

**(NAME OF OFFICE UNDER THE GENERAL ADMINISTRATIVE SUPPORT SERVICES)**

(Date)

**DR. EDGAR G. CUE**

*University President*

Mountain Province State University

Bontoc, Mountain Province

Sir:

Transmittal letter….

cc: Events Management Office

Records and Archives Unit

HR (for seminars and training of employees)

File



**(NAME OF OFFICE UNDER THE GENERAL ADMIN SUPPORT SERVICES)**

**ACTIVITY DESIGN**

1. **GENERAL INFORMATION**

***Activity:***

***Date & Time of Activity:***

***Venue of Activity:***

***Proponents:***

***Facilitators:***

***Participants:***

***Budget:***

***Source of Fund:***

***SDG Addressed:*** (Kindly indicate the SDG applicable for your activity)

SDG 1: No Poverty

SDG 2: Zero Hunger

SDG 3: Good Health and Well-being

SDG 4: Quality Education

SDG 5: Gender Equality

SDG 6: Clean Water and Sanitation

SDG 7: Affordable and Clean Water

SDG 8: Decent Work and Economic

Growth

SDG 9: Industry, Innovation, and

Infrastructure

SDG 10: Reduced Inequalities

SDG 11: Sustainable Cities and

Communities

SDG 12: Responsible Consumption

and Production

SDG 13: Climate Action

SDG 14: Life Below Water

SDG 15: Life on Land

SDG 16: Peace, Justice, and Strong

Institution

SDG 17: Partnership

1. **RATIONALE**

(Note: Please include the SDG being addressed by your activity in your discussion.)

1. **OBJECTIVES**

(Note: Please include the SDG being addressed by your activity in your objectives.)



1. **EXPECTED OUTPUT**

1. **RESOURCE REQUIREMENTS:**
2. Budgetary Requirements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | **Quantity** | **Unit Cost** | **Total Cost** | **Source of Fund** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Grand Total** |  |  |

1. Human Resources

(Indicate committee members, coordinators, ushers/ usherettes, marshals, etc)

|  |  |  |
| --- | --- | --- |
| **Committee/ Task** | **Number of Persons required** | **People Responsible/ Members** |
| **Documentation** |  |  |
| **Writer** |  |  |
|  |  |  |

1. Supplies, Property and Equipment Requirements

|  |  |
| --- | --- |
| **Property/ Venue/ Equipment** | **Date to be used** |
|  |  |

1. **PROGRAM:**

Prepared by:

**NAME**

Noted:

**CAROLYNE DALE CASTAÑEDA-IGUID**

*Coordinator, Events Management*

Reviewed:

**COMPLETE NAME**

*Director, Office*

Endorsed: (remove if not applicable)

**COMPLETE NAME ZENAIDA Y. SOLIVEN**

*Director, (Funding Unit) Director, HRMO*

*(For seminars/training/workshops involving employees*

Funds Available:

**REXON T. DAMAYAN**

*Accountant III*

Recommending Approval:

**REYNALDO P. GAYO, JR.**

*Vice-President for Administration and Finance*

Approved:

**EDGAR G. CUE**

*University President*

*Note:*

* 1. *Kindly remove all notes in () before printing.*
  2. *The Chief-of-Staff shall initial approval before the College President shall affix his signature.*