**COVER LETTER TEMPLATE**

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

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

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

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

Dear Executive Director Ballesteros**:**

This is to respectfully submit the documentary requirements pertinent to my nomination to the (year) 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.  |

|  |  |
| --- | --- |
|  |  |
| 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