## **DR. LAO RESEARCH AND CAPSTONE PROJECT GRANT**

**APPLICATION FORM**

1. **General Information**

|  |  |
| --- | --- |
| **Are you applying as a collaboration?** | ☐ **YES** (Fill out the required information for the Lead School and member Schools)  ☐ **NO** (Fill out the required information for the Lead School only) |

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| --- | --- | --- | --- |
| 1. **Lead School** | | | |
| **School Name** | Enter complete name here | | |
| **School Type** | Enter school type here (Private or Public) | | |
| **Address** | Enter complete address here | | |
| **Contact Number** | (e.g. (02) 555-4321 or +63 987 65 43 210) | | |
| **Email** | Enter email address here | | |
| **Head of the School** | Last Name, First Name, MI | **Designation** | Enter Designation here |
| **Name of the Proponent/ Project Leader** | Last Name, First Name, MI | **Year Level** | Enter year level here |
| **Name of the Members** | Enter of Member 1 (Last Name, First Name, MI) | **Year Level** | Enter year level here |
|  | Enter of Member 2 (Last Name, First Name, MI)  \*add additional row if necessary | **Year Level** | Enter year level here |
| **Research/Project Adviser** | Last Name, First Name, MI | **Designation** | Enter position and Designation here |

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| 1. **Member Schools** *(provide additional sheets if necessary)* | | | |
| **School Name** | Enter complete name here | | |
| **School Type** | Enter school type here (Private or Public) | | |
| **Address** | Enter complete address here | | |
| **Contact Number** | (e.g. (02) 555-4321 or +63 987 65 43 210) | | |
| **Email** | Enter email address here | | |
| **Head of the School** | Last Name, First Name, MI | **Designation** | Enter designation |
| **Name of the Members** | Enter of Member 1 (Last Name, First Name, MI) | **Year Level** | Enter year level here |
|  | Enter of Member 2 (Last Name, First Name, MI)  \*add additional row if necessary | **Year Level** | Enter year level here |
| **Research/Project Coordinator** | Last Name, First Name, MI | **Designation** | Enter position and Designation here |

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| --- | --- | --- | --- |
| 1. **Member Schools** *(provide additional sheets if necessary)* | | | |
| **School Name** | Enter complete name here | | |
| **School Type** | Enter school type here (Private or Public) | | |
| **Address** | Enter complete address here | | |
| **Contact Number** | (e.g. (02) 555-4321 or +63 987 65 43 210) | | |
| **Email** | Enter email address here | | |
| **Head of the School** | Last Name, First Name, MI | **Designation** | Enter designation |
| **Name of the Members** | Enter of Member 1 (Last Name, First Name, MI) | **Year Level** | Enter year level here |
|  | Enter of Member 2 (Last Name, First Name, MI)  \*add additional row if necessary | **Year Level** | Enter year level here |
| **Research/Project Coordinator** | Last Name, First Name, MI | **Designation** | Enter position & Designation here |

1. **Project Proposal Information**

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| --- | --- |
| **Problem Domain** | ☐ to uplift the lives of fisherfolks and farmers  ☐ to develop educational technologies for any group of learners,  ☐ to fight against misinformation, disinformation, and mal-information on social media. |
| **Project Title** | Enter project title here |
| **Rationale** | Please include in this section:   * + 1. Background information relating to the proposal     2. The problem, limitations, challenges, gaps     3. Opportunities that may be opened of your proposal     4. Expected transformations or effects of the implementation of the project |
| **Project Objectives** |  |
| **Project Scope** |  |
| **Related Projects/Products** | List here related projects done and existing products that are available in the market.  What is new or unique in your proposal that is/are not found in the related projects or existing products? |
| **Entrepreneurial-Value** | Discuss here the commercialization opportunities or plan of your proposal. |
| **Beneficiaries** | Just list the beneficiaries |
| **Duration** | Enter duration here |

1. **Schedule of Activities**

Provide a **Gantt Chart** presenting the schedule of activities for the proposed project

1. **Proposed Budget.**

*(Provide additional sheets if necessary, maximum of Php 100,000.00)*

|  |  |  |
| --- | --- | --- |
| **Items/Particulars** | **Counterpart Support**  **(if applicable)** | **Amount** |
| Enter expenditure here | Enter amount (item)here | Enter amount here |
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|  |  |  |
| **Total** | Enter total here | Enter total here |
| **Total amount requested** | | Enter total here |

**SUBMITTED BY:**

**x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Signature over printed name of project leader/Lead School point person)*

Date:

**REVIEWED BY:**

**x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Signature over printed name of Lead School Project Adviser)*

Date:

**ENDORSED BY:**

**x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Signature over printed name of Lead School Head/Dean/Department Head)*

Date:

*Attachment:*

* + 1. *CV of the proponents (1 page per proponent only)*

*Instruction for Application:*

* + - 1. *Fill-out this form and have this signed by the required signatories;*
      2. *Scan all the pages of this form as well as the CVs and then save them in one file, then upload the form (1 file) at* [*https://laoici.weebly.com/research-grant.html*](https://laoici.weebly.com/research-grant.html)
      3. *Keep the hard copies of the application. We will notify you for further instructions.*
      4. *Decision will be announced via SMS and email*

*-end-*