**IMPACT ASSESSMENT PROPOSAL FORM**

*To be assigned by ESMO*

|  |  |  |  |
| --- | --- | --- | --- |
| Reference No. |  | Series of: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I. Extension Project Summary (*Refer to Extension Project Profile)* | | | | |
| Extension Project Title |  | | | |
| Extension Project Duration |  | | | |
| Service Provider/s | *\*No need to write the names of all service providers; indicate only the college and department that provided the service* | | | |
| Service/s Provided | *\*Write a brief summary of the services provided* | | | |
| Beneficiaries |  | | | |
| Venue/Location |  | | | |
| II. Impact Assessment Objectives | | | | |
| Impacts/Outcomes to be Measured | \**Indicate impacts/outcomes to be measured as identified in the Extension Project Profile; you may add other impacts/outcomes that you believe need to be measured* | | | |
| Other Objectives | \**Indicate other objectives you wish to include* | | | |
| III. Methodology | | | | |
| Assessment Design | \**Indicate if quantitative, qualitative, mixed methods and briefly discuss details of the selected design* | | | |
| Participants/  Respondents | \**Discuss sampling technique to be used;* a*side from the beneficiaries, include other stakeholders* *(e.g. cooperating agency, donors, organizers, community leaders), if necessary* | | | |
| Instruments | \**Indicate proposed instruments that will be developed/used* | | | |
| Data Collection Procedures | \**Briefly* d*iscuss procedures for gathering data* | | | |
| Data Analysis | \**Briefly discuss the analytical tools and techniques that will be used to analyze data collected* | | | |
| IV. Impact Assessor/s | | | | |
| Name | | Role | Relevant Qualification/s | Contact Number/  E-mail Address |
|  | | Lead |  |  |
|  | | Member |  |  |
|  | | Member |  |  |

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| V. Schedule of Activities | | | | | | | | | | | | | | | | |
| Project Duration | | | |  | | | | | | | | | | | | |
| No. | Activities | | | Duration  ( ) Month ( ) Week ( ) Days ( ) Hours | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | | | 5 | 6 | 7 | | 8 | 9 | 10 |
| 1 |  | | |  |  |  |  | | |  |  |  | |  |  |  |
| 2 |  | | |  |  |  |  | | |  |  |  | |  |  |  |
| 3 |  | | |  |  |  |  | | |  |  |  | |  |  |  |
| 4 |  | | |  |  |  |  | | |  |  |  | |  |  |  |
| 5 |  | | |  |  |  |  | | |  |  |  | |  |  |  |
| VI. Budgetary Requirements (*Add or remove items as applicable*) | | | | | | | | | | | | | | | | |
| Preferred Scheme | | | o Honorarium o Special Research Project | | | | | | | | | | | | | |
| Particulars | | | Unit Cost | | | | | | Quantity | | | | Amount | | | |
| 1. Personal Services 2. Honorarium (for Honorarium Scheme only) 3. Lead 4. Member/s | | | *\*Hourly rate* | | | | | | *\*Number of hours* | | | |  | | | |
| Total | | | | | | | | | | | | |  | | | |
| 1. Maintenance and Other Operating Expenses 2. Travel/Transportation 3. Travelling Allowance 4. Fuel 5. Supplies and Materials 6. Paper/Ink/Printing/Photocopying 7. Communication 8. Prepaid load | | |  | | | | | | Subtotal  Subtotal  Subtotal | | | |  | | | |
| Total | | | | | | | | | | | | |  | | | |
| 1. Equipment Outlay | |  | | | | | |  | | | | |  | | | |
| Total | | | | | | | | | | | | |  | | | |
| Contingency (10% of A + B + C) | | | | | | | | | | | | |  | | | |
| Grand Total | | | | | | | | | | | | |  | | | |

*\*Please submit proof of competency/qualification of impact assessor/s such as, but not limited to, CV, certificates, and completed impact studies.*

Prepared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name of IA Lead

Date: