

Research and Innovation for Success in Education (RISE) Program

Project Profile

| | | | |
|--|----------------------------------|---------------------------------|--|
| Project Title | | | |
| Proponent | | | |
| Address | | | Tel. No. |
| | | | Fax No. |
| Project Leader | | | Mobile No. |
| | | | Email address |
| Project Location | | | |
| Project Duration | | | |
| Total Project Cost | | | |
| Amount requested from PEAC | | | |
| PEAC contribution | Implementing agency contribution | Contribution from other sources | |
| | | | |
| Principal Investigator | | | Mobile No. |
| College/Department | | | Email address |
| Position/Rank/Title | | | |
| Highest Degree Earned and Specialization | | | |
| Other Researchers (use separate paper if necessary) | | | |
| Name | Position/Rank/Title | Degree and Date Earned | Specialization |
| | | | |
| | | | |
| Attachments | | | |
| <input type="checkbox"/> Project proposal <input type="checkbox"/> Implementation pplan <input type="checkbox"/> Proposed budget <input type="checkbox"/> Curriculum vitae of researchers | | | |
| For the use of the PEAC National Secretariat | | | CERTIFICATION I hereby certify that the above information is true and correct. _____ Signature and Name Project Leader/Principal Investigator |
| Date Received: | | | |
| Action Taken | Checking: | Date: | |
| | Evaluation: | Date: | |
| | PEAC Approval: | Date: | |
| | DepEd Approval: | Date: | |
| Grant Amount: | | | |
| Grant Period: | | | |

Research and Innovation for Success in Education (RISE) Program
Implementation Plan

Project Title: _____

| Total Duration (in months): ____ | | | Planned Start: Month ____ Year: ____ | | Planned End: Month ____ Year: ____ | |
|----------------------------------|-----------------|------------------------|--------------------------------------|----|------------------------------------|----|
| Objectives | Expected Output | Activities or Workplan | Y1 | | | |
| | | | Q1 | Q2 | Q3 | Q4 |
| | | | | | | |

Research and Innovation for Success in Education (RISE) Program

Proposed Budget

| Project Title: | | | | | |
|--|--------------|-------------------|----------------|-------------|-------|
| Item | Monthly rate | Months in project | Year 1 | | |
| | | | Fund requested | Counterpart | Total |
| DIRECT COST | | | | | |
| Personal Services (PS) | | | | | |
| Project Leader | | | | | |
| Principal Investigator | | | | | |
| Researchers | | | | | |
| Consultant | | | | | |
| Sub-total | | | | | |
| Maintenance and Other Operating Expenses (MOOE) | | | | | |
| Traveling Expenses - Local only (airfare/inland expenses for travel related to data gathering, per diem, etc.) | | | | | |
| Communication Expenses (costs of telephone, mobile/wireless, etc.) | | | | | |
| Printing and Binding Expenses (reproducing, printing, and binding materials such as reports and documents) | | | | | |
| Consultancy Services (for the services of individual hired to undertake a specific work requiring technical skills not available in the implementing agency) | | | | | |
| Representation Expenses (for meetings, etc.) | | | | | |
| Survey Expenses (if any, costs incurred in the conduct of survey related to the project) | | | | | |
| Other MOOE Expenses not indicated | | | | | |
| Sub-total | | | | | |
| INDIRECT COST | | | | | |
| Personal Services | | | | | |
| Administrative Staff | | | | | |
| Sub-total | | | | | |
| Maintenance and Other Operating Expenses | | | | | |
| Utilities | | | | | |
| Facilities | | | | | |
| Sub-total | | | | | |
| GRAND TOTAL | | | | | |