



Republic of the Philippines  
**COMMISSION ON HIGHER EDUCATION**  
**DEPARTMENT OF BUDGET AND MANAGEMENT**



**JOINT MEMORANDUM CIRCULAR NO.2017-4**  
**May31, 2017**

**FOR :** CHED CENTRAL AND REGIONAL OFFICES  
DBM CENTRAL AND REGIONAL OFFICES  
SELECTED STATE UNIVERSITIES AND COLLEGES  
AND ALL OTHERS CONCERNED

**SUBJECT :** IMPLEMENTING GUIDELINES FOR THE CASH GRANTS TO  
MEDICAL STUDENTS ENROLLED IN STATE UNIVERSITIES  
AND COLLEGES (SUCs) PURSUANT TO THE SPECIAL  
PROVISION APPLICABLE TO SUCs, REPUBLIC ACT (RA)  
NO. 10924 ALSO KNOWN AS THE GENERAL  
APPROPRIATIONS ACT OF FY 2017

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**1.0 POLICY STATEMENT**

In consonance with the pertinent provisions and mandate of the Commission on Higher Education (CHED) under Republic Act (RA) No. 7722 otherwise known as the "Higher Education Act of 1994," and pursuant to Special Provision No. 6 Applicable to SUCs, Volume I-A, page 964 of the Republic Act (RA) No. 10924 also known as the General Appropriations Act of FY 2017, the conditional implementation in the President's Veto Message Fiscal Year 2017 on December 22, 2016, the Department of Budget and Management and the Commission on Higher Education issued jointly this implementing guidelines to ensure that the amount appropriated shall be used exclusively for the grant of tuition fee subsidy to all medical students enrolled in SUCs offering Doctor of Medicine Program.

**2.0 PROGRAM TITLE**

This shall be known as the Cash Grant to Medical Students in SUCs (CGMS-SUCs).

**3.0 OBJECTIVE**

The Cash Grant to Medical Students in SUCs aims to provide tuition fee subsidy to all students in the SUCs offering Doctor of Medicine Program.

#### **4.0 COVERAGE**

The program is intended for all Filipino medical students, both new and continuing medical students, who will enroll for the Academic Year 2017-2018 in identified participating SUCs offering Doctor of Medicine Program.

#### **5.0 FINANCIAL BENEFITS**

A student-grantee shall be entitled to receive ONE HUNDRED PERCENT (100%) tuition fee subsidy based on the actual tuition fee by their respective SUCs.

#### **6.0 APPLICATION PROCEDURES**

- 6.1 Applicant submits the accomplished CGMS-SUCs Application Form (Annex "A") directly to the SUCs concerned together with the required documents before the start of academic year applied;
- 6.2 SUCs evaluates the documents of qualified applicants;
- 6.3 SUCs issues Notice of Award (NOA) using Annex "B"; and
- 6.4 Applicant accepts the NOA.

#### **7.0 FUND SOURCE, RELEASE AND DISBURSEMENTS**

- 7.1 The fund requirements for the purpose shall be sourced from the built-in appropriations of the identified participating SUCs offering Doctor of Medicine Program amounting to Three Hundred Seventeen Million One Hundred Thousand Pesos (P317,100,000.00).
- 7.2 The Special Allotment Release Order (SARO) and Notice of Cash Allocation (NCA) release shall be subject to the submission of a special budget request supported by the following:
  - Physical Plan;
  - Financial Plan; and
  - Monthly Disbursement Program
- 7.3 Utilization of the fund shall be subject to the usual budgeting, accounting and auditing rules and regulations. This shall not be recorded or treated as trust fund receipts under any circumstance.
- 7.4 All unreleased appropriations and unobligated allotments in the implementation of this program shall be reverted to the General Fund at the end of the validity of appropriations and shall be available for expenditure only upon subsequent legislative enactment.





**RESPONSIBILITIES OF THE IMPLEMENTERS****8.1 SUC**

- a. Creates StuFAPs Committee who will oversee the operation and implementation of the CGMS-SUCs;
- b. Determines qualified applicants;
- c. Issues NOA to qualified applicants through letter/email or posting via the SUCs website ;
- d. Orients the grantees of their obligations, duties and responsibilities upon acceptance of award;
- e. Submits to DBM the special budget request;
- f. Receives SARO and NCA for disbursement to the grantees;
- g. Obligates one academic year allocation of grantees;
- h. Facilitates the timely release of the financial benefits of the grantees;
- i. Maintains an updated database to be submitted to CHEDROs;
- j. Submits to the DBM, the Speaker of the House of Representatives, the President of the Senate of the Philippines, the House Committee on Appropriations and the Senate Committee on Finance either in printed or electronic form, quarterly reports on the utilization of funds, including the lists of beneficiaries;
- k. Ensures posting in the official website of SUCs concerned the list of their CGMS-SUCs grantees; and
- l. Provides long term role towards sustainability of primary health services in the community, covering public and rural health services by enhancing and/or adopting its medical programs curriculum;

**8.2 CHED**

- a. Monitors submission of reports to DBM and Congress.

**8.3 DEPARTMENT OF HEALTH**

- a. Enters into a Memorandum of Agreement (MOA) with CHED in the implementation of CGMS-SUCs;
- b. Implements the Return Service Program in partnership with the CHED;
- c. Conducts monitoring activity with CHED on the implementation of the program; and
- d. Submits status report on the RSP to CHED and SUCs.

**8.4 DBM**

- a. Releases the SARO and NCA directly to SUCs.



## 9. TIMELINES

PARTICULARS	RESPONSIBLE PERSON/OFFICE/AGENCIES	SCHEDULE
<b>9.1 APPLICATION AND SELECTION</b>		
Submission of CGMS-SUCs Application Form with the complete required supporting documents	Student-applicant	before the start of academic year applied
Evaluation of submitted applications	SUCs StuFAPs Coordinator	
Issues NOA to qualified grantees	SUCs	
Submission of database	SUCs StuFAPs Coordinator	30 days after the last day of enrollment
<b>9.2 RELEASE AND DISBURSEMENT OF FUNDS</b>		
Submission of a special budget request with supporting documents	SUCs	Within 15 days upon approval of the guidelines
Release of SARO/NCA	DBM	Within five (5) working days upon receipt of request
Obligate and disburse funds to grantees	Concerned SUCs	

## 10.0 RESOLUTION OF ISSUES

Interpretation of the provisions in this Joint Memorandum Circular, including cases not covered herein shall be referred to the CHED Central Office for resolution by the CHED, SUCs and DBM.

## 11.0 TRANSPARENCY AND ACCOUNTABILITY

The agencies concerned shall adopt a strict policy on transparency and accountability in the disbursement of the funds and shall be governed by the existing laws.

The SUCs shall submit to the DBM, the Speaker of the House of Representatives, the President of the Senate of the Philippines, the House Committee on Appropriations and the Senate Committee on Finance either in printed form or by way of electronic document, quarterly reports on the utilization of funds, including the lists of beneficiaries.

The President of the SUCs and web administrators or their equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the SUCs website.

In addition, the recipient SUC shall post on its website the following:

- (a.) Recipient SUC and number of scholars enrolled therein; and
- (b.) Name and address of all grantees in each SUC.





## 12.0 SEPARABILITY CLAUSE

If for any reason, any part or provision of this joint circular is declared invalid or unconstitutional, any part or provision not affected thereby shall remain in full force and effect.

## 13.0 REPEALING CLAUSE

All or other issuances that are inconsistent with this Joint Memorandum Circular are hereby repealed or amended accordingly.

## 14.0 EFFECTIVITY

This Joint Memorandum Circular shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Signed this 31st day of May, 2017



**PATRICIA B. LICUANAN, Ph.D.**

Chairperson  
Commission on Higher Education



**BENJAMIN E. DIOKNO, Ph.D.**

Secretary  
Department of Budget and Management





NAME OF SUC  
ADDRESS

ID PICTURE

**CASH GRANTS TO MEDICAL STUDENTS ENROLLED IN SUCs (CGMS-SUCs)  
APPLICATION FORM**

Instructions: Read General and Documentary Requirements. Fill in all the required information. Do not leave an item blank. If item is not applicable, indicate "N/A".

**PERSONAL INFORMATION**

Name	(Last Name) put extension, if any: i.e. Jr., III	(First Name)	(Middle Name)	Maiden Name (for Married Women)
Date of Birth (mm/dd/yy)	Permanent Mailing Address			
Place of Birth	Zip Code			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name of School Last Attended		
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others	School Address		
Citizenship	School Sector:	( ) Public ( ) Private		
Mobile Number	Highest Attained Grade/Year Level			
E-mail Address	Type of Disability (if applicable)	Tribal Membership (if applicable)		

**FAMILY BACKGROUND**

	Father: ( ) Living ( ) Deceased	Mother: ( ) Living ( ) Deceased
Name		
Address		
Occupation		
Educational Attainment		
Total Parents Taxable Income		No. of Siblings in the family

School Intended to enroll or enrolled in: \_\_\_\_\_

School Address: \_\_\_\_\_

Type of School: ( ) Public ( ) Private

Degree Program: \_\_\_\_\_

Are you enjoying other educational/financial assistance? \_\_\_\_ Yes or \_\_\_\_ No

If yes, please specify 1. \_\_\_\_\_ Type \_\_\_\_\_ Grantee Institution/Agency \_\_\_\_\_

2. \_\_\_\_\_

I hereby certify that foregoing statements are true and correct.

\_\_\_\_\_  
(Signature over Printed Name of Applicant)

\_\_\_\_\_  
Date Accomplished

Note: Fully accomplished form to be submitted to the SUCs

DO NOT FILL-OUT THIS PORTION (FOR CHED USE ONLY)

<p>Belongs to: (any of the following groups)</p> <p><input type="checkbox"/> dependent of solo parent</p> <p><input type="checkbox"/> senior citizens</p> <p><input type="checkbox"/> persons with disabilities please specify type of disability _____</p> <p><input type="checkbox"/> indigenous and ethnic peoples, please specify membership _____</p>	<p>Documents Attached:</p> <p>Report Card _____</p> <p>Latest ITR _____</p> <p>Total _____</p>
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Evaluated/Processed by:

SUC Coordinator

**COVERAGE**

The program is intended for all Filipino medical students, both new and continuing medical students, who will enroll for the Academic Year 2017-2018 in identified participating SUCs offering Doctor of Medicine Program.

NOTE: Must avail of only one government funded assistance

**General Requirement**

SUCs required documents before the start of academic year applied, including the following:

**Academic Requirements:**

- For Incoming Freshmen students eligible for college – high school report card
- For Applicants with Earned Units in higher education – duly certified copy of grades for the latest semester/term attended

**Income Requirement**

Latest Income Tax Return (ITR) of parents or guardian





## SUC NAME

Date \_\_\_\_\_

**CASH GRANTS TO MEDICAL STUDENTS ENROLLED IN SUCs (CGMS-SUCs)  
NOTICE OF AWARD (NOA)**

**NAME OF AWARDEE**

Address \_\_\_\_\_

Dear \_\_\_\_\_:

We are pleased to inform you that you qualified as a CGMS-SUCs grantee with Award No. \_\_\_\_\_. This grant is effective \_\_\_\_\_ Semester, AY \_\_\_\_\_ until AY \_\_\_\_\_ with Php \_\_\_\_\_ per semester.

**Rules to be observed by Grantees**

- a. Pass the admission requirements of the HEIs;
- b. Enroll in authorized Doctor of Medicine program of SUCs;
- c. Maintain a general weighted average (GWA) of at least a passing grade;
- d. Carry a normal academic load and complete within the duration of the curricular program enrolled in; and
- e. Avail only of one government funded assistance

**Grounds for Termination**

- a. Failure to enroll in authorized Doctor of Medicine Program of SUCs;
- b. Failure to maintain a GWA of at least a passing grade;
- c. Failure to carry a normal academic load;
- d. Failure to secure approval from SUCs on dropping out from school, deferment of the grant, transferring to another program; and/or
- e. Submit fraudulent documents.

You are advised to constantly coordinate and communicate with SUCs, regarding any concern with regards to your grant. Further, please notify within 30 days from occurrence about any change of permanent addresses and contact numbers.

Furthermore, failure to confirm acceptance of this award within fifteen (15) working days upon receipt will mean forfeiture of the award and is subject for replacement.

Very truly yours,

\_\_\_\_\_  
President/Authorized Representative

(Please return this part to SUC)

**The School President**

Name of SUC \_\_\_\_\_

Address \_\_\_\_\_

Sir/Madam:

Please be informed that I, \_\_\_\_\_, a resident of \_\_\_\_\_ with Telephone No. \_\_\_\_\_ and Mobile No. \_\_\_\_\_. I am currently a recipient of \_\_\_\_\_ scholarship/financial assistance from \_\_\_\_\_ amounting to \_\_\_\_\_, and \_\_\_\_\_ scholarship/financial assistance from \_\_\_\_\_ amounting to \_\_\_\_\_.

**Please check (✓) one:**

- ( ) Accept the grant with **Award No.** \_\_\_\_\_ taking up \_\_\_\_\_, Year Level \_\_\_\_\_.
- ( ) Defer my grant for \_\_\_\_\_ semester of academic year \_\_\_\_\_  
state reason/s here: \_\_\_\_\_
- ( ) Reject/Waive the grant  
state reason/s here: \_\_\_\_\_

Very truly yours,

\_\_\_\_\_  
(Signature Over Printed Name of the Awardee)

## STATE UNIVERSITIES AND COLLEGES

## MASTERLIST FOR CASH GRANTS TO MEDICAL STUDENTS ENROLLED IN SUCs PROGRAM

\_\_\_\_ Semester, AY \_\_\_\_

AWARD. NO.	NAME			SEX (F/M)	PERMANENT HOME ADDRESS			DISTRICT (1st, 2nd ...)	HEI	Type of HEI (P/G)	BACCALAUREATE PROGRAM	YEAR LEVEL (1, 2, 3, ...)	FINANCIAL BENEFITS
	LAST NAME	FIRST NAME	M.I.		BRGY/STREET	TOWN/CITY	PROVINCE						
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
<b>TOTAL</b>												-	

Prepared:

Reviewed and Certified Correct:

Approved:

SUC Coordinator

SUC Registrar

SUC President/Authorized Representative

