**PLAN OF ACTIVITIES**

**FOR INCOMING ACADEMIC YEAR 20**🞏🞏**–20**🞏🞏

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|  |  | 🞏 **Institutional**  🞏 **College-Based:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College/Unit |  |  |  |  |
| **Name of Organization** |  | **Classification** |  | **Arm** |  | **Cluster** |

List the proposed activities that will be participated in, or organized, by the organization. Note that each organization is highly encouraged to have at least one income-generating project and at least one community extension service per year. Include also in the plan of activities a collaborative project within the organization’s cluster.

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| **SECTION 1. Services to the Institution/College.** This includes activities organized by the Institution or the College in which the organization will actively participate. | | | | | | |
| **Projected Time Frame** | **Activity** | **Venue** | **Proposed Budget** | **Description / Objectives** | **Person/s In-Charge** | **Success Indicator** |
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| **SECTION 2. Services to Own Organization.** This includes activities such as capacity-building seminars/trainings, rehearsals, and meetings that will be participated in, or organized, by the organization, or its members where representation of the organization is evident. | | | | | | |
| **Projected Time Frame** | **Activity** | **Venue** | **Proposed Budget** | **Description / Objectives** | **Person/s In-Charge** | **Success Indicator** |
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| **SECTION 3. Income-Generating Projects.** This includes fund-raising activities . | | | | | | |
| **Projected Time Frame** | **Activity** | **Venue** | **Proposed Budget** | **Description / Objectives** | **Person/s In-Charge** | **Success Indicator** |
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| **SECTION 4. Community Extension Services.** This includes medical missions and outreach programs for which the beneficiaries are the underprivileged sector of the community. The programs must be in line with the mission and goals of the organization. | | | | | | |
| **Projected Time Frame** | **Activity** | **Venue** | **Proposed Budget** | **Description / Objectives** | **Person/s In-Charge** | **Success Indicator** |
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| **Prepared by:** |  | **Attested by:** |  | **Verified correct by:** |
| (Signature Over Printed Name) |  | (Signature Over Printed Name) |  | (Signature Over Printed Name) |
| **Executive Secretary** |  | **President** |  | **Faculty Adviser** |