



### APPLICATION FORM

*(Research Dissemination Grant, Publication Award, & Publication Fee)*

|                                                             |                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Previous Grant/s Awarded</b><br>(check all that applies) | <b>Please indicate the year(s) the grant was awarded:</b><br><input type="checkbox"/> Research Dissemination Grant: _____<br><input type="checkbox"/> Publication Award: _____<br><input type="checkbox"/> Publication Fee: _____<br><input type="checkbox"/> None |
| <b>Name of Applicant</b>                                    | (Last Name) (First Name) (Middle Initial)                                                                                                                                                                                                                          |
| <b>Faculty/REPS Rank</b>                                    |                                                                                                                                                                                                                                                                    |
| <b>Email address</b> (please use UP mail)                   |                                                                                                                                                                                                                                                                    |
| <b>Year of First Appointment</b>                            |                                                                                                                                                                                                                                                                    |
| <b>Department/Unit &amp; College/Institute</b>              |                                                                                                                                                                                                                                                                    |
| <b>Nature of Application</b>                                | <input type="checkbox"/> Oral Presentation<br><input type="checkbox"/> Poster Presentation<br><input type="checkbox"/> Publication Award<br><input type="checkbox"/> Publication Fee                                                                               |
| <b>Details about the Request</b>                            | <b>Title of Research (to be presented/published):</b>                                                                                                                                                                                                              |
|                                                             | <b>Conference/Training/Workshop Title:</b>                                                                                                                                                                                                                         |
|                                                             | <b>Date and Venue:</b>                                                                                                                                                                                                                                             |
|                                                             | <b>Organizer:</b>                                                                                                                                                                                                                                                  |
|                                                             | <b>Bibliographic details and/or link to publication <u>or</u> Target journal (for Publication Fee):</b>                                                                                                                                                            |



Office of the Vice Chancellor for Research and Extension  
**UNIVERSITY OF THE PHILIPPINES MANILA**  
 The Health Sciences Center

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

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title of the Original Research registered in RGAO*</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>RGAO Registration Number</b>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Additional Source of Funding</b>                       | <b>Source:</b><br><b>Amount:</b><br><b>Entitlements:</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><b>Signature over Printed Name of the Applicant</b><br/> <b>Date:</b></p>                                                                                                                                                                                                                                                                                                                           |
| <b>FIRST ENDORSEMENT</b>                                  | <p><i>I endorse the application of _____ for _____.</i></p> <p><i>I certify that (please check as applicable):</i></p> <p><input type="checkbox"/> <i>The work has been reviewed and is deemed worthy of presentation.</i></p> <p><input type="checkbox"/> <i>The supporting documents pertaining to the application are authentic.</i></p> <p><input type="checkbox"/> <i>The applicant has been in active service in the University for ____ years, and possesses moral and intellectual integrity.</i></p> <p><b>Signature over Printed Name of the Chairperson</b><br/> <b>Department/Unit:</b><br/> <b>Date:</b></p> |
| <b>SECOND ENDORSEMENT</b>                                 | <p><b>Signature over Printed Name of the Dean/Director</b><br/> <b>College/Institute</b><br/> <b>Date:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

*\*If the title of research to be presented/published differs from the original research title registered in RGAO*



## CHECKLIST OF REQUIREMENTS

### A. For Research Dissemination Grant

- ☐ 1. Application form reviewed and endorsed by the Department Chair and Dean/Institute Director/Director, as applicable
- ☐ 2. Letter of invitation from organizer, indicating the acceptance of paper and entitlements/non-entitlement
- ☐ 3. Abstract reflecting the applicant's affiliation with UPM
- ☐ 4. Registration form where registration fee is indicated
- ☐ 5. Certificate of RGAO registration
- ☐ 6. Copy of the conference program
- ☐ 7. At least three (3) quotations for airfare
- ☐ 8. Approval of research protocol from UPM-REB/IACUC/IBBC (as applicable)
- ☐ 9. Document reflecting other sources of funds (if applicable)

### B. For Publication Award

- ☐ 1. Application form
- ☐ 2. Copy of journal article (peer-reviewed, non-Scopus/WoS); affiliation with UP Manila stated clearly in the article
- ☐ 3. Portion of the journal indicating that it is peer-reviewed, or any proof of the peer-review process
- ☐ 4. Certificate of RGAO registration
- ☐ 5. Ethics approval of research protocol from UPM-REB/IACUC/IBBC (as applicable)

### C. For Publication Fee

- ☐ 1. Application form
- ☐ 2. Letter of acceptance for publication from the editor, which also includes the amount charged for the publication fee
- ☐ 3. Proof that the journal is a WoS- or SCOPUS-indexed journal
- ☐ 4. Certificate of RGAO registration
- ☐ 5. Ethics approval of research protocol from UPM-REB/IACUC/IBBC (as applicable)

**Please note that a Post Activity/Publication Report should be submitted** within 10 days after return from the conference/symposia (or the like) through this [Google Form](https://bit.ly/RDGPFRReport) (<https://bit.ly/RDGPFRReport>).