**CAPSULE RESEARCH PROPOSAL**

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| --- | --- | --- |
| 1. **Program / Project Title** | | |
| *Web-Based Document Management System for Research Evaluation and Monitoring Center* | | |
| **(2) Program/Project Proponent**  **Gender/Delivery Unit/Mobile Number/Telephone/Fax/Email/\*Academic Rank/Salary Grade** | | |
| *John Doe*  *\*Please attach certification from Human Resource Management Department* | | |
| 1. **Program/Project Co-proponent and Research Assistants**   **Gender/Agency/ Address/Telephone/Fax/Email** | | |
| *Research Evaluation and Monitoring Center Research Evaluation and Monitoring Center Research Evaluation and Monitoring Center* | | |
| 1. **Program/Project Proponent’s Department/College/Office** | | |
| *Research Evaluation and Monitoring Center* | | |
| **(5) Collaborating Agency(cies)** | | |
| *Research Evaluation and Monitoring Center* | | |
| 1. **Research and Development Station** | | |
| Station or unit where the R&D will be conducted (district, municipality, province, region). | | |
| 1. **Research Agenda (please check)**  |  |  |  | | --- | --- | --- | |  | 1. Poverty Reduction, Peace and Security | *(please specify)* | |  | 1. Accelerating Infrastructure Development through Science and Technology | *(please specify)* | |  | 1. Competitive Industry and Entrepreneurship | *(please specify)* | |  | 1. Social and Cultural Development | *(please specify)* | |  | 1. Environmental Conservation, Protection, and Rehabilitation Towards Sustainable Development | *(please specify)* | | | |
| **(8) Significance** | | |
| *Justification or rationale for doing the research. This will include a brief introduction, the problem/need being addressed, the historical basis for R&D, utilization of the expected output, socioeconomic benefits, and the possible impact on health / allied health science, the users, beneficiaries, and country.* | | |
| **(9) Objectives** | | |
| *Research Evaluation and Monitoring Center* | | |
| **(10) Expected Output** | | |
| *Results to be expected from the conduct of research – what particular product, technology, process, knowledge, etc.* | | |
| **(11) Target Beneficiaries** | | |
| *End-users or beneficiaries of the research output and the number and locality of beneficiaries, if applicable.* | | |
| **(12) Methodology** | | |
| *Research Evaluation and Monitoring Center* | | |
| **(13) Implementation Schedule** | | |
| Duration: *(in months)*  Planned Start Date: *(month, year)*  Planned Completion Date: *(month, year)* | | |
| **(14) Plan of Work** | | |
| *Schedule of Activities (show the estimated time to be spent for the study in terms of weeks or months for the various phases of the study)*   |  |  | | --- | --- | | WEEK/ MONTH | ACTIVITY | |  |  | |  |  | |  |  | |  |  | |  |  | | | |
| **(15) Estimated Budget by Source**   |  |  |  |  | | --- | --- | --- | --- | | **Budgetary Items** | **Cost of Item** | **\*\*PUP Share** | **\*\*Other Funding Agency/ies Share** | | **I. \*Honoraria** |  |  |  | | 1. **Project Proponent**   **(Amount X No. of Months)** |  |  |  | | 1. **Co-Proponent**   **(Amount X No. of Months)** |  |  |  | | 1. **Other Researchers (or Research Assistants)**   **(Amount X No. of Months X No. of**  **Research Assistants)** |  |  |  | | **Subtotal** |  |  |  | | **II. Salaries and Wages** |  |  |  | | 1. **Technical Expert 1**   **(Amount X No. of Months)** |  |  |  | | 1. **Technical Expert 2**   **(Amount X No. of Months X)** |  |  |  | | **Subtotal** |  |  |  | | **III. Operating Expenses** |  |  |  | | 1. **Transportation, Communication** |  |  |  | | 1. **Library Use, Photocopying, books** |  |  |  | | 1. **Office Supplies, Other Materials** |  |  |  | | **Subtotal** |  |  |  | | **Equipment** |  |  |  | | **Subtotal** |  |  |  | | **TOTAL** |  |  |  |   *\*Must comply with the DBM Budget Circular No. 2007-2 and shall not exceed 25% of the annual basic salary as per the PUP R&D Manual page 38.*  *\*\*If you cannot determine how much to ask from PUP and other funding agencies, just leave this column blank, but fill in the previous column, “Cost of Item.”* | | |
| **Remarks** | | |
|  | | |
|  | **(16) Prepared by** | **(17) Endorsed by** |
| **Signature** |  |  |
| **Name of proponent** | JOHN DOE |  |
| **Designation/position** |  |  |
| **Date** |  |  |