

Appendix 14. DOST FORM NO. 2A

DETAILED RESEARCH & DEVELOPMENT PROPOSAL SUMMARY SHEET
 (For the Whole Program)
 (To be accomplished by the researcher)

1. Title/Coordinator/Leader/Agency/Address/Telephone/Fax/Mail

Program Title:
 Coordinator/Gender:
 Agency/Address:
 Telephone/Fax/Email
 Project Title:

2. Executive summary**3. Budget Summary for the whole program**

Duration (in months):

Source of Fund	Y1TOTAL			TOTAL	PS	MOE	CO
	PS	MOE	CO				
TOTAL	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

4. Summary of Personnel Requirement

Number	
Full-Time:	_____
Part-Time:	_____
Total :	_____

5. Summary of Equipment

Existing Equipment	No. of Units	To be Purchased	No. of Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Submitted by **Endorsed by:**

Signature: _____ Endorsed by: _____
 Name: _____
 Designation Title: _____
 Date: _____

Note: To be submitted together with the capsule R & D Proposals of the component projects.