

UNIVERSITY OF SANTO TOMAS
UST-SIMBAHAYAN COMMUNITY DEVELOPMENT OFFICE

ACTIVITY FORM

I. General Information

- A. *Title of the Activity:* _____
- B. *Target Community/Institution:* _____
- C. *Target No. of Beneficiaries (if possible):* _____
- D. *Date of the Activity:* _____
- E. *Venue of the Activity:* _____
- F. *Proponent of the Activity:* _____
- G. *Contact Person:* _____
- H. *Contact Number:* _____
- I. *Total Activity Cost:*
- a. *Amount Requested from CSF:* _____
- b. *Amount of Organizational Counterpart:* _____

II. Activity Rationale and Description

A. *Activity Background:*

B. *Activity Objectives:*

1. _____
2. _____
3. _____

Prepared by:

Noted by:

(Printed Name over Signature)

Adviser
(For Faculty/College-based and
University-wide Student Organizations/Councils)

Approved by:

Director
UST-SIMBAHAYAN Community Development Office