**PRESIDENTIAL GAWAD CES NOMINATION FORM A**

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| This is to respectfully nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *(Name of Individual/Group Nominee)* |
| of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for his/her/their valuable contribution in |
| *(Agency of the Nominee)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| *(Narrate the Outstanding Accomplishment/Contribution. You may use additional sheets as necessary)* |
|  |
| I attest, to the best of my knowledge, that I have known his/her/them since \_\_\_\_\_\_\_\_\_\_\_  *(year)*  as his/her/their \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and that he/she/they has/have never been conferred with *(state relationship to the nominee)*  conferred with the Presidential Gawad CES based on the same accomplishments mentioned above. |

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| Name and Signature of Nominator  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Signing  Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Nominee Contact Details:** | | |
| Name: |  | |
| Agency: |  | |
| Position: |  | |
| Contact Number: | |  |
| Email: |  | |

***Note:*** *This form must be submitted on/before 31 May of every year****.***

**COVER LETTER TEMPLATE**

*\_\_\_\_\_\_\_\_\_ (Date)\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_(Addressee)\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Dear Executive Director Ballesteros**:**

This is to respectfully submit the documentary requirements pertinent to my nomination to the 2023 Presidential Gawad CES Award.

|  |
| --- |
| CES Personal Data Form (PDF) duly sworn to before the highest-ranking Human Resources Management Officer;  Bureau of Internal Revenue Tax Clearance;  Self-Certification of No Pending Case or Conviction;  Detailed information on dismissed case/s, if any;  Latest duly notarized Statement of Assets, Liabilities, and Net Worth (SALN); |
| Agency-issued Certification of Performance Rating for the past 2 years or copy of your CESPES ratings; and  Nomination Form B: Abstract of Accomplishment accompanied by supporting data. |

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|  |  |
| Name and Signature of Nominee  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signed |  |

**GAWAD CES NOMINATION FORM B**

**ABSTRACT OF ACCOMPLISHMENT**

*Instruction*: *You are encouraged to limit your answer to one (1) most outstanding accomplishment (consolidate the activities, programs, or interventions) that is related to the matter you were nominated for. Please provide complete,* *concrete,* *and* *concise* *answers* *as* *possible. Please substantiate claims with data and attach document/proof.*

|  |  |
| --- | --- |
| **SHORT TITLE OF THE ACCOMPLISHMENT** |  |
| **DESCRIPTION / DETAILS OF THE ACCOMPLISHMENT** | |
| **PROBLEM**   * Specify the needs/ problems/ condition prior to the implementation of the intervention |  |
| **INTERVENTION**  Specify:   * Activities/ processes undertaken * New ideas, strategies, or interventions implemented * Goals, purpose, and objectives of programs/ activities/projects implemented * Target beneficiaries (name and number of community/ agency/ group) * Success indicator of the intervention, if any |  |
| **RESULT**  Specify:   * Number of stakeholders benefited * Qualitative description of and/or quantitative data on the change that occurred to the intended beneficiaries * How the intervention effectively addressed the problems/ needs stated above * How the intervention/s contributed to the fulfillment of the agency’s priorities and/or the Philippine Development Plan * Who replicated the intervention and how was it replicated |  |
| Please specify your role in fulfilling the accomplishment. For group nomination, please specify the role of each of the members. |  |
| Other significant information about your accomplishment you want to share: |  |

I hereby declare that I have properly accomplished this Form and all information are true, correct and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name of Nominee/s and Date Signed

**GAWAD CES NOMINATION FORM A**

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| This is to respectfully nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *(Name of Individual/Group Nominee)* |
| of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for his/her/their |
| *(Agency of the Nominee)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| (*(Narrate the Outstanding Accomplishment/Contribution. You may use additional sheets as necessary)* |
|  |
| I have known his/her/them since \_\_\_\_\_\_\_\_\_\_ as his/her/their \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| *(year) (state relationship to the nominee)* |
|  |
| I attest, to the best of my knowledge, that he/she/they has/have never been conferred with the |
| Presidential Gawad CES based on the same accomplishments mentioned above. |
|  |

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|  |  |
| Name and Signature of Nominator  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Signing  Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Nominee Contact Details:** | | |
| Name: |  | |
| Agency: |  | |
| Position: |  | |
| Contact Number: | |  |
| Email: |  | |

***Note:*** *This form must be submitted on/before 31 May of every year****.***

**ENDORSEMENT OF NOMINATION**

*(This form shall be sent to the nominee by the CESB)*

Dear Mr./Ms: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This is to inform you that you had beennominated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the 2023 Presidential Gawad CES program.

Please submit the following documents on or before June 30, 2023 to complete your nomination package:

|  |
| --- |
| CES PDF duly sworn to before the highest ranking HRMO  BIR Tax Clearance  Self-Certification of No Pending Case or Conviction  Detailed information on dismissed case/s, if any.  Latest duly notarized SALN |
| Agency issued Certification of Performance Rating for the past 2 years or copy of your CESPES ratings  Nomination Form B: Abstract of Accomplishment, which may be accompanied by supporting data. Please peruse the attached Nomination Form A as your reference. |

**MARIA MARCY COSARE-BALLESTEROS, *CESO II***

Executive Director

**GAWAD CES NOMINATION FORM B**

**ABSTRACT OF ACCOMPLISHMENT**

*Instruction*: *You are encouraged to limit your answer to one (1) most outstanding accomplishment (consolidate the activities, programs, or interventions) that is related to the matter you were nominated for. Please provide complete,* *concrete,* *and* *concise* *answers* *as* *possible.*

|  |  |
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| Please specify your role in fulfilling the accomplishment. For group nomination, please specify the role of each of the members. |  |

I hereby declare that I have properly accomplished this Form and all information are true, correct and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name of Nominee/s and Date Signed