



Department of Agriculture
Bureau of Agricultural Research

RDMIC Bldg., Elliptical Rd. Cor. Visayas Ave., Diliman, Q.C. 1104
Phone Nos.: (632) 928-8624 & 928-8505 • Fax: (632) 927-5691
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DETAILED PROPOSAL FORMAT

A. BASIC INFORMATION

1. Project Title
2. Proponent (s)
3. Implementing Agency
 - 3.1. Lead Agency
 - Head of Agency
 - Name of Proponent(s)
 - Contact Details
 - Email
 - Landline
 - Fax
 - Mobile
 - 3.2. Collaborating Agency
4. Project Duration
 - 4.1 Approved Duration (Y/M)
 - 4.2 Actual Duration (Y/M)
5. Project Site(s)
 - 5.1 Province
 - 5.2 City/Municipality
 - 5.3 Barangay
 - 5.4 Geocode
6. Project Funding
 - 6.1. Total Budget Requirement
 - 6.2. Agency Counterpart
7. RDE Agenda Addressed
8. Expected Technology or Information
9. Description of Technology/Information
10. Potential Impact
11. Target Beneficiaries/Users
12. Type of Research (e.g. Basic, Applied, Policy)
13. Tags/Keywords

B. TECHNICAL DESCRIPTION

1. Rationale
2. Objectives

General Objectives:

Specific Objectives:

- 1.
- 2.
- 3.

Expected Outputs per Objective

- 1.
- 2.
- 3.

3. Review of Literature
4. Methodology
5. Annual Deliverables
6. Workplan Schedule
7. Budget Summary
8. Logical Framework
9. Potential Intellectual Property



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WORKPLAN SCHEDULE

| Starting Date: (yy-mm-dd) | | | Completion Date: (yy-mm-dd) | | | Duration: (in months) | | | | | | | |
|---------------------------|------------|--------------------------|-----------------------------|--------------------|------------------------|-----------------------|----|----|--------|----|----|----|-----------------|
| Objectives | Activities | Expected Results/Outputs | Responsible Person(s) | Resources Required | Schedule of Activities | | | | | | | | Budget Required |
| | | | | | Year 1 | | | | Year 2 | | | | |
| | | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | |
| | | | | | | | | | | | | | |

Prepared by:

Noted by:

NAME
Project Leader

NAME
Head of Agency



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BUDGET SUMMARY

| Source of Fund: | Implementing Agency: | | | | | | | |
|-----------------------------------------------------|----------------------|----|----|----|-------|--------|--------|-------|
| Item | Year 1 | | | | | Year 2 | Year 3 | Total |
| | Q1 | Q2 | Q3 | Q4 | Total | | | |
| I. Personal Services (PS) | | | | | | | | |
| A. Honoraria | | | | | | | | |
| B. Salaries and Wages | | | | | | | | |
| Sub-Total for PS | | | | | | | | |
| II. Maintenance and Other Operating Expenses (MOOE) | | | | | | | | |
| A. Travelling Expenses | | | | | | | | |
| B. Communication Expenses | | | | | | | | |
| C. Supplies and Materials | | | | | | | | |
| D. Professional Services | | | | | | | | |
| E. Labor and Wages | | | | | | | | |
| F. Repairs and Maintenance | | | | | | | | |
| G. Other Maintenance and Operating Expenses | | | | | | | | |
| Sub-Total for MOOE | | | | | | | | |
| III. Machinery and Equipment Outlay (EO) | | | | | | | | |
| Sub-Total for EO | | | | | | | | |
| IV. Administrative Cost (<10% PS+MOOE) | | | | | | | | |

| | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|
| TOTAL | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|

Prepared by:

Noted by:

Noted by:

Approved by:

Project Leader

Accountant

Head of Agency

Director, BAR



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WORKSHEET DETAILS FOR PERSONAL SERVICES (PS)

| Personal Services (PS) | | | | | | | | | | | |
|------------------------|-------------------------------|-----------------------|----------------------|-----------|--------|----|----|----|-------|--------|----------------|
| List of Personnel | Salary Per Month Wages/Day | No. of Person s | No. of Mo. (Days) | % Time | Year 1 | | | | | Year 2 | Grand Total |
| | | | | | Q1 | Q2 | Q3 | Q4 | Total | | |
| A. Honoraria | | | | | | | | | | | |
| B. Salaries and Wages | | | | | | | | | | | |



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WORKSHEET DETAILS FOR MAINTENANCE AND OTHER OPERATING EXPENSES (MOOE)

| Maintenance and Other Operating Expenses (MOOE) | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|------------------------------|----------|------------------------------|----------|------------------------------|----------|---------------|---------------|--------------|--------------|
| Item | Year 1 | | | | | | | | Year 2 | Year 3 | Total | |
| | Q1 | | Q2 | | Q3 | | Q4 | | | | | Total |
| A. Travelling Expenses Local | | | | | | | | | | | | |
| B. Communication Expenses a. Postage and Courier Services b. Telephone Expenses <i>Mobile</i> <i>Internet/Data-related Expenses</i> | | | | | | | | | | | | |
| C. Supplies and Materials – considered as outlay if more than 15,000 per unit | Estimated Cost/unit (in Php) | Quantity | Estimated Cost/unit (in Php) | Quantity | Estimated Cost/unit (in Php) | Quantity | Estimated Cost/unit (in Php) | Quantity | | | | |
| a. Office Supplies Expense | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| b. Animal Supplies Expense c. Fuel, Oil and Lubricants Expenses <i>Fuel</i> <i>Oil</i> <i>Lubricants</i> d. Agricultural and marine supplies expenses e. Chemical and filtering expenses | | | | | | | | | | | | |
| D. Professional Services | | | | | | | | | | | | |
| E. Labor and Wages | | | | | | | | | | | | |
| F. Repairs and Maintenance | | | | | | | | | | | | |
| G. Other Maintenance and Operating Expenses <i>a. Printing and Publication Expenses</i> <i>b. Representation Expenses</i> | | | | | | | | | | | | |



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WORKSHEET DETAILS FOR MACHINERY AND EQUIPMENT OUTLAY (EO)

| Machinery and Equipment Outlay (EO) - Minor Equipment Only | | | | | | |
|-------------------------------------------------------------------|-------------------------|------------------------|-------------------------|----------------------|---------------|---------------------|
| Details of Equipment (Minor Equipment Only) | No. of Units | Price/ Unit | Total Year 1 | Justification | Year 2 | Total Outlay |
| | | | | | | |

This is to certify that the equipment proposed above are not available in the Agency/Institution or are available but could not be utilized for the purpose of this proposed R&D project.

Head of Agency