**

**(NAME OF OFFICE UNDER THE RESOURCE GENERATION SECTOR)**

(Date)

**DR. EDGAR G. CUE**

*College President*

Mountain Province State Polytechnic College

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 HIGHER EDUCATION SECTOR)**

**ACTIVITY DESIGN**

1. **GENERAL INFORMATION**

***Activity:***

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

***Venue of Activity:***

***Proponents:***

***Facilitators:***

***Participants:***

***Budget:***

***Source of Fund:***

***SDG Addressed:*** (Kindly mark 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**
2. **RESOURCE REQUIREMENTS:**
3. 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, Unit*

Endorsed: (remove if not applicable)

 **COMPLETE NAME COMPLETE NAME**

*Director, (Funding Unit) Director, HRMO*

 *(For seminars/training/workshops involving employees)*

 Funds Available:

**REXON T. DAMAYAN**

*Accountant III*

Recommending Approval:

**COMPLETE NAME**

*Vice President for Resource Generation*

 Approved:

**EDGAR G. CUE**

*College President*

*Note:*

* 1. *Kindly remove all notes in () before printing.*
	2. *Approval shall be initialed by the Chief-of-Staff before the College President shall affix his signature.*