

DE LA SALLE UNIVERSITY-DASMARINAS
Dasmariñas, Cavite

Office of Student Services
Student Development and Activities Office

PROJECT PROPOSAL FORM

- Organization Council Collegiate In-campus Invitation

Name of Organization: _____

Title of the Activity: _____

Type of Activity:

- | | |
|---|--|
| <input type="checkbox"/> Exhibit | <input type="checkbox"/> Alliance with Outside Organizations |
| <input type="checkbox"/> General Assembly | <input type="checkbox"/> Fundraising Activity |
| <input type="checkbox"/> Meeting/Orientation | <input type="checkbox"/> Media-related Activity
(Print, radio or TV Exposure, etc.) |
| <input type="checkbox"/> Mass/Spiritual Activity | <input type="checkbox"/> Publicity/Awareness Campaign |
| <input type="checkbox"/> Issue Advocacy | <input type="checkbox"/> Contest/Competition |
| <input type="checkbox"/> Seminar/Talk/Training
<input type="checkbox"/> with distinguished speaker | <input type="checkbox"/> with external participants |
| <input type="checkbox"/> Sports/Tournament | <input type="checkbox"/> Socio-civic Activity |
| <input type="checkbox"/> Recital/Performances | <input type="checkbox"/> Others: _____ |

Objectives : _____

Date : _____ **Time** : _____ to _____

Venue/s : _____

Target Participants: _____

Target Number of Participants: _____ **College** : _____

Budget Allocation : _____ **Source** : _____

Guest Speaker (if any) _____

Submitted by:

_____ President <i>(signature over printed name)</i>	_____ Lead Person/Contact#	_____ Date
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Noted by:

_____ Adviser/Trainer <i>(signature over printed name)</i>	_____ Department	_____ Date
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Endorsed by:

_____ Chair/Coordinator <i>(signature over printed name)</i>	_____ Department <i>Note: for Co-curricular organizations and Program Councils</i>	_____ Date
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Associate Dean/ Dean
(signature over printed name)

College
Note: for Program Councils and College Student Councils

Date

Approved by:

CAO/ SAO / SDAO
(signature over printed name)

Department

Date

Status of Proposal:

Comments:

- | | |
|--|-------|
| <input type="checkbox"/> Approved | _____ |
| <input type="checkbox"/> Pending | _____ |
| <input type="checkbox"/> Denied | _____ |
| <input type="checkbox"/> Please see me ASAP
<i>Preferably on</i> | _____ |

By: _____
 CAO/SAO **SDAO Director** _____
Date

IN CASE OF CHANGE

	Original Schedule		Proposed Schedule
Date :	_____	Date :	_____
Time :	_____	Time :	_____
Venue :	_____	Venue :	_____
Reason :	_____	Changes Approved by:	_____
	_____		_____
	_____		SDAO Director

Please attach the following:

- | | |
|---|--|
| <input type="checkbox"/> Estimated list of expenses | <input type="checkbox"/> Letter of Intent <i>(for invitational activities)</i> |
| <input type="checkbox"/> Activity Brief (Background, Rationale, Mechanics, Success Indicators) | <input type="checkbox"/> Letter of conformity - Form J |
| <input type="checkbox"/> Programme of Activities <i>(if applicable)</i> | <input type="checkbox"/> MOA <i>(for joint activities)</i> |
| <input type="checkbox"/> Profile of the speaker - Form H <i>(if applicable)</i> | <input type="checkbox"/> List of participants |
| <input type="checkbox"/> Invitation Letter from the organizing party <i>(for invitational activities)</i> | |
| <input type="checkbox"/> Accomplishment Report - Form F <i>(to be submitted two weeks after the activity)</i> | |

Note: Please photocopy (3) once signed by the authorized signatories – SDAO, Office concerned and File