VISAYAS STATE UNIVERSITY

Office of the President
2/F Administration Building
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06 April 2020

MEMORANDUM NO. 69
Series of 2020

T O: Dr. Shalom Grace C. Sugano – Principal, VSU-IHS
Dr. Rose Salas – Head, Dept. of Horticulture
Engr. Mario Lilio P. Valenzona - Director, General Services Division
Mrs. Josefina M. Larrosa - Manager, VSU Guest House
R E: CHED Grant of Assistance to SUC

This Office hereby requests your assistance in supplying the required financial costs associated with the grant of assistance proposal we're due to submit to CHED for our stranded students, frontliners and the VSU constituents as a whole. Please see attached matrix of proposed activities as well as template for the line-item-budget. Please submit the same to this Office on or before Wednesday, 8 April 2020.

EDGARDO E. TULIN
President

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Proposal	Remarks	Possible In-Charge
1. Weekly regular food packs for stranded students on campus during quarantine period including sanitary kit	• system already running • can modify to include more food items in the food packs • complied with eligibility requirements (#2) • accessible raw materials (priority requirement # 3)	Guest House, VSU
2. Complete PPE paraphernalia: head caps, face masks, face shield, gloves, eye google, coverall, shoe covers (100 pcs)	• for use by VSU frontliners – UHS and SSO personnel	VSU-IHS
3. Wash basin and soap supply in every building	• basic need for all (frontliners and regular people; highlighted in eligibility reqt. # 1) • alternative to alcohol shortage	GSD, VSU
4. Vegetable crop production	• experts and manpower available via DOH • supply of vegetables during and post quarantine	Dept. of Horticulture, VSU
5. Mass production of face masks (15,000 pcs)	• for use of faculty, staff and students upon resumption of classes including external campuses	VSU- IHS

Line Item Budget (for three months only)

Items/Particulars	Counterpart Support	Requested Amount from CHED
A. Total Maintenance and Other Operating Expenses (MOOE)	XXX.XX	XXX.XX
I. Travel/Transportation Expenses (note: local travels only) 1. 2.	XXX.XX	XXX.XX
II. Supplies and Materials 1. 2.	XXX.XX	XXX.XX
III. Communication Expenses 1. 2.	XXX.XX	XXX.XX
IV. Meals/Venue and Accommodation (Representation Expenses) (note: local accommodation only) 1. 2.	XXX.XX	XXX.XX
B. Total Personnel Costs		
Honoraria: 1. Project Leader @ P___/mo. X 1 pax X 6 months) 2. Project Members @ P___/mo. X no. pax X 6 month(s) Contract of Service/s: Project Support Staff @ P___ / mo. X no.pa X 6 month(s)	XXX.XX	XXX.XX

For manual laborers, use Minimum wage rates for the region. Professional Fees: Licensed chemists, pharmacists, food technologists, if there are none from the SUC		
C. Total Equipment Cost **(For off the shelf equipment ONLY and properly justified, please indicate justification under the line item entry of the each equipment)**	XXX.XX	XXX.XX

Involved Personnel

Role	Surname	First Name	Rank/Designation	Relevant Degree	Licensed Profession (e.g. Chemist, Food Technologist, etc.) (if any)	PRC License No. (if applicable)	Email Address	Phone No.
PL								

Add more as necessary

Duration	Please indicate only for a maximum of two months...