MEMORANDUM

TO : OIC – Assistant Schools Division Superintendent
     OIC Chiefs – CID and SGOD
     Division Officials and Personnel
     Elementary and Secondary School Heads
     School Research Coordinators
     All Others Concerned

FROM : DR. ROMMEL C. BAUTISTA, CESO V
       City Schools Division Superintendent

SUBJECT : CALL FOR RESEARCH PROPOSALS FOR SY 2018 – 2019

DATE : June 7, 2018

Pursuant to DepEd Order No. 16, s. 2017, Research Management Guidelines, this office announces the deadline of submission of research proposals of division officials and personnel, school heads, teachers, and school personnel for School Year (SY) 2018 – 2019 on June 29, 2018.

Hard copies of proposals shall include Enclosures 1 to 4 of this Memorandum placed in a long brown envelope, while soft copies of the proposal shall be sent to antipolo.research@gmail.com.

Enclosure 1 – Minimum Requirements for the Research Proposal
Enclosure 2 – Research Proposal Application Form
Enclosure 3 – Declaration of Anti-Plagiarism
Enclosure 4 – Declaration of Absence of Conflict of Interest


Widest dissemination of this Memorandum is highly appreciated.
Enclosure 1 to UM-354 s. 2018

Minimum Requirements of the Proposal

Paper size: A4
Font style and size: Arial 11
Line spacing: Double-spaced

Basic Research Proposal Template
I. Introduction and Rationale
II. Literature Review
III. Research Questions
IV. Scope and Limitation
V. Research Methodology
   a. Sampling
   b. Data Collection
   c. Ethical Issues
   d. Plan for Data Analysis
VI. Timetable/Gantt Chart
VII. Cost Estimates
VIII. Plans for Dissemination and Advocacy
IX. References

Action Research Proposal Template
I. Context and Rationale
II. Action Research Questions
III. Proposed Innovation, Intervention, and Strategy
IV. Action Research Methods
   a. Participants and/or Other Sources of Data and Information
   b. Data Gathering Methods
   c. Data Analysis Plan
V. Action Research Work Plan and Timelines
VI. Cost Estimates
VII. Plans for Dissemination and Utilization
VIII. References
Research Information and Proponent Information

I. Research Information

Research Title:

Short Description of the Research (150 words only):

Research Category
Scope: (check only one) Type: (check only one) Research Agenda Category (check only one):
____ National ____ Basic research ____ Teaching and Learning
____ Regional ____ Action research ____ Child Protection
____ Division ____ Human Resource Development ____ Governance
____ District ____ Disaster Risk Reduction and Management
____ School ____ Gender and Development

Check one cross-cutting theme, if applicable:
____ Inclusive Education

II. Proponent Information

Lead Proponent/Individual Proponent

Surname: ________________________ Given Name: ________________________ Middle Name: ________________________

Birthdate: ________________________ Sex: ________________________ Position/Designation: ________________________

Region: Calabarzon Division: Antipolo City School: ________________________

Contact Number: ________________________ Email Address: ________________________

Highest Educational Attainment: ________________________ Degree Title/Course: ________________________ Title of Thesis/Related Research Project: ________________________

Signature of Proponent: ________________________
| Proponent 2 | | | |
|------------|----------------|----------------|
| Surname:   | Given Name:    | Middle Name:   |
| Birthdate: | Sex:           | Position/Designation: |
| Region:    | Division:      | School:         |
|            | ANTIPOLO CITY |                 |
| Contact Number: | Email Address: |
| Highest Educational Attainment: | Degree Title/Course: | Title of Thesis/Related Research Project: |
| Signature of Proponent: |

| Proponent 3 | | | |
|------------|----------------|----------------|
| Surname:   | Given Name:    | Middle Name:   |
| Birthdate: | Sex:           | Position/Designation: |
| Region:    | Division:      | School:         |
|            | ANTIPOLO CITY |                 |
| Contact Number: | Email Address: |
| Highest Educational Attainment: | Degree Title/Course: | Title of Thesis/Related Research Project: |
| Signature of Proponent: |

**IMMEDIATE SUPERVISOR’S CONFORME (optional)**

I hereby endorse the attached research proposal. I certify that the proponent/s has/have the capacity to implement a research study without compromising his/her office functions.

Name and Signature of Immediate Supervisor

Position / Designation

Antipolo City Sports Educational Hub, Sen. L. Sumulong Circle, Brgy. San Isidro, Antipolo City (02) 630-3110 www.depedantipolo.comeD EDUCASYONG TAPAT AT SAPAT DAPAT PARA SA LAHAT"
Declaration of Anti-Plagiarism

I/We, ____________________________, understand that plagiarism is the act of taking and using another’s ideas and works and passing them off as one’s own. This includes explicitly copying the whole work of another person or that of the undersigned proponents and/or using some parts of their work without proper acknowledgment and referencing.

I/We hereby attest to the originality of this research proposal and has cited properly all the references used. I/We further commit that all deliverables and the final research study emanating from this proposal shall be of original content. I/We shall use appropriate citations in referencing other works from various sources. I/We also hereby attest that this research has not yet been finished and is not part of the proponent/s’ thesis/dissertation.

I/We understand that violation from this declaration and commitment shall be subject to consequences and shall be dealt with accordingly by the Department of Education.

Name and Signature of Lead Proponent

Date

Name and Signature of Proponent

Date

Name and Signature of Proponent

Date
Declaration of Absence of Conflict of Interest

I/We ___________________________________________, understand that conflict of interest refers to situations in which financial or other personal considerations may compromise my/our judgment in evaluating, conducting, or reporting research.

I/We hereby declare that I/we do not have any personal conflict of interest that may arise from my application and submission of my research proposal.

I/We understand that my research proposal may be returned to me/us if found out that there is conflict of interest during the initial screening as per DO 16, s. 2017.

Further, in case of any form of conflict of interest (possible or actual) which may inadvertently emerge during the conduct of my research, I/we will duly report it to the research committee for immediate action.

I/We understand that I/we may be held accountable by the Department of Education for any conflict of interest which I/we have intentionally concealed.

________________________________________________________________________
Name and Signature of Lead Proponent

________________________________________________________________________
Date

________________________________________________________________________
Name and Signature of Proponent

________________________________________________________________________
Date

________________________________________________________________________
Name and Signature of Proponent

________________________________________________________________________
Date