

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): _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Source of Fund</th> <th style="text-align: center;">PS</th> <th style="text-align: center;">Y1TOTAL MOE</th> <th style="text-align: center;">CO</th> <th style="text-align: center;">TOTAL</th> <th style="text-align: center;">PS</th> <th style="text-align: center;">MOE</th> <th style="text-align: center;">CO</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>								Source of Fund	PS	Y1TOTAL MOE	CO	TOTAL	PS	MOE	CO	TOTAL								_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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4. Summary of Personnel Requirement <div style="text-align: right; margin-right: 50px;"> Number Full-Time: _____ Part-Time: _____ Total : _____ </div>																																															
5. Summary of Equipment <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Existing Equipment</th> <th style="text-align: center;">No. of Units</th> <th style="text-align: center;">To be Purchased</th> <th style="text-align: center;">No. of Units</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>								Existing Equipment	No. of Units	To be Purchased	No. of Units	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____																								
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6. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Submitted by</th> <th style="width: 50%; text-align: center;">Endorsed by:</th> </tr> </thead> <tbody> <tr> <td>Signature: _____</td> <td>_____</td> </tr> <tr> <td>Name: _____</td> <td>_____</td> </tr> <tr> <td>Designation Title: _____</td> <td>_____</td> </tr> <tr> <td>Date: _____</td> <td>_____</td> </tr> </tbody> </table>								Submitted by	Endorsed by:	Signature: _____	_____	Name: _____	_____	Designation Title: _____	_____	Date: _____	_____																														
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Note: To be submitted together with the capsule R & D Proposals of the component projects.