



**APPLICATION FORM**  
**REPS Development and Research Dissemination Grant**

|                                                |                                                                                                                                                                                                  |                                                                                                                                                                    |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name of Applicant</b>                       | (Last Name) (First Name) (Middle Initial)                                                                                                                                                        |                                                                                                                                                                    |
| <b>REPS Rank</b>                               |                                                                                                                                                                                                  |                                                                                                                                                                    |
| <b>Email address (please use UP mail)</b>      |                                                                                                                                                                                                  |                                                                                                                                                                    |
| <b>Year of First Appointment</b>               |                                                                                                                                                                                                  |                                                                                                                                                                    |
| <b>Department/Unit &amp; College/Institute</b> |                                                                                                                                                                                                  |                                                                                                                                                                    |
| <b>Nature of Application</b>                   | <input type="checkbox"/> <b>Research Dissemination</b><br><input type="checkbox"/> Oral Presentation<br><input type="checkbox"/> Poster Presentation<br><input type="checkbox"/> Publication Fee | <input type="checkbox"/> <b>REPS Development</b><br><input type="checkbox"/> Conference Attendance<br><input type="checkbox"/> Training, Short Course, or Workshop |
| <b>Details about the Request</b>               | <b>Title of Research (to be presented/published, if applicable):</b>                                                                                                                             |                                                                                                                                                                    |
|                                                | <b>Conference/Training/Workshop Title:</b>                                                                                                                                                       |                                                                                                                                                                    |
|                                                | <b>Date and Venue:</b>                                                                                                                                                                           |                                                                                                                                                                    |
|                                                | <b>Organizer:</b>                                                                                                                                                                                |                                                                                                                                                                    |
|                                                | <b>Bibliographic details and/or link to publication:</b>                                                                                                                                         |                                                                                                                                                                    |



OFFICE OF THE VICE CHANCELLOR FOR RESEARCH  
**UNIVERSITY OF THE PHILIPPINES MANILA**  
The Health Sciences Center

8/F Philippine General Hospital Complex, Taft Avenue, Manila 1000, Philippines  
Tel: (632) 88141.271 | Email: upm-ovcr@up.edu.ph

|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title of the Research registered in RGAO (if applicable)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>RGAO Registration Number (if applicable)</b>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Additional Source of Funding</b>                             | <b>Source:</b><br><b>Amount:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Signature</b>                                                | <p><i>I certify that the above information is true and correct and that I commit to complying with all the requirements of the grant, including timely submission of post-activity liquidation and report.</i></p> <p>_____</p> <p><b>Signature over Printed Name of the Applicant</b></p> <p>_____</p> <p><b>Date</b></p>                                                                                                                                                                                                                                                |
| <b>Unit Endorsement</b>                                         | <p><i>I endorse the application of _____ for _____.</i></p> <p><i>I certify that the supporting documents pertaining to the application are authentic.</i></p> <p><i>This is to further certify that the applicant has been in active service in the University for ____ years, and that the applicant has moral and intellectual integrity.</i></p> <p>_____</p> <p><b>Signature over Printed Name of the Supervisor</b></p> <p>_____</p> <p><b>Date</b></p> <p>_____</p> <p><b>Signature over Printed Name of the Dean/Director</b></p> <p>_____</p> <p><b>Date</b></p> |



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|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Approval | <p><i>The Office of the Vice Chancellor for Research hereby approves the application of _____ for the REPS Development and Research Dissemination Grant.</i></p> <p>_____<br/><b>Leslie Michelle M. Dalmacio, PhD</b><br/>Vice Chancellor for Research</p> <p>_____<br/><b>Date</b></p> |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## CHECKLIST OF REQUIREMENTS

### A. RESEARCH DISSEMINATION

#### 1. For Conference (Oral/Paper) Presentation

- 1.1. Application form
- 1.2. Letter of invitation from organizer, indicating the acceptance of paper and entitlements/non-entitlement
- 1.3. Abstract reflecting the applicant's affiliation with UPM
- 1.4. Conference registration fee
- 1.5. Certificate of RGAO registration (if applicable)
- 1.6. Copy of the conference program

#### 2. For Publication Fee

- 2.1. Application form
- 2.2. Proof of acceptance - affiliation with UPM should be stated clearly in the article
- 2.3. Portion of the journal indicating that it is peer-reviewed, or any proof of the peer-review process
- 2.4. Proof of non-predatory journal
- 2.5. Document reflecting publication fee
- 2.6. Certificate of RGAO registration

### B. REPS Development

#### 1. For Conference Attendance

- 1.1. Application form
- 1.2. Letter of invitation from organizer, reflecting the applicant's affiliation with UPM and the registration entitlements/non-entitlement
- 1.3. Conference registration fee
- 1.4. Copy of the conference program

#### 2. For Training/Short-course/Workshop

- 2.1. Application form
- 2.2. Letter of invitation from organizer, reflecting the applicant's affiliation with UPM and the registration entitlements/non-entitlement
- 2.3. Training/Short-course/Workshop fee
- 2.4. Copy of the program