PM Snacks | Dinner | ACCOMMODATION |
|------|--------|--------------------------|--------|---|-----------|-----------|-------|-----------|--------|---------------|
| | | | M | F | | | | | | |
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| Prepared By | Reviewed By | Approved By |
|---|--|--|
|  DONNA DIAL D. MADELO LGOO II |  DONALD A. SERONAY CAO/OIC-Asst. Regional Director |  LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |





DILG REGION XIII
DISTRIBUTION LIST

| | | |
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Title of Activity: _____

Kind of IEC Material: _____

| NAME | OFFICE | POSITION / DESIGNATION | GENDER | | SIGNATURE |
|------|--------|------------------------|--------|---|-----------|
| | | | M | F | |
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| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | DONALD A. SERONAY CAO/OIC-Asst. Regional Director | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |





DILG REGION XIII
**PRE EVALUATION
 QUESTIONNAIRE**

| Document Code | | |
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Name: _____ Date: _____

Title of Training/Workshop: _____

Office: _____

Instructions: Please answer this form prior to the training/ workshop:

1. What are your expectations of this workshop?

2. What would you like to learn during the training/ workshop?

3. Rate your level of knowledge/skills/ability on a scale of 1 to 5 regarding the subject matter (5 being the highest, 1 being the lowest)

- 1 ()
- 2 ()
- 3 ()
- 4 ()
- 5 ()

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL B. MADELO LGOO II | DONALD A. SERONAY CAO/OIG-Asst. Regional Director | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |





DILG REGION XIII
**POST EVALUATION
 QUESTIONNAIRE**

| | | |
|-----------------------|----------|--------|
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Name: (Optional) _____ Date: _____

Title of Activity/Assistance: _____

Office: _____

Instructions: Please check (✓) the number which best corresponds to your assessment of this activity using the rating scale below:

- 1 - Very Poor
- 2 - Poor
- 3 - Satisfactory
- 4 - Very Satisfactory
- 5 - Outstanding

1. Please rate your over-all satisfaction of the training?

- () 1
- () 2
- () 3
- () 4
- () 5

2. Resource Person

| Items for Evaluation | CLIENT SATISFACTION RATING | | | | | | | | | | | | | | |
|---------------------------|----------------------------|---|---|---|---|-------------------|---|---|---|---|-------------------|---|---|---|---|
| | Name of Speaker 1 | | | | | Name of Speaker 2 | | | | | Name of Speaker 3 | | | | |
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Mastery of subject matter | | | | | | | | | | | | | | | |
| Manner of delivery | | | | | | | | | | | | | | | |
| Ability to answer Queries | | | | | | | | | | | | | | | |
| Use of visuals | | | | | | | | | | | | | | | |

3. Rate the following aspects of the Activity

| Items | CLIENT SATISFACTION RATING | | | | | Remarks |
|---|----------------------------|---|---|---|---|---------|
| | 1 | 2 | 3 | 4 | 5 | |
| 2.1 Content | | | | | | |
| Time allotted for every topic | | | | | | |
| Applicability of topics | | | | | | |
| Relevance of topics discussed | | | | | | |
| Training materials provided | | | | | | |
| 2.2 Activity Flow | | | | | | |
| 2.3 Facilitators | | | | | | |
| 2.4 Secretariat | | | | | | |
| 2.5 Venue (equipment, sound system, etc.) | | | | | | |
| 2.6 Meals/Food Served | | | | | | |
| 3.7. Overall impression | | | | | | |

4. Do you have any other comments about this activity (e.g. Suggestion/s for improvement)

Thank you for your feedback!





DILG REGION XIII
**POST EVALUATION
QUESTIONNAIRE**

| Document Code | | |
|-----------------------|-----------|--------|
| FM-QP-R13-LGCDD-01-09 | | |
| Rev. No. | Eff. Date | Page |
| 00 | 10.16.17 | 2 of 2 |

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | DONALD A. SERONAY CAO/OIG-Asst. Regional Director | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |





HONORARIUM COMPUTATION

| Document Code | | |
|-----------------------|-----------|--------|
| FM-QP-R13-LGCDD-01-10 | | |
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| | |
|--|--|
| Title of Activity: | |
| Date | |
| Venue | |
| Name of the Speaker | |
| Monthly Salary Rate | |
| Factor* | |
| Rate per Hour | |
| Number of Lecture Hours* | |
| Participants in excess of 50 (19 pax)* | |
| Honorarium Due | |
| *Based on DILG Circular 2016-01 | |

Prepared By:

Noted By

Approved By

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | DONALD A. SERONAY CAO/OIG-Asst. Regional Director | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |





CERTIFICATE OF APPEARANCE

| Document Code | | |
|-----------------------|-----------|--------|
| FM-QP-R13-LGCDD-01-11 | | |
| Rev. No. | Eff. Date | Page |
| 00 | 10.16.17 | 1 of 1 |

Name: _____

Designation: _____

Office: _____

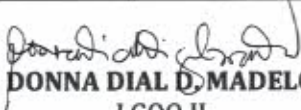
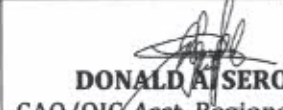
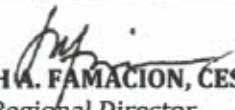
Date(s) Appeared: _____

Purpose: _____

Given this ____ day of Month and Year in Venue of the Activity.

LILIBETH A. FAMACION, CESO III

Regional Director

| Prepared By | Reviewed By | Approved By |
|---|--|---|
|  DONNA DIAL D. MADELO LGOO II |  DONALD A. SERONAY CAO/OIC-Asst. Regional Director |  LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |





DILG REGION XIII
ACTIVITY REPORT

| | | |
|------------------------------|------------------|-------------|
| Document Code | | |
| FM-QP-R13-LGCDD-01-12 | | |
| Rev. No. | Eff. Date | Page |
| 00 | 10.16.17 | 1 of 1 |

I. BASIC INFORMATION

| | |
|--------------------------------|--|
| Title | |
| Date | |
| Venue | |
| Responsible Person(s)/Division | |
| Total Budget Requested | |

II. RATIONALE

III. OBJECTIVE

IV. METHODOLOGY

V. HIGHLIGHTS

VI. ACTUAL EXPENSES

| Particulars | Amount |
|-------------|--------|
| | |
| | |
| | |

Prepared By:

Noted By

Approved By

| Prepared By | Reviewed By | Approved By |
|--|---|--|
| DONNA DIAL D. MADELO LGOO II | DONALD A. SERONAY CAO/OIC-Asst. Regional Director | LILIBETH A. FAMACION, CESO III Regional Director |
| Process Owner | Regional QMR | Top Management |

