# NEW OR EXPANDED ACTIVITY OR LOCALLY FUNDED PROJECT

(Accomplish this form for each proposal to implement new projects or activities or to expand existing projects or activities for changes to the scope, beneficiaries, design or implementation arrangements.)

|  |  |
| --- | --- |
| Proposal/Project Name: |  |
| Implementing Department/ Agency (or Agencies) |  |

|  |  |
| --- | --- |
| Priority Ranking No |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Categorization**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New |  | Locally Funded Project (LFP) |  | GAS |  | More than 1 billion |  |  |
| Expanded/revised |  | Program Activity |  | STO |  | 300 mil – 1 billion |  |  |
|  |  |  |  | Operations |  | Less than 300 mil |  |  |
|  |  |  |  |  |  |  |  |

 |

|  |  |
| --- | --- |
| Key Result Area supported: |  |

### Description of the proposal

|  |  |
| --- | --- |
| 1. How will the proposal contribute to the priorities and goals under the 2017 Budget Priorities Framework, and to the objectives/ mandates of the Department/Agency?
 |  |
| 1. Is the proposal part of a Program

Convergence Budgeting (PCB)? If yes, which part of the convergence program will the proposed or existing program be included? (Please refer to the list of major programs attached in the instructions). |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What specific problem(s) will it address? What is the objective? What will the program or project do? (e.g. provision of farm implements, provision of training, construction of buildings etc.?)
 |  |
| 1. Proposed implementation period. Total proposed cost over this period (original and revised)
 | Start date:Finish date:Proposed total cost:Proposed revised cost: |
| 1. What is the expected outcome in relation to the question a? What is the expected impact on the community?

For example: How many people or households will benefit? Where is the geographical focus? Will jobs be created? Will there be an impact on climate change adaptation or mitigation?Please refer to the instructions for guidelines on the information to be provided. |  |
| 1. What steps have been taken to make the project implementation-ready?

What still needs to be done to make it ready for implementation?  | Pre-feasibility Study |  | Others – please specify |  |
| Feasibility Study |  |  |
| Detailed Engineering Design |  |  |
| Relocation Action Plan |  |  |
| ROW acquisition |  |  |
|  |
| 1. Implementation Issues:

What are the risks in the implementation of the project? What will be done to manage these risks?  |  |
| 1. Is there a proposed monitoring and evaluation

strategy? (Please attach M&E plan.) |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

 |
| 1. Has the proposal undergone economic and

financial review, and other reviews? If yes, please attach supporting details.  |

|  |  |  |
| --- | --- | --- |
| **Approving Authorities** | **Reviewed/Approved** | **Remarks** |
| Yes | No | Not Applicable |
| NEDA Board |  |  |  |  |
| NEDA Board – ICC |  |  |  |  |
|  |  |  |  |  |
| **Other Approving Authorities** |  |  |  |  |
| DPWH (Cost of projects adopting the DPWH Mensuration standards, and clearance of approved plan) |  |  |  |  |
| DENR (ECC/Geo-hazard Certification) |  |  |  |  |
|  |  |  |  |  |
| Others (please specify): |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |
| 1. Has the proposal undergone RDC or CSO

consultation? (Please cross reference to BP Form C or BP Form D.)  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

  |

### Financial Details (in P’000)

### For expanded programs, existing agreed Tier 1 budget for the relevant PAP

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PAP code and description | **2015 Actual** | **2016 Approved** | **2017 Ceiling** | **2018 FE** | **2019 FE** |
|  |  |  |  |  |  |

### COST BY EXPENSE CLASS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total (P '000) (Projects) | Appro | Proposed | ProjectBalance |
| **Expense class** | Original | Revised | 2015 cum. | 2016 | 2017 | 2018 | 2019 |
| PS  |   |   |   |   |   |   |   |   |
| MOOE  |   |   |   |   |   |   |   |   |
| CO  |   |   |   |   |   |   |   |   |
| Total  |   |   |   |   |   |   |   |   |

For infrastructure projects, show the estimated ongoing operating costs to be included in Forward Estimates

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Class** | **2017 Proposed** | **2018 Estimate** | **2019 Estimate** |
| PS |  |  |  |
| MOOE |  |  |  |
| **Total** |  |  |  |

### PROGRAM/PROJECT COMPONENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | For projects Total (P '000) | Appro | Proposed | Project |
| **Component** | Original | Revised | 2015 cum. | 2016 | 2017 | 2018 | 2019 | Balance  |
| Component 1  |   |   |   |   |   |   |   |   |
| Component 2  |   |   |   |   |   |   |   |   |
| Component 3  |   |   |   |   |   |   |   |   |
| Component n  |   |   |   |   |   |   |   |   |

### Budget by Location

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | For projects Total (P '000) | Appro | Proposed | Project |
| **Location** | Original | Revised | 2015 cum. | 2016 | 2017 | 2018 | 2019 | Balance |
| Region  |   |   |   |   |   |   |   |   |
| Province |   |   |   |   |   |   |   |   |
| District  |   |   |   |   |   |   |   |   |
| Municipality |   |   |   |   |   |   |   |   |
| Total |  |  |  |  |  |  |  |  |

### Performance targets and accomplishments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | For projects Total (P '000) | Current | Target | 2015 cum |
| **Indicator** | Original | Revised | 2015 cum. | 2016 | 2017 | 2018 | 2019 | Percentage |
|  |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |

|  |  |  |
| --- | --- | --- |
| Prepared: | Certified Correct:  | Approved:  |
| ­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Budget Officer Planning Officer | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Chief Accountant | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_** Head of Agency Date |