**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 |  |  |

|  |
| --- |
| 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
 |  | SubtotalSubtotalSubtotal |  |
| 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: