

# Republic of the Philippines DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

Pocument Code FM-R13-SP-02-01

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Region XIII (Caraga) 1559 Matimco Bldg, Km 4., Libertad, Butuan City caraga.dilg.gov.ph

Name of Division/FOU:

**Local Government Capability and Development Division** 

MASTERLIST OF RETAINED DOCUMENTED INFORMATION

DOCUMENT		CUSTOD		FILING SYSTEM		RETENTION PERIOD			
CODE	DOCUMENT TITLE	IAN	LOCATION	FOLDER	SCHEME	ACTIVE	STORAG	TOTAL	DISPOSAL
rovision of Ca	apacity Development Act	ivities							- n - n - n - n - n - n - n - n - n - n
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Prepared By	Reviewed by
DONNA DIAL D. MADELO	JOCELYN C. JACOMA
LGOO II	OIC, Division Chief
Process Owner	Deputy MR





# 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			REVI	ISION		
DOCOMENT CODE	DOCOMENT TITLE	00	01	02	03	04	05
rovision of Capacity Develop	oment 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		,			77
FM-QP-R13-LGCDD-01-01	Process Summary Logsheet	10.16.17		1			
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					

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	JOB DANIEU B CASSION	
	4.600 III	
Re	gional Document Controller	

DONALU A. SERONAY

CAO/ OIC- Asst. Regional Director

Regional QMR





# 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** 

MASTER LIST OF MAINTAINED DOCUMENTED INFORMATION (EXTERNAL)

DOCUMENT CODE	DOCUMENT TITLE 00	REVISION					
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Provision of Capacity Developmen	nt Activities			THE PARTY OF THE P			
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Prepared By

| JOB DANIEL B., CASSION | DONALD A. SERONAY |
| GOOTH | CAO/ OIC- Asst. Regional Director |
| Regional Document Controller | Regional QMR





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SL-KTO-FRCDD-01	QP-R13-LGCI	DD-01

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PROCEDURE TITLE	Provision of Capacity Development Activities
SCOPE	This process covers the preparation of Activity Design, conduct ofcapacity 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	
SOURCES Activity Design	Provision of Capacity	OUTPUT Post Activity	
Activity besign	Development Activities	Reports	

### 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



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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



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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. 18 VOMA 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



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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)				Applicable	
	Objective	Target	Indicator/Formula (if applicable)	Frequency of Monitoring Results	Responsible for Monitoring	Documents (e.g. Tracker, Monitoring Log Sheet, Summary Log Sheet, Report, Memo, etc.)
Provision of Capacity Development Activities	Satisfactory rating from the participants	80%	Total Number of received Satisfaction Rating/ Total number of ratings received =(A/B) x 100	Every after the conduct of activity	Focal Person	Post Evaluation Form

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Process Owner	Deputy QMR	Regional QMR	Top Management





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

-	DICATORS		Jan	Feb	Mar	Apr	May	Jun	Iul	Aug	Sep	Oct	Nov	Dec	Total
Ot	jective 1: 80% satisfac	tory rating from the particip	pants											200	1000
Α	Total no. of received Sa number of ratings rece	atisfaction Rating/ Total													
В	Total number of rati	ngs received								_					
С	Formula: A x 100	Target Result: 80%				0									
D	Gap Analysis: In case the your analysis why it is	he objective is not met, put not met				-									

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

Prepare	ed By	Reviewed By	Approved By
DONNA DIAL D. MADELO LGOO II	JOCELYN CUAYOMA OIC, Division Chief	DONALD A SERONAY OIC-Asst. Regional Director	LILIBETTI A FAMACION, CESO II Regional Director
Process Owner	Deputy QMR	Regional QMR	Top Management





# DILG 13- Caraga Provision of Capacity Devlopment Activities Process Summary Logsheet and Database

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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

Prepared By	Reviewed by
DONNA DIAL D. MADELO	JOCELYN C. JAYOMA
LGOO II	OIC. Division Chief
Process Owner	Deputy QMR





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

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

Approved I	by
Name: LII Position:	LIBETH A. FAMACION, CESO III Regional Director
Date:	





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# I. BASIC INFORMATION

- II. RATIONALE
- III. OBJECTIVE
- IV. METHODOLOGY
- V. TARGET PARTICIPANTS
- VI. BUDGETARY REQUIREMENTS

Particulars	Details	Amount

# VII. FUND SOURCE

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





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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/OIC-Asst. Regional Director	LILIBETH A. FAMACION, CESO III Regional Director
Process Owner	Regional QMR	Top Management



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JBJECT	3		
ATE	:		
	G Regional Office 13	will conduct a "Title of Activ	ity" for the Participants on I
enue.			
2.2	re success of the acti	vity, the following personnel	are directed to attend:
To ensur	e success of the ucu	vity, the following personner	in cuit court to account.
NAME OF P		POSITION	RESPONSIBILITY

Prepared By	Reviewed By	Approved By
PONNA 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

LILIBETH A. FAMACION, CESO III
Regional Director





DATE	-		
DATE			
SUBJECT	:		
то	15		
No			

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
m 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1		

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/OIC-Asst. Regional Director	LILIBETH A. FAMACION, CESO III Regional Director
Process Owner	Regional QMR	Top Management



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		De eleter 1	Ger	nder	Brea	AM	Lunch	PM	Dinn	ACCOM
Name	Office	Position/ Designation	M	F	kfast	Snacks		Snacks	er	MODA TION
						12				
								_		
	-									

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





Title of Activity:	
Kind of IEC Material:	

NAME	OFFICE	POSITION /	GEN	NDER	SIGNATURE
NAME	OFFICE	DESIGNATION	M	F	SIGNATORE
			-		

Prepared By	Reviewed By	Approved By
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Process Owner	Regional QMR	Top Management





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Nai	me:		Date:	_
Titl	le of Training/Workshop: _			
Off	ice:			
Ins	tructions: Please answer thi	s form prior to the t	raining/ workshop:	
1.	What are your expectation	ns of this workshop?	12	
2.		2	ng/ workshop?	
9				
3.			a scale of 1 to 5 regardin	g the subject matter (5
		5 ( )		

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



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Name: (Optional)	Date:
Title of Activity/Assistance: _	
Office:	
Instructions: Please check (vactivity using the rating scale	the number which best corresponds to your assessment of this below:
1 - Very Poor 2 - Poor	4 - Very Satisfactory 5 - Outstanding
3 - Satisfactory	o dustanding
1. Please rate your over	-all satisfaction of the training?
()1	( )4
( ) 2	( )5
( )3	

# 2. Resource Person

	CLIENT SATISFACTION RATING														
Items for Evaluation	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					3 77										
Manner of delivery															
Ability to answer Queries															
Use of visuals															

3. Rate the following aspects of the Activity

Items	С	LIENT F				
	1	2	3	4	5	Remarks
2.1 Content						
Time allotted for every topic						
Applicability of topics						
Relevance of topics discussed						56-4
Training materials provided						
2.2 Activity Flow						
2.3 Facilitators						
2.4 Secretariat						
<ol><li>Venue (equipment, sound system, etc.)</li></ol>						
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)





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<b>Process Owner</b>	Regional QMR	Top Management





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Title of Activity:		
Date		
Venue		
Name of the Speaker		
Monthly Salary Rate		
Factor*		
Rate per Hour		122
Number of Lecture Hours*		
Participants in excess of 50 (1	9 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/OIC-Asst. Regional Director	LILIBETH A. FAMACION, CESO III Regional Director
Process Owner	Regional QMR	Top Management





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Name:	<u> </u>		
Designation:	3		
Office:			
Date(s) Appeared:	2		
Purpose:			

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

# LILIBETH A. FAMACION, CESO III

Regional Director

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





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# I. BASIC INFORMATION

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

- II. RATIONALE
- III. OBJECTIVE
- IV. METHODOLOGY
- V. HIGHLIGHTS
- VI. PARTICIPANTS PROFILE

# VII.ACTUAL EXPENSES

Particulars	Amount
Prepared By:	Noted By
Ap	oproved 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

