Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY

PROGRAM/PROJECT/ACTIVITY PROPOSAL FORM

Proposal No.: _____ Series: 2024
(To be assigned by the Department of Extension and Training)

Extension Activity: *COMMUNITY PANTRY FOR INDIGENT RESIDENTS OF BARANGAY STA INES, STA IGNACIA, TARLAC*

Implementing College/Department: *COLLEGE OF AGRICULTURE AND FORESTRY*

RECEIVED
4/8/24 - 2:34

Short Project Description

A. ***Target Outputs:*** 125 Indigent residents be given food packs like grocery, rice and other food packs

B. ***Target Outcomes:*** Less fortunate household augmented with food packs for their daily consumption

C. ***Nature of Activity:*** *

- ☐ Professional Training
- ☐ Continuing Education/Training
- ☐ Training Workshop/Writeshop
- ☐ Skills Training
- ☐ Technical Consultancy
- ☐ Others (specify):
- ☐ Technical Assistance
- ☐ Techno Demonstration
- ☐ Community Development Assistance
- ☑ Community Outreach
- ☐ Student Extension Experience

D. ***Target Number of Participants:*** 125 Individuals

E. ***Nature of Participants:***

- ☐ Farmers
- ☐ Out of School Youth
- ☐ Women
- ☐ Professionals
- ☑ Others (specify): *Indigenous family*

Profile of the Partner-Beneficiary

Note: *Tick/Check appropriate boxes and indicate N/A if not applicable.*

1. Name of Partner-Beneficiary: ***Resident of Brgy. Sta Ines***	
2. Address of Beneficiary : ***Sitio Masokit, Sta Ines Centro, Sta Ignacia, Tarlac***	***3. Telephone : 09308351917***
	4. Fax : N/A
	5. E-Mail : N/A
6. Contact Person: Jhoni Bolataw	***Designation:*** Brgy. Captain I
7. Nature of Partner-Beneficiary	

[1] To be filled out by Proponent/s making a capsule proposal
[*] For activities with student involvement, all requirements pursuant to CHED Memorandum Order No. 63, s. 2017 must be complied with and this Form must be signed by the VP-AA.

Business *Nature of Business* Services ✓ Products

Both Services and Products

Products/Services Offered: Grocery Package

Estimated Monthly Gross Income: N/A

Registered Business Yes ✓ No ***Type of Business*** Sole Partnership

Corporation

Government Agency: LGU IRA: _____ Others (specify): _____

Private Organization: Association Cooperative

Non-government Organization

Estimated Asset: _____

Others (specify): _____

A. ACTIVITY TEAM COMPOSITION

(Note: The information provided below will be the basis for the release of necessary documents pertaining to the conduct of the activity e.g. memorandum, travel order. Copy of the approved special order/s will be given to the College/faculty expert together with the copy of duly approved proposal evaluation and notice to proceed.)

Name of Faculty	Related Qualification	Related Recent Experience/s	Role *(e.g. guest trainer, consultant, resource speaker, facilitator, documenter)*	Number of hours to be rendered	Signature of Faculty*
Teresita J. Bajas	Faculty	NONE	Facilitator	6 hours	
Jaira M. Miranda	Faculty	NONE	Facilitator	6 hours	
Ronaldo Briones	Faculty	NONE	Facilitator	6 hours	
John Josef Valete	Student	NONE	Facilitator	6 hours	
Millet Kathleen May	Student	NONE	Facilitator	6 hours	
Elysa C. Bulatao	Student	NONE	Facilitator	6 hours	
Mark B. Morillo	Student	NONE	Facilitator	6 hours	
Dominic Ferrer	Student	NONE	Facilitator	6 hours	
Dhaniella Nario	Student	NONE	Facilitator	6 hours	
Rounda May Fernandez	Student	NONE	Facilitator	6 hours	
Jezrel Macallop	Student	NONE	Facilitator	6 hours	
Angeline Mae Reyes	Student	NONE	Facilitator	6 hours	
Jhon Paul Mallari	Student	NONE	Facilitator	6 hours	
Bren Peter Bautista	Student	NONE	Facilitator	6 hours	
Paul Andrei Corpuz	Student	NONE	Facilitator	6 hours	

Richard Madarang	Student	NONE	Facilitator	6 hours	
Glenn Bernabe	Student	NONE	Facilitator	6 hours	
Christopher Aban	Student	NONE	Facilitator	6 hours	

* *This signifies my willingness to serve as extension service provider for this activity.*

B. WORK PLAN

Schedule of Activities in _____ **Weeks** _____ **Days** _____ **Hours**

Starting from December 16, 2023 **to** January 29, 2025

No.	Activities /Modules/Topics	Schedule of activities (Gantt Chart)							
		1	2	3	4	1	2	3	4
1	Preparation and submission of activity proposal			X					
2	Coordinate with the Brgy Captain for the identification and list of recipients request for the assistance of DSWD worker during the activity				X				
3	Conduct of Activity					X			
4	Documentation					X			

C. BUDGETARY REQUIREMENTS

PARTICULARS (e.g. Honoraria, supplies, materials, transportation, tools, equipment)	AMOUNT (Php)	FUND SOURCE** (Please check)			REMARKS
		A	B	C	
▪ 15 trays of eggs	3500		PTEA FUND		
▪ 100 canned sardines	2500				
▪ 100 canned corned beef	2500				
▪ 180 instant noodles	3600				
▪ 16 hygiene kit	1400				
▪ 5 cavan rice	6500				
TOTAL :	**20,000**				

***Legend:* *A – University Extension Fund* *B – College/Department Extension Fund* *C – Partner Beneficiary/Benefactor*

D. ATTACHMENTS

Letter of Request/Request Form — Service Contract/MOA

Travel Order — Approved Module/Service Delivery

Proof of Competency of the Service Provider — ✓ Notarized Parent's Consent

I do hereby certify the correctness of the above information.

Prepared by: **JAIRA MIRANDA & TERESITA BAJAS**
Proponent

JOHN JOSEF VALETE
Student Organization Representative

Date Prepared: **December 16, 2023**

Noted: **LYKA C. ABAYON-SIA**
College Extension Chair, CAF *Date Signed:* _____

Recommending Approval:

AGNES G. PEREY, Ph. D.
Acting College Dean, CAF *Date Signed:* _____

OK as to Budget:

HELEN G. RUZOL no budget request
Budget Officer
Date Signed: _____

OK as to Fund:

LYDE G. RAGUS, CPA
Chief of Accounting Office
Date Signed: 01/04/2024

ERLIE SO TOTAAN, Ph. D.
OIC Director, Extension and Training
Date Signed: 1-12-2024

YOLANDA S. GUILLERMO, Ph. D.
OIC VP, Research, Extension & Training
Date Signed: _____

DANILO N. OFICIAR, Ph. D.
*VP, Student Affairs and Services**
Date Signed: _____

NOEL J. PETERO, Ph. D.
*OIC VP, Academic Affairs**
Date Signed: JAN 18 2024

YOLANDA F. OBAN
OIC VP, Finance and Administration
Date Signed: 19 JAN 2024

Approved by:

MAX P. GUILLERMO, Ph. D.
University President
Date Signed: JAN 22 2024

** MUST sign if proposed activity involves student engagement*

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY: Community Pantry for Intigent Residents of Brgy Sta Ignacia Tarlac
VENUE:
DATE: January 29, 2024

	Name *(in print)*	SEX		Address/ Agency	Position/Designation/Occupation	Contact Number	Email Address	Signature
		F	M					
1.	Alcantara Jonas		✓					Jonas
2.	Alcantara Roger		✓					3 yrs old
3.	Alcantara Jervelina	✓						2 yrs old
4.	Alcantara Rogelyn		✓					Rolcantara
5.	Alcantara Rogie		✓					Ligaya
6.	Alcantara Ligaya	✓						11 months
7.	GRAGASIN JACOB		✓					Jacob
8.	Alcantara Rochelle	✓						Jgragasin
9.	Gragasin Janelle	✓						Ryan Alcantara
10.	ALCANTARA RYAN		✓					Rubenida
11.	ALCANTARA RUBENIDA	✓						Angela Alcantara
12.	alcantara angela P.	✓						Alcantara
13.	alcantara Andrea P.	✓						Ryan jr.
14.	ALCANTARA, RYAN JR.		✓					RL
15.	ALCANTARA EDDIE		✓					Eddie

Republic of the Philippines
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Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY: Community Pantry for Indigent Residents of Brgy Sta Ignacia, Tarlac
VENUE:
DATE: January 29, 2024

	Name *(in print)*	SEX		Address/ Agency	Position/Designation/Occupation	Contact Number	Email Address	Signature
		F	M					
1.	Regalado Mara A.	✓						3 yrs old
2.	Alcantara Christian		✓					4 yrs old
3.	Alcantara Ede		✓					EA
4.	Jaina Joren		✓					Joren
5.	Alcantara Jeriz		✓					Alcantara
6.	Alcantara Diane	✓						DAlcantara
7.	Alcantara Mary Ann	✓						6 yrs old
8.	Alcantara Mary Grace	✓						Mary
9.	Al cantara Mary Rose	✓						3 yrs old
10.	Alcantara Alvin		✓					7 months
11.	alcantara Roderic M		✓					
12.	alcantara Jenniter V	✓						Jalcantara
13.	Alcantara Arjay V	✓						Arjay
14.	alcantara Rizza V	✓						Rizza
15.	Alcantara Jay-ar V	✓						Jay-ar

Republic of the Philippines
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Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY: Community Pantry for Indigent Residents of Brgy. Sta Ignacia, Tarlac
VENUE:
DATE: January 29, 2024

	Name *(in print)*	SEX		Address/ Agency	Position/Designation/Occupation	Contact Number	Email Address	Signature
		F	M					
1.	Ubaldo Jr, Maxi A		✓					
2.	Ubaldo Mark Joseph A.		✓					11 month
3.	Alcantara Benjamin		✓					Alcantara
4.	Alcantara Jasmin	✓						jasmin
5.	Alcantara Flonda	✓						6 yrs old
6.	Alcantara Josefino		✓					Jalcantara
7.	ALCANTARA BERNARD		✓					
8.	ALCANTARA JOSEFINO		✓					Jalcantara
9.	ALCANTARA MARLEN	✓						MARLEN
10.	ALANTARA ERWIN	✓						ERWIN
11.	ALCANTARA CHRISTINE JOY	✓						5 yrs old
12.	ALCANTARA CHRISTIAN		✓					4 yrs old
13.	ALCANTARA JEROME		✓					Jerome
14.	Regalado Jomar		✓					Jomar
15.	Robelyn Alcantara		✓					Robelyn

Republic of the Philippines
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Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY: Community Pantry for Indigent Residents of Sta Ignacia
VENUE:
DATE: January 29, 2024

	Name *(in print)*	SEX		Address/ Agency	Position/Designation/Occupation	Contact Number	Email Address	Signature
		F	M					
1.	Mones DOLORES	✓						Dolores
2.	mones Jomar		✓					Jm
3.	mones JHANEN AMARU	✓						2 years old
4.	Barrientos Robert A		✓					Robert
5.	Jaina Vilma A.	✓						Vilma
6.	Barrientos Bhea A.	✓						5 yrs old
7.	Barrientos Rubin J.		✓					
8.	Alcantara Justin		✓					3 years old
9.	Bayog Felix C.		✓					Felix
10.	Bayog Pamela	✓						Bayog
11.	Bayog Sonny Boy		✓					Sonny
12.	Bayog Maylene A.	✓						5 yrs old
13.	Ubaldo Maxi	✓						Maxi
14.	Ubaldo Mildred	✓						Ubaldo
15.	Ubaldo Jun		✓					Jun

Republic of the Philippines
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DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY: Community Pantry for Indigent Resident of Bgy. Sta Ignacia Tarlac
VENUE: _____
DATE: January 29, 2024

	Name *(in print)*	SEX		Address/ Agency	Position/Designation/Occupation	Contact Number	Email Address	Signature
		F	M					
1.	Carlota Alcantara	✓						Carlota
2.	Imelda Alcantara	✓						
3.	Rommel ALCANTARA		✓					~~myrabelly~~
4.	Reynaldo Alcantara		✓					
5.	Silvert Alcantara		✓					
6.	Wendy Alcantara	✓						Wendy
7.	Robert Alcantara		✓					Robert
8.	Carlo Alcantara		✓					Carlo
9.	Ronron Alcantara		✓					2 yrs old
10.	JAINA BONG	✓						Jaina
11.	Valencia Jenifer	✓						Jmeyer
12.	Jaiza Joven V.	✓						Jaiza
13.	Felipe Mones		✓					Mones
14.	Maricel Mones	✓						
15.	Frecille Dianne Mones	✓						Frecille

Republic of the Philippines
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Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY: Community Pantry for Indigent Residents of Br. Sta Ines, sta. Ignacia, Tarlac
VENUE: Sta. Ignacia Tarlac
DATE: January 29, 2024

	Name *(in print)*	SEX		Address/ Agency	Position/Designation/Occupation	Contact Number	Email Address	Signature
		F	M					
1.	Alcantara Florido		/					Florido
2.	Rosita Alcantara	/						3 yrs old
3.	Ceejan Alcantara		/					Ceejay
4.	Calvin Alcantara		/					Calvin
5.	Clariza Alcantara	/						Clariza
6.	Charlie Alcantara		/					Alcantara
7.	Lotlot Alcantara	/						Lotlot
8.	Charlot Alcantara	/						4 yrs old
9.	Jasmine Alcantara	/						2 yrs old
10.	Alfredo Diaz		/					
11.	Mary Jane Alcantara	/						
12.	Angelica Diaz	/						3 yrs old
13.	CARLOTA M. ALCANTARA	/						Angelica
14.	MARY JANE ALCANTARA	/						ALCANTARA
15.	ANGELICA DIAZ	/						

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY: Community Pantry for Indigent Residents of Brgy Sta Ignacia, Tarlac
VENUE: _____
DATE: January 29, 2021

	Name *(in print)*	SEX		Address/ Agency	Position/Designation/Occupation	Contact Number	Email Address	Signature
		F	M					
1.	alcantara Jaybert L.		✓					Jaybert
2.	alcantara Jillian Faye		✓					Jillian Faye
3.	Osabel Jr. Roque	✓						Jesus
4.	Alcantara Jessa	✓						Fernando
5.	Mortera Fernando		✓					Mortera
6.	MORTERA ROSEVILLA	✓						Rosevilla
7.	Mortera Alfredo		✓					Alfredo
8.	Montera Ronie		✓					Ronie
9.	Montero Gilbert		✓					Gilbert
10.	asuncion Renato		✓					Asuncion
11.	asuncion Rea	✓						Rea Asuncion
12.	acuncion Princess	✓						Princess
13.	asuncion Rona	✓						Rona
14.	asunsion Madilyn	✓						Madilyn
15.	asuncion Renato Jr.		✓					Renato

Republic of the Philippines
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Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY: Community Pantry for Indigent Residents of Brgy Sta Ignacia Tarlac
VENUE:
DATE: January 29, 2024

	Name *(in print)*	SEX		Address/ Agency	Position/Designation/Occupation	Contact Number	Email Address	Signature
		F	M					
1.	DUPITAS MARITES	✓	✓					Dupitas
2.	alcantara mark anthony		✓					Alcantara
3.	ALCANTARA EJAY		✓					Alcantara
4.	ALCANTARA MYRA	✓						3 yrs old
5.	ALCANTARA MARIEL	✓						5 yrs old
6.	alcantara Judy	✓						
7.	alcantara cina	✓						
8.	alcantara jinny		✓					Jinny
9.	alcantara June		✓					Jaina
10.	Jaina Elizabeth	✓						
11.	Jaina aaron		✓					Aaron
12.	Alcantara Jonathan		✓					Jonathan
13.	Alcantara Jayson C		✓					Jayson
14.	Alcantara Jaquiline	✓						Jacquiline
15.	Alcantara Jenica L.	✓						Jenica

Republic of the Philippines
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Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY: Community Pantry for Indigent Residents of Brgy. Sta Ines, Sta. Ignacia, Tarlac
VENUE: Sta. Ignacia Tarlac
DATE: January 29, 2024

	Name *(in print)*	SEX		Address/ Agency	Position/Designation/Occupation	Contact Number	Email Address	Signature
		F	M					
1.	Bernardo Castro		✓					Bernardo
2.	Elsa Castro	✓						Castro
3.	Anatalia Guillermo	✓						Mactal
4.	Mactal JAYLORD		✓					MJ
5.	Mactal ROGELYN	✓						Rogelyn
6.	Mactal GRACE	✓						Grace
7.	Mactal CATRIONA	✓						5 yrs old
8.								3 yrs old
9.								
10.								
11.								
12.								
13.								
14.								
15.								

PHOTO DOCUMENTATION

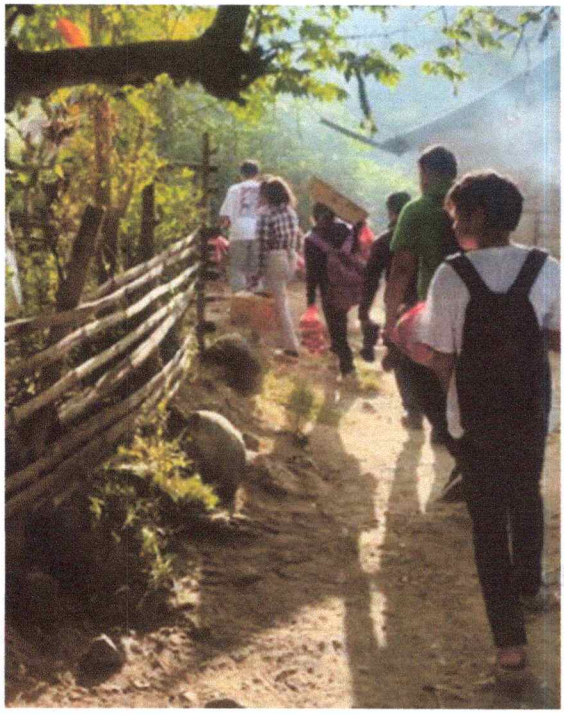

Figure 1. Arrival to the indigent residence of Sta. Ines, Santa Ignacia, Tarlac.

Figure 2. Gift giving of grocery package to each family in the community.

Figure 3. Feeding program of childrens in the community.

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

PARENT'S CONSENT
(Off-campus Activity)

Date NOV 29, 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward Millet, Kathlene May to join the Outreach program which will be held at Sta. Ines, Sta. Ignacia on December 1, 2023 sponsored by the CAF SC

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

GINA A. MILLET		09568638108
Name of Parent/Guardian	Signature	Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA G. BAGUN
DEC 05 2023

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____, Philippines on _____.

Notary Public

Doc. No. 290
Page No. 19
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497705
January 09, 2022, Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No. NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

PARENT'S CONSENT
(Off-campus Activity)

Date NOVEMBER 30, 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward JOHN JOSEF A. VALETE to join the OUTREACH PROGRAM which will be held at STA. INES SANTA IGNACIA on DEC. 1, 2023 sponsored by the CAF-SC AND HON. MAYOR NORA

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter distegard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

AIREEM A. VALETE		09205230372
Name of Parent/Guardian	Signature	Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA M. MAGLIN
DEC 05 2023

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____, Philippines on _____.

Notary Public

Doc. No. 295
Page No. 99
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497705
January 09, 2022 Tarlac City, Tarlac
IBP OR No. 169615
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No. NP 22-03
(until 2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

PARENT'S CONSENT

(Off-campus Activity)

Date

To Whom It May Concern

This is to give permission to my son/daughter/ward Eligsa C. Bulatao to join the extension program which will be held at Sta. Ines on December 1, 2023 sponsored by the CAF-SC

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Mario M. Bulatao	M Bulatao	09813284891
Name of Parent/Guardian	Signature	Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA C. DAGUIN
DEC 05 2023

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____, Philippines on _____.

Notary Public

Doc No. 256
Page No. 51
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497795
January 09, 2022, Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No.NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

OFFICE OF STUDENT SERVICES AND DEVELOPMENT

PARENT'S CONSENT
(Off-campus Activity)

Date Nov 30, 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward Jerel Macallor to join the Outreach Program which will be held at Bel, 2023 on Sta. Ines sponsored by the Laf-SC

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Melody Macallar		09090717604
Name of Parent/Guardian	Signature	Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
DATE: DEC 05 2023

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____, Philippines on _____

Notary Public

Doc. No. 250
Page No. 50
Book No. 65
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497705
January 09, 2023, Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No.NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

PARENT'S CONSENT
(Off-campus Activity)

Date NOV. 30, 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward Angeline Mae B. Reyes to join the Outreach Program which will be held at Sta. Ines Centro Sta. Ignacia Tarlac on December 1, 2023 sponsored by the CAF-SC and Hon. Mayor Nora T. Madamo

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Maria Virginia B. Reyes		09515665731
Name of Parent/Guardian	Signature	Contact Number

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____ Philippines on _____

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA C. [illegible]
DATE: DEC 05 2023

Notary Public

Doc No. 251
Page No. 51
Book No. 58
Series of 2023

Atty. MARKY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4487795
January 09, 2022 Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No.NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

OFFICE OF STUDENT SERVICES AND DEVELOPMENT

PARENT'S CONSENT

(Off-campus Activity)

Date Nov. 29, 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward Christopher Jecle P. Aban to join the Outreach Program which will be held at Sta. Ines on Dec. 1, 2023 sponsored by the CAF - Student Council

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Jeannelyn P. Aban		09502845681
Name of Parent/Guardian	Signature	Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA C. [illegible]
DEC 05 2023

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____, Philippines, on _____.

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Doc. No. 251
Page No. 52
Book No. 51
Series of 2023

Atty. MARTY FRANZ P. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497795
January 09, 2022 Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No. NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

PARENT'S CONSENT

(Off-campus Activity)

Date Nov, 30 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward GLENN S BERNABE to join the Outreach Program which will be held at Sta. Ines on Dec. 1, 2023 sponsored by the CAFE- Student Council

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Arcile Bernabe
Name of Parent/Guardian

Signature

09637285472
Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA [illegible]GUN
DEC 05 2023

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Doc No. 257
Page No. 52
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497795
January 09, 2022 Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No.NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

OFFICE OF STUDENT SERVICES AND DEVELOPMENT

PARENT'S CONSENT
(Off-campus Activity)

Date Nov , 30, 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward Richard P. Madarang to join the Outreach Program which will be held at STA. INES CENTRO, Sta Ignacia, Tarlac Dec. 1, 2023 sponsored by the CAF-SC and Hon. Nora T. Modonio

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Carolina P. Madarang	Cpmadarang	09667458479
Name of Parent/Guardian	Signature	Contact Number

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____, Philippines on _____

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA A. [illegible]
DEC 05 2023

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Doc No. 250
Page No. 52
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PTR OR No. 4497795
January 09, 2023 Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No. NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

OFFICE OF STUDENT SERVICES AND DEVELOPMENT

PARENT'S CONSENT
(Off-campus Activity)

Date

To Whom It May Concern

This is to give permission to my son/daughter/ward Paul André F. Corpuz to join the Outreach program which will be held at Sta. Ines on December 01, 2023 sponsored by the CAF-SC

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Margie Corpuz	M Corpuz	09466503249
Name of Parent/Guardian	Signature	Contact Number

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____ Philippines on _____

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: [illegible]
DEC 05 2023

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Doc. No. 259
Page No. 51
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 8497795
January 09, 2022, Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No.NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

PARENT'S CONSENT

(Off-campus Activity)

Date November 30, 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward Bren Peter R. Bautista to join the ~~Community Services~~ Outreach Program which will be held at Santa Ines Centro, Sta Ignacia Tarlac on December 1, 2023 sponsored by the CAF-SC

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Emiliana R. Bautista		09386033499
Name of Parent/Guardian	Signature	Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA C. [illegible]
DEC 05 2023

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Doc No. 253
Page No. 51
Book No. 58
Series of 2023

Atty. MARTY FRANZ E. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497795
January 09, 2022, Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No.NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

PARENT'S CONSENT
(Off-campus Activity)

Date Nov. 30 2023

To Whom It May Concern:

This is to give permission to my son/daughter/ward: Jhon Paul C. Mallari to join the Outreach program which will be held at Sta. Ines STA. IGNACIA on Dec. 01, 2023 sponsored by the CAF SC

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Teresita C. Mallari — Name of Parent/Guardian

Signature

09630948625 — Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA C. AGUILAR
DEC 05 2023

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____. Philippines on _____

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Doc. No. 252
Page No. 51
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497795
January 09, 2022 Tarlac City, Tarlac
IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No. NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

OFFICE OF STUDENT SERVICES AND DEVELOPMENT

PARENT'S CONSENT
(Off-campus Activity)

Date NOV. 30, 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward ROLINDA May FERNANDEZ to join the OUTREACH PROGRAM which will be held at STA. INES STA. IGNACIA on DEC. 01, 2023 sponsored by the CAF -SC

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

ERLINDA T. FERNANDEZ — Name of Parent/Guardian
Signature — Contact Number: 09076211233

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE PHOTOCOPY OF THE ORIGINAL
BY: ZENAIDA A. ASUNCION
DEC 05 2023

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____, Philippines on _____.

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Doc. No. 295
Page No. 59
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497795
January 09, 2022, Tarlac City, Tarlac
IBP OR No. 169415
January 03, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No. NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

OFFICE OF STUDENT SERVICES AND DEVELOPMENT

PARENT'S CONSENT
(Off-campus Activity)

Date Nov. 30. 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward Dhaniella Jen D. Nario to join the Outreach Program which will be held at Sta. Ines Centro, Sta. Ignacia Tarlac sponsored by the GAFSC

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

May T. Nario	N. Nario	09183577204
Name of Parent/Guardian	Signature	Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA C. [illegible]
DEC 05 2023

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____ Philippines on _____

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Doc. No. 200
Page No. 52
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4497705
January 05, 2022 Tarlac City, Tarlac
IBP OR No. [illegible]
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Admission No. NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

OFFICE OF STUDENT SERVICES AND DEVELOPMENT

PARENT'S CONSENT
(Off-campus Activity)

Date Nov. 29, 2023

To Whom It May Concern:

This is to give permission to my son/daughter/ward DOMINIC FERRER to join the Outreach Program which will be held at Sta. Ines on Dec. 1, 2023 sponsored by the CAF-Student Council

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Michelle Ferrer — Name of Parent/Guardian

Signature

09277358842 — Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA C. [illegible]
DEC 05 2023

SUBSCRIBED AND SWORN to before me, this 30 NOV 2023 by _____ who exhibited to me his/her competent proof of identification _____ issued at _____, Philippines on _____

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Doc. No. 259
Page No. 52
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PRT OR No. 4407795
January 06, 2022 Tarlac City, Tarlac
IBP OR No. 160415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No. NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

PARENT'S CONSENT
(Off-campus Activity)

Date NOV 30, 2023

To Whom It May Concern

This is to give permission to my son/daughter/ward Mark B. Monilo to join the Outreach program which will be held at Dec. 1, 2023 on Sta. Ines sponsored by the iaf-sc

I understand that the advisers/staff of the university will exercise utmost care and supervision among the participants. However, should any untoward incident happen to my son/daughter/ward as a result of his/her utter disregard of instructions given by proper authorities, I shall not hold the college and the sponsoring agency responsible.

Lind Monilo — Name of Parent/Guardian

Signature

09532704073 — Contact Number

REPUBLIC OF THE PHILIPPINES
TARLAC AGRICULTURAL UNIVERSITY
CAMILING, TARLAC
RECORDS MANAGEMENT OFFICE
CERTIFIED TRUE XEROX COPY OF THE ORIGINAL
BY: ZENAIDA [illegible]
DATE: DEC 05 2023

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Page No. 49
Book No. 58
Series of 2023

Atty. MARTY FRANZ F. TORALBA
Notary Public
UNTIL DECEMBER 31, 2024
Roll of Attorney No. 66455
PTR OR No. 4497705
January 09, 2022 Tarlac City, Tarlac
IC IBP OR No. 169415
January 02, 2022 Tarlac Chapter
MCLE Compliance No. VII- 0021817
Adm. Matter No. NP 22-03
(2022-2023)

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

MONITORING SHEET FOR TECHNICAL ASSISTANCE DOCUMENTS

Title of Activity : Resource speaker on Vermicomposting @ Calayaan Integrated School

College in Charge : College of Agriculture and Forestry

Date: February 29, 2024 **Venue:** Calayaan Integrated School

Document/s Required	Status*	Remarks
TAU-DET-QF-02 Extension Service Request Form/Letter of Request	✓	
TAU-DET-QF-03 Request for Service Provider	✓	
TAU-DET-QF-04 Expert's Profile		
TAU-DET-QF-05 Attendance Sheet		
TAU-DET-QF-06 Participant's Profile Form		
TAU-DET-QF-07 Student-Participant's Profile		
TAU-DET-QF-08 Speaker's Profile		
TAU-DET-QF-11 Client Evaluation and Satisfaction Survey		
TAU-DET-QF-12 Technical Assistance Evaluation Form	✓	
TAU-VPRET-QF-04 Travel Order Form	✓	
TAU-DET-QF-31 Modules		
Photo Documents	✓	
Certificate/s		
Copy of the Activity/Event Program		

Legend: ✓ - Submitted ✗ - Not Submitted **N/A** – Not Applicable

Monitored by:

ERLIE SD. TOTAAN, DBA.
Director for Extension and Training

Date: _____

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

EXTENSION SERVICE REQUEST FORM[1]

A. Client/Beneficiary Information

Name: JULIE ANN M. SALADINO *Date of Application:* _____

Name of Organization/Business: CALAYAAN INTEGRATED SCHOOL

Nature of Organization/Business: ☑ Government ☐ Non-Government Organization ☐ Private
☐ People's Organization ☐ Others (specify): _____

Address: Calayaan, Gerona, Tarlac

Contact Person: Denmark B. Cruz *Designation:* College Extencion Chair, CBM

Contact Details:

Tel. No.: _____ Fax No. : _____
Mobile: 0917 129 6352 Email Add.: _____

B. Service/s Requested

☐ Professional Training
☐ Continuing Education/Training
☑ Training Workshop/Writeshop
☐ Skills Training
☐ Technical Consultancy
☐ Others (specify): _____

☑ Technical Assistance
☐ Techno Demonstration
☐ Community Development Assistance
☐ Community Outreach
☐ Student Extension Experience

Purpose of the Request

_____

_____

_____

Specific Details of Service/s Requested

Vermicomposting marketing and production

_____

_____

I hereby certify the correctness of the above information and declare my full understanding and agreement that services to be provided will be governed by specific terms and conditions through the Service Agreement.

JULIE ANN A. SALADINO, PH.D.
Signature over Printed Name/Authorized Representative

Date Signed: 02/07/24

[1]*To be filled out by Walk-in Client/s*

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ACTION FORM

No.: 9 Series: 2024

TO/FOR: Ms. Lylen A. Sia & Mr. Benmark Cuny **DATE:** 2-12-2024

Subject: Request for technical assistance

Recommendations / Comments

Please attend to this request following DET protocol

ERLIE SD. TOTAAN, DBA
Director for Extension and Training

(Fill up this portion in response to the above recommendations and attach corrected/revised documents, as applicable)

ACTION TAKEN: **DATE:** 2-12-2024

Ms. Catherine Diane De Guzman & Stefan Daniel Fuentes attend to this request

Prepared by: LYLEN ABAYON-SIA
Concerned Faculty/Personnel

Noted by: AGNES PENEY
Immediate Supervisor

Form Code:	Revision No.:	Effectivity Date:	Page:
TAU-DET-QF-18	00	May 13, 2021	1 of 1

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

REQUEST FOR EXTENSION SERVICE PROVIDER FORM[1]

Service Supplier (College/Department): CBM

Contact Person: Denmark B. Cruz ***Contact No.:*** 09657729627

Service Provider Request:

- ☐ Trainer/Speaker
- ☐ Researcher
- ☐ Consultant
- ☐ Project Head
- ☐ Coach/Judge
- ☑ Others (specify): Facilitator

Qualification Requirement for Service Provider/s

1. ***Educational Requirement:*** Agribusiness Graduate, Entrep. Grad
2. ***Field of Specialization:*** Agribusiness, Entrepreneurship
3. ***Related Trainings:*** National Certificate III, Crop Production

Details of Extension Service to Deliver

1. ***Extension Service:*** Seminar on Production and Marketing of Vermicast
2. ***Beneficiary:*** Calayaan Integrated School
3. ***Service Location:*** Calayaan, Gerona Tarlac
4. ***Date of Service Delivery:*** Feb 29, 2024

I recommend the following faculty member/s to render service/s for the Extension Project mentioned above:

Denmark B. Cruz — Virgen Aquino
Gresabel Impalido — Jennifer Cunanan

Please attach the following: Faculty Expert Profile and other Supporting Documents (if no previous submission was made to DET)

Prepared & Recommended by: DENMARK B. CRUZ, MSA
College Extension Chair, CBM — ***Date:*** 02/27/2024

Noted by: SILVERIO RAMON D. SALVADOR, DBA
College Dean, CBM — ***Date:*** 02/27/2024

Conformed: DENMARK B. CRUZ — ***Date:*** 02/27/2024
Gresabel T. Impalido — ***Date:*** 02/27/2024
_____ — ***Date:*** _____
Faculty Experts

Disposition: ☑ Approved ☐ Disapproved

Reason/s for Disapproval: _____

Recommending Approval:

_____ — ***Date:*** _____
Technical Expert, _____

ERLIE TOTHAN, DBA — ***Date:*** 2-27-2024
Director for Extension and Training

Approved:

_____ — ***Date:*** _____
VP for Research, Extension and Training

[1]***To be filled out by College Extension Chair; complemented with TAU-DET-QF-02***

RET - 412

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

REQUEST FOR EXTENSION SERVICE PROVIDER FORM[1]

Service Supplier (College/Department): CAF-Department of Agricultural Sciences

Contact Person: LYKA C. ABAYON ***Contact No.:*** 0997-192-9035

Service Provider Request:

- ☑ Trainer/Speaker
- ☐ Researcher
- ☐ Consultant
- ☐ Project Head
- ☐ Coach/Judge
- ☐ Others (specify): _____

Qualification Requirement for Service Provider/s

1. ***Educational Requirement:*** **BS/MS/PhD DEGREE**
2. ***Field of Specialization:*** **SOIL SCIENCE AND VERMICOMPOSTING PRODUCTION HEAD**
3. ***Related Trainings:*** **NONE**

Details of Extension Service to Deliver

1. ***Extension Service:*** **TECHNICAL ASSISTANCE**
2. ***Beneficiary:*** **CALAYAAN INTEGRATED SCHOOL**
3. ***Service Location:*** **CALAYAAN, GERONA, TARLAC**
4. ***Date of Service Delivery:*** **FEBRUARY 29, 2024**

I recommend the following faculty member/s to render service/s for the Extension Project mentioned above:

JOSEPH PAUL T. ABAD **VIRGINIA ISABELLE M. CANDAL**
STEFAN DANIEL FUENTES CATHERINE DIANE DE GUZMAN

Please attach the following: Faculty Expert Profile and other Supporting Documents (if no previous submission was made to DET)

Prepared & Recommended by: **LYKA ABAYON-SIA** ***Date:*** 02/20/2024
College Extension Chair, CAF

Noted by: **AGNES C. REREY** ***Date:*** 2/20/2024
Acting College Dean, CAF

Conformed: **STEFAN DANIEL FUENTES** ***Date:*** 2-20-2024
CATHERINE DIANE DE GUZMAN ***Date:*** 2-20-2024
_____ ***Date:*** _____
_____ ***Date:*** _____
Faculty Experts

Disposition: ☑ Approved ☐ Disapproved
Reason/s for Disapproval: _____

Recommending Approval:

_____ ***Date:*** _____
Technical Expert, _____

ERLIE SD TOTAAN, DBA ***Date:*** 2-21-2024
OIC Director for Extension and Training

Approved:

YOLANDA S. GUILLERMO, Ph. D.
OIC VP for Research, Extension and Training ***Date:*** FEB 21 2024 4:35 pm

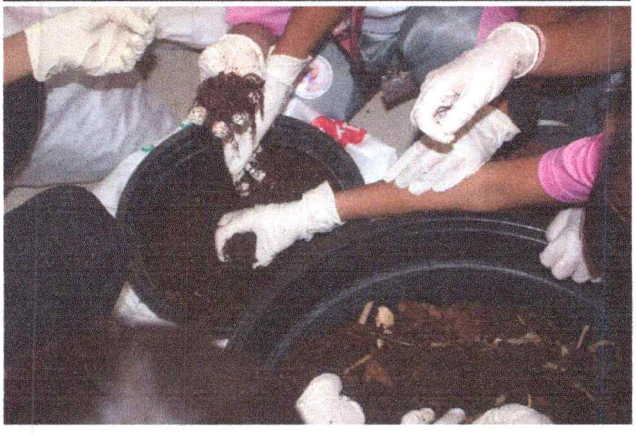
[1]***To be filled out by College Extension Chair; complemented with TAU-DET-QF-02***

COLLEGE OF AGRICULTURE AND FORESTRY
(College)

Vermicomposting Production and marketing

February 29, 2024 at Calayaan Integrated School, Gerona, Tarlac

On February 29, 2024 the Calayaan Integrated School from Gerona, Tarlac asked for training for their students on Vermicomposting production and marketing. The training was facilitated by College of Business and Management (CBM) in the lead of Mr. Denmark B. Cruz and the resource speakers tapped to discuss the production aspect were Mr. Stefan Daniel Fuentes and Ms. Catherine De Guzman. The said training on vermicomposting was participated by 29 students together with their teachers.



DEPARTMENT OF EXTENSION AND TRAINING

MONITORING SHEET FOR TECHNICAL ASSISTANCE DOCUMENTS

Title of Activity : DET Community Outreach: Laruan Para kay Ading at Makan Kanyada Amin

College in Charge : CBM/ DET

Date: June 7, 2024 **Venue:** Sitio Maasin (Riverside) Brgy. Sula San Jose, Tarlac

Document/s Required	Status*	Remarks
TAU-DET-QF-02 Extension Service Request Form/Letter of Request		*Activity Proposal*
TAU-DET-QF-03 Request for Service Provider	n/a	
TAU-DET-QF-04 Expert's Profile	n/a	
TAU-DET-QF-05 Attendance Sheet	✓	
TAU-DET-QF-06 Participant's Profile Form		
TAU-DET-QF-07 Student-Participant's Profile	n/a	
TAU-DET-QF-08 Speaker's Profile	n/a	
TAU-DET-QF-11 Client Evaluation and Satisfaction Survey	n/a	
TAU-DET-QF-12 Technical Assistance Evaluation Form	✓	
TAU-VPRET-QF-04 Travel Order Form	✓	
TAU-DET-QF-31 Modules	n/a	
Photo Documents	✓	
Certificate/s		
Copy of the Activity/Event Program	n/a	

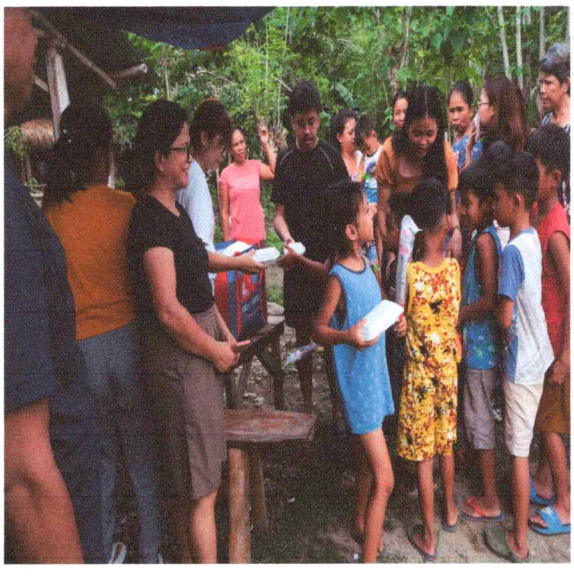
Legend: ✓ - Submitted ✗ - Not Submitted **N/A** – Not Applicable

Monitored by:

AGNES C. PEREY, Ph.D.
Director for Extension and Training

Date: _____

DET Community Outreach: Laruan Para kay Ading at Makan Kanyada Amin
June 7, 2024
Sitio Maasin (Riverside) Brgy. Sula San Jose, Tarlac



DEPARTMENT OF EXTENSION AND TRAINING

PROGRAM/PROJECT/ACTIVITY PROPOSAL FORM[1]

Proposal No.: 10 Series: 2024
(To be assigned by the Department of Extension and Training)

Extension Activity: DET Community Outreach: Laruan para kay Ading at makan para kanyada Amin

Implementing College/Department: DET and CBM

RECEIVED
TAU - Office of the President
Date: 6/4/24 Time: 11:03

Short Project Description

A. ***Target Outputs:*** Conduct a simple program for the out-of-school youth and students

B. ***Target Outcomes:*** Bring joy to the children

C. ***Nature of Activity:****

- ☐ Professional Training
- ☐ Continuing Education/Training
- ☐ Training Workshop/Writeshop
- ☐ Skills Training
- ☐ Technical Consultancy
- ☐ Others (specify): _____
- ☐ Technical Assistance
- ☐ Techno Demonstration
- ☐ Community Development Assistance
- ☑ Community Outreach
- ☐ Student Extension Experience

D. ***Target Number of Participants:*** 50

E. ***Nature of Participants:*** ☐ Farmers ☑ Out of School Youth ☐ Women ☐ Professionals ☑ Others (specify): children

Profile of the Partner-Beneficiary

Note: *Tick Check appropriate boxes and indicate N A if not applicable.*

1. Name of Partner-Beneficiary : Children residing at Sitio Malasin (Riverside), Brgy Sula, San Jose, Tarlac	
2. Address of Beneficiary :	*3. Telephone: 09169629362*
	4. Fax :
Sitio Malasin, Brgy Sula, San Jose, Tarlac	*5. E-Mail :*
6. Contact Person: *Mr. Moisen Padua* *Ms. Anjanet Morales*	*Designation :* *Barangay Chairperson*
7. Nature of Partner-Beneficiary	

[1] *To be filled out by Proponent/s making a capsule proposal*
* *For activities with student involvement, all requirements pursuant to CHED Memorandum Order No. 63, s. 2017 must be complied with and this Form must be signed by the VP-AA.*

☐ Business *Nature of Business* ☑ Services ☐ Products

☐ Both Services and Products

Products/Services Offered: _____

Estimated Monthly Gross Income: _____

Registered Business ☐ Yes ☐ No *Type of Business* ☐ Sole ☐ Partnership ☐ Corporation

☐ Government Agency: ☐ LGU IRA: _____ ☐ Others (specify): _____

☐ Private Organization: ☐ Association ☐ Cooperative ☐ Non-government Organization

Estimated Asset: _____

☐ Others (specify): _____

A. ACTIVITY TEAM COMPOSITION

(Note: The information provided below will be the basis for the release of necessary documents pertaining to the conduct of the activity e.g. memorandum, travel order. Copy of the approved special order s will be given to the College faculty expert together with the copy of duly approved proposal evaluation and notice to proceed.)

Name of Faculty	Related Qualification	Related Recent Experience/s	Role *(e.g. guest trainer, consultant, resource speaker, facilitator, documenter)*	Number of hours to be rendered	Signature of Faculty/ Employees*
Erlie SD. Totaan	Director, DET	Community Development	Facilitator	6 hrs	
Jessie Christine P. Tongol	COA		Facilitator/ 1st Aid Responder	6 hrs	
Joshua Adriel S. Villanueva	FSC	Community Outreach Project	Facilitator/ Documenter	6 hrs	
Rowena G. Espejo	AT	TAU Responders	Facilitator	6 hrs	

** This signifies my willingness to serve as extension service provider for this activity.*

B. WORK PLAN

Schedule of Activities in ____ **Weeks** 1 **Days** 6 **Hours**

Starting from June 7, 2024 (10am) **to** June 7, 2024 (4pm)

No.	Activities /Modules/Topics	Schedule of activities (Gantt Chart)							
		1	2	3	4	5	6	7	8
1	Registration								
2	Opening Program								
3	Fun Games								
4	Distribution of toys and simple foods								
5	Closing Program								
6	Photo Ops								

C. BUDGETARY REQUIREMENTS

PARTICULARS	AMOUNT	FUND SOURCE**	REMARKS

(e.g. Honoraria, supplies, materials, transportation, tools, equipment)		(Please check)			
		A	B	C	
Food packs (P50.00x50pax)	**2,500**			**2,500**	Funds to be used will be from Hannah and Lance Totaan and from DET staff
Toys and other gifts (P50.00x50pax	**2,500**			**2,500**	
~~**Prizes**~~	**2,000**			**2,000**	
Transportation	**1,000**			**1,000**	
TOTAL :	7,000.00			7,000.00	

***Legend: A – University Extension Fund B – College/Department Extension Fund C – Partner Beneficiary/Benefactor*

D. ATTACHMENTS

- ☐ Letter of Request/Request Form
- ☑ Travel Order
- ☐ Proof of Competency of the Service Provider
- ☐ Service Contract/MOA
- ☐ Approved Module/Service Delivery
- ☐ Notarized Parent's Consent

I do hereby certify the correctness of the above information.

Prepared by: **ERLIE SD. TOTAAN, DBA** — *Proponent*

JESSIE CHRISTINE P. TONGOL,MSA — *Proponent*

ROWENA G. ESPEJO — *Proponent*

JOSHUA ADRIEL S. VILLANUEVA — *Proponent*

Representative Adviser

Date Prepared: **May 29, 2024**

Noted: **DENMARK B. CRUZ, MSA**
College Extension Chair, CBM — *Date Signed:*

Recommending Approval:

SILVERIO RAMON DC. SALUNSON, DBA
College Dean, CBM — *Date Signed:*

OK as to Budget:

HELEN G. RUZOL
Budget Officer
Date Signed: 5/31/2024

OK as to Fund:

LYDIA G. RAGUS, CPA
Accountant III
Date Signed: 5/31/24

for **ERLIE SD. TOTAAN, DBA**
Director, Extension and Training
Date Signed:

YOLANDA S. GUILLERMO, Ph.D.
VP, Research, Extension & Training
Date Signed: _____

DANILO N. OFFICIAR, Ph.D.
*VP, Student Affairs and Services**
Date Signed: _____

NOEL J. PETERO, Ph.D.
*VP, Academic Affairs**
Date Signed: _____

YOLANDA F. JUAN, MPA
VP, Finance and Administration
Date Signed: 06-04-2024

Approved by:

SILVERIO RAMON DC. SALUNSON, DBA
University President
Date Signed: JUN 05 2024

** MUST sign if proposed activity involves student engagement*

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY DET Community Outreach
VENUE Riverside Sula, San Jose Tarlac
DATE July 7, 2024

	Name *(in print)*	SEX F	SEX M	Address/ Agency	Position/ Designation/ Occupation	Contact Number	Email Address	Signature
	Justin Santos		.					
	DANILO T. DOCTOR		✓					
	Analyn P. Doctor	✓						
	Leticia Labador	✓						
	Rio S. Evangelista	✓						
	Jace Alkyn Melegrito		✓	Iba	NA	09190000037	jhelynmelegrito@gmail.com	
	Trixie Warren D. Afan		✓					
	Jaymerson Jade I. Caday	✓						
	Lenard King D. Afan		✓					
	Lany Vergara							
	Jhelyn Melegrito	✓		Iba	NA	09190000037	jhelynmelegrito@gmail.com	
	Aira Nicole D. Vergara	✓						
	Heizhell Nicah D. Gutierrez	✓						
	Mikaella D. Gutierrez	✓						
	Jonalyn D. Paningbatan	✓						

DEPARTMENT OF EXTENSION AND TRAINING

	Alex Fenner							
	Angka Ambrocio							
	Esperanza Morales							
	Johnny Bautista							
	amante Morales							
	Miley capitalle							
	Tasi delguzman							
	apple andres							
	Kylie andres							
	Nathalie andres							
	Racquel Doctor							
	Esmeralda C. DOMINGO							
	Joel TOTaan I,							
	Jayson De Guzman							
	Jack Catubay							
	LENG Dr.							
	Rhoe							
	amante Morales							

Republic of the Philippines
TARLAC AGRICULTURAL UNIVERSITY
Camiling, Tarlac

DEPARTMENT OF EXTENSION AND TRAINING

ATTENDANCE SHEET

ACTIVITY_____

VENUE_____

DATE_____

	Name *(in print)*	SEX		Address/ Agency	Position/ Designation/ Occupation	Contact Number	Email Address	Signature
		F	M					
	Amy Ferrer							
	Leticia Ferrer							
	Teodora Tabano							
	Jeason Navarro							
	Teodora Ca Tabuno							
	Anna Marie Morales							
	Gemalyn Ambrocio							
	April Ann Morales							
	Princess Morales							
	Janelyn Ferrer							
	Catherine Moreno							
	Inday Melendres							
	Malyn Ambrocio							
	Minda Ambrocio							
	Aldon Ferrer							
	Arsenia Gabriel							

	Margie D. Reyla							MR
	Cecil - C. Morde.							Cgmd
	GEMMA A. DOCTOR							GEMMA
	~~Jake Harvey F Epituto~~	✓						Jake
	Jaron O Bown	✓						
	Trinc @ Wate P. Afan	✓						
	Jayson M. Navarro	✓						
	~~Edward Ling P. Afan~~							
	MaKmac Capun							
	Bryan Melendres							
	Jacob Fariñas							
	Jake Fariñas							
	JohnRex C Santiago							
	James Lawrence San Diego							
	ZIREL ISORENA							
	Ani Christian B. Rojillo							
	~~ARLENE TUAZON~~							
	Jessa Bern L. Pal							
	Lindsay Falculan							

Mary Grace Joaquin