

**SYSTEM PROCEDURE**

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11 PREPARATION OF ACTIVITY DESIGN**Scope:**

This process starts from the preparation of activity design up to its approval. This covers all activities, e.g., meetings, FGDs, formal training, anniversary celebrations, etc.

Description of Service:

This procedure defines the process for effectively preparing an accurate activity design leading to the successful implementation/rollout of the activity.

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
1	Prepare Activity Design	<ul style="list-style-type: none">Identify the activities that require activity design based on the approved OPB or upon receipt of instruction from the Top Management.Prepare Activity Design based on the approved OPB using the Activity Design template.	Technical Staff	<ul style="list-style-type: none">Approved OPB and PPMPActivity Design Template
2	Review and evaluate requested action	<ul style="list-style-type: none">Review the contents of the activity design as to appropriateness and completeness and whether:<ul style="list-style-type: none">Schedule is not in conflict with other Department's activities;Reflected in and consistent with the OPB;Included in and consistent with the PPMP; and	Bureau/Service Director/ Head of Office	<ul style="list-style-type: none">Activity Design with supporting documents



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No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		<ul style="list-style-type: none">- Consulted and agreed upon by ROs, if with amount for downloading to Regions.• If found in order, sign the "Prepared by" section in the Activity Design, else, provide comments and instructions for appropriate action by the Technical Staff. <p>Note: In case the signatory in the prepared section is also the signatory in the approving section as per delegation of authority, the official next-in-rank shall sign.</p> <p><i>This document is UNCONTROLLED when DOWNLOADED and/or PRINTED. Always refer to the Department's Document Management System for the Controlled Copy</i></p> <ul style="list-style-type: none">• For PO/HUC/G/MLGOOs skip Steps 3 & 4 and forward the signed Activity Design to the Disbursing Officer to check the funds availability.• For CO and ROs, proceed to the next step. ROs may skip Steps 3 & 4 if a Mother Activity design is provided by the Central Office.		
3	Submit approved contents of Activity design for further review	<ul style="list-style-type: none">• Upon receipt of instruction on revisions/improvement of the activity design, finalize the contents.• Attach the required attachments as basis for further review as follows:<ul style="list-style-type: none">- OPB- PPMP- Others, as necessary/required	Technical Staff	<ul style="list-style-type: none">• Activity Design



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No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		<ul style="list-style-type: none"> Forward approved activity design as to contents with complete attachments to reviewing Offices (for ROs – Planning Officer, Budget Officer; for CO – Planning Service, FMS-Management Division and Budget Division) 		
4	Review the Activity Design	<ul style="list-style-type: none"> Review the activity design as to consistency or inclusion of the activity in the approved OPB and communicate the result of review through Memorandum/Routing Slip. 	For CO: Planning Service (PS) concerned personnel/ For ROs: Planning Officer	<ul style="list-style-type: none"> Activity Design with supporting documents Memorandum/Routing Slip
		<ul style="list-style-type: none"> Review the activity design as to: <ul style="list-style-type: none"> Consistency or compliance of the indicated/budgetary requirements with the existing relevant internal policies of the Department; Completeness/appropriateness of supporting documents <p>Note: In case there was non-compliance/incorrect/inaccurate data, reviewed Activity Design will be returned to the operating unit for appropriate action/s and will be verified by the same concerned personnel before forwarding it to the Budget Division.</p>	For CO: FMS - Management Division concerned Personnel For ROs: Budget Officer	<ul style="list-style-type: none"> Activity Design with supporting documents Activity Design Review Checklist
5	Check fund availability	<ul style="list-style-type: none"> Check availability and allocate funds. 	For CO: – Budget Division concerned personnel/ For ROs: Budget Officer	<ul style="list-style-type: none"> Activity Design with supporting documents

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No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
6	Approve the activity design as to fund requirements	<ul style="list-style-type: none"> As per relevant circulars/issuances on delegation of authority, conduct final review and approve the financial requirement by signing the "APPROVED" section in the activity design. Return activity design and attachments to the concerned office for appropriate action. 	Authorized Approving Authority	<ul style="list-style-type: none"> Activity Design with supporting documents
7	Retain Records	<ul style="list-style-type: none"> Retain and provide copies of the approved activity design to offices/personnel as required. Retain records in accordance with the Control of Retained Documented Information Procedure and Master List of Retained Documented Information. 	Technical Staff/Designated Records Custodian	<ul style="list-style-type: none"> Control of Retained Documented Information Procedure Master List of Retained Documented Information.
End of Transaction				

Prepared By:	Reviewed By:	Approved By:
(sgd.) ROMAR B. PANGANIBAN	(sgd.) ASEC. ESTER A. ALDANA, CESO II	(sgd.) USEC. EPIMACIO V. DENISING III
QMS Secretariat Head	Overall Deputy Quality Management Representative	Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
ACTIVITY DESIGN

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OFFICE:	
TITLE OF THE ACTIVITY:	

BACKGROUND AND RATIONALE

(Provide a brief description of the need for or purpose of this activity including relevant applicable statutory and regulatory requirements)

OBJECTIVE

(Describe the learning objectives (output) and the intermediate effects of outputs to the participants/learners outcome)

TARGET PARTICIPANTS

(Identify beneficiaries: position/designation, and location/office, the distribution and the total number. Insert table for the details, or attach a Participants Profile)

Guaranteed number of attendees is _____ which is 75% of the total number of participants.

INCLUSIVE DATE/S: *(Define the duration of the activity)*

CONTENT (As applicable)

(Outline the key sections/topics to be covered by the training being developed. Attach Course Outline)

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METHODOLOGY

(Describe briefly the approaches/methodologies to be used in the conduct of the activity, e.g. Lectures, Workshops, Brainstorming, etc.)

MONITORING AND EVALUATION (As applicable)

(Identify the monitoring and evaluation activities, e.g. Pre-Test and Post Test, Activity Feedback Form, Application Survey Form, Tracer Study, etc.)

BUDGETARY REQUIREMENTS

EXPENDITURES		PARTICULARS	BUDGETARY REQUIREMENTS		
			CO	RO (For Downloading, if any; Provide breakdown per Region)	Total
1	Transportation/Travel Expenses				
2	Food and Accommodation				
	Live-in				
	Live-out				
	In-house				
3	Communication Services				
4	Honoraria				
5	Supplies and Materials				
6	Rental Expenses				
7	Gasoline Expenses				
8	Other Expenses <i>(please specify)</i>				
		Total			
FUND SOURCE:					



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ACTIVITY DESIGN

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BASIS AND REFERENCES:

<i>This activity design is prepared considering the following:</i>	REMARKS
Schedule is not in conflict with other Department's activities	
Reflected in and consistent with the OPB	
Included in and consistent with the PPMP	
Consulted and agreed upon by ROs, if with amount for downloading	
Others (specify)	

Prepared by:	FUNDS AVAILABLE:
Name and Position	Chief, Budget Division (CO) Budger Officer (RO) / Disbursing Officer (PO)

APPROVED (As per relevant Circulars/Issuances on Delegation of Authority)

(Name and Position of Authorized Approving Authority)

PER CIRCULAR 2020-19 dated 14 July 2020 (Comprehensive Delegation of Authority - Local Government Sector)

SILG-Exceeding P10 Million Pesos; Undersecretaries-Not exceeding P10 Million Pesos; Assistant Secretaries-Not exceeding P5 Million Pesos; HEA - Not Exceeding P3 Million Pesos; LGA Executive Director/ Regional/Bureau Directors - Regardless of Amount; Service Directors - Not exceeding P1 Million

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QMS Secretariat Head	Overall Deputy Quality Management Representative	Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**ACTIVITY DESIGN REVIEW CHECKLIST
(FINANCIAL MATTERS)**

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Control No. YYYY-MM

I. Date/s Received: _____
Office: _____
Title: _____
Date of Activity: _____
Venue: _____
Amount: _____
Fund Source: _____

*Instruction: Put a check (✓) for complied requirement, X if not complied, N/A if not applicable or - if cannot be verified/validated
Provide brief description of the marked observation in the "Remarks" column, as necessary*

Reference	Policy Requirement	Remarks
<input type="checkbox"/> Circular No. 2018-15, 1.3.2.2	Allocation for supplies does not exceed allowed rate per pax	_____
<input type="checkbox"/> Circular No. 2018-15, 1.3.2.2	Indicated supplies are allowed items only	_____
<input type="checkbox"/> Circular No. 2018-15, 1.3.2.3	No allocation for contingency expenses	_____
<input type="checkbox"/> Circular No. 2018-15, 1.3.3	Collaterals/special items aproved and compliant with BIM	_____
<input type="checkbox"/> Circular No. 2018-15, 1.3.5	Allocation for rental of vehicle is supported with justification	_____
<input type="checkbox"/> Circular No. 2018-15, 1.4	With statement for guaranteed attendees (75% of total pax)	_____
<input type="checkbox"/> Circular No. 2018-15, 1.4	Individual rates of honoraria does not exceed allowed rate/hr	_____
<input type="checkbox"/> Circular No. 2018-12, 5.3.2	Individual rates of honoraria proportionately increased because of > 50 pax	_____
<input type="checkbox"/> Circular No. 2018-12, 5.3.3	Honorarium shall not be granted to Officials/employees w/in the Department	_____
<input type="checkbox"/> Circular No. 2018-12, 4.2	Allocation for food/accomodation/venue does not exceed allowed rate per pax	_____
<input type="checkbox"/> Circular No. 2017-03	Allocation for travel expenses does not exceed allowed rate	_____
<input type="checkbox"/> Circular No. 2012-12	Compliant with the approving authority per amount	_____
<input type="checkbox"/> MCNO 2018-10; DO No. 2018-685	Other observations: (specify, if any)	_____

*Instruction: Put a check (✓) for suggested actions. Unmarked box means action is not suggested.
Provide brief description of the checked suggested action in the "Remarks" column, as necessary*

Suggested Actions:	Remarks	Date Complied
<input type="checkbox"/> Attach supporting documents:		
<input type="checkbox"/> List of Supplies	_____	_____
<input type="checkbox"/> Content Outline	_____	_____
<input type="checkbox"/> List of Participants	_____	_____
<input type="checkbox"/> NFT or equivalent	_____	_____
<input type="checkbox"/> Justification	_____	_____
<input type="checkbox"/> Other supporting document/s (specify, if any)	_____	_____
<input type="checkbox"/> Properly accomplish:	_____	_____
<input type="checkbox"/> Indicate the statement for 75% target participants	_____	_____
<input type="checkbox"/> Exclude allocation for:	_____	_____
<input type="checkbox"/> Follow template:	_____	_____
<input type="checkbox"/> Ensure consistency of data and provide corrections accordingly:	_____	_____
<input type="checkbox"/> Other Suggested Actions (specify, if any)	_____	_____
Date/s Released: _____		

Prepared and Reviewed by: _____
(Name)
(Position)

Noted by: _____
(Name)
(Position)

Date Forwarded to Budget Division/Section (If Assigned
Reviewing Officer is not the Budget Officer or other Personnel
form the Budget Division/Section): _____

Date Returned to Operating Unit:

II. Action/s to be taken:

Date Complied: _____
Verified by: _____

Prepared By (sgd.) ROMAR E. PANGANIBAN QMS Secretariat Head	Reviewed By (sgd.) ASEC. ESTER A. ALDANA, CESO II Overall Deputy Quality Management Representative	Approved By (sgd.) USEC. EPIMACO V. DENSIQUIN Quality Management Representative
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ACTIVITY DESIGN MONITORING LOG SHEET

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(Name Here)	(Name Here)
Position Title	Position Title

Prepared By	Reviewed By	Approved By
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

MASTER LIST OF MAINTAINED INTERNAL DOCUMENTED INFORMATION

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Name of Bureau/Service/Office/Procedure: DILG OFFICES

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SYSTEM PROCEDURE							
SP-DILG-11	Preparation of Activity Design	06.15.21					
FM-SP-DILG-11-01	Activity Design	06.15.21					
FM-SP-DILG-11-02	Activity Design Review Checklist (Financial Matters)	06.15.21					
FM-SP-DILG-11-03	Activity Design Monitoring Log sheet	06.15.21					

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Prepared By
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Central Document Controller

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