

Republic of the Philippines
Province of _____
Municipality of _____

OFFICE OF THE MUNICIPAL MAYOR

Date

Regional Nutrition Program Coordinator
National Nutrition Council
Cordillera Administrative Region
Baguio City

Dear Madam:

This is to request for the renewal of BNS Financial Assistance for the _____ BNSs of the municipality for calendar year _____.

Hoping for your kind attention and approval on this request.

Very truly yours,

Municipal Mayor

**BARANGAY NUTRITION SCHOLARS' PROJECT
WORK AND FINANCIAL PLAN**

YEAR: ____

Municipality: _____

Province: _____

Total Number of BNSs: _____

Total Number of Barangays: _____

Plan of Work:

The following is the schedule of activities to be undertaken for the project:

<u>Activities</u>	<u>Duration/Frequency</u>
1. Continuing education for deployed BNSs	_____
2. Conduct of monthly BNS meetings	_____
3. Continuous advocacy and social preparations for the barangays to expand, include recruitment and screening of new applicants for training.	_____
4. Training of new BNSs (additional and replacement).	_____
5. Personal Services	
5.1 Salary of D/CNPC	_____
5.2 Transportation/ Allowance of D/CNPC	_____
6. Others:	

Budgetary Requirement:

<u>Item</u>	<u>LGU Counterpart</u>	<u>NNC Counterpart</u>
A. Maintenance of BNS projects and operation expenses		
1. BNS monthly allowances/incentives for _____old BNSs and _____ new BNSs.		
a) P100.00/BNS/month x 12 months (January to December). X _____ BNSs	_____	_____
2. Accident Insurance Premium at P11.50 each to _____ BNSs (o be retained at NNC)	_____	_____

3. Expenses for BNS follow-up meetings and regular

	<u>LGU Counterpart</u>	<u>NNC Counterpart</u>
Meetings (shouldered by LGU)	_____	
4. Other expenses		
B. BNS Training:		
1. Meals and snacks of participants for 2 days (2 breakfast, 2 lunch, 2 dinner and 4 snacks)	_____	_____
2. Supplies and materials (notebooks, ballpens, folders, kits. Etc.) BNS bags and t. shirts	_____	_____
3. Transportation and contingency	_____	_____
=====		
Sub-Totals	_____	_____
Grand Total	=====	=====
	LGU	+ NNC

Work and Financial Plan Approved:

Prepared by:

Municipal Nutrition Action Officer

Recommending Approval:

APPROVED:

MPDC

PNC/CNC/MNC Chairman

Endorsed by:

Regional Nutrition Program Coordinator

APPROVED:

Executive Director, National Nutrition Council

LIST OF BARANGAY NUTRITION SCHOLARS CY _____

Province/Municipality: _____

#	Names of BNS (include middle name)	Area of Assignment	Date of Birth	Civil Status	Sex	Period of Service		Name of Beneficiary	Relationship
						From (date/yr. started as BNS)	To		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Prepared by:

Approved by:

Municipal Nutrition Action Officer

Municipal Nutrition Committee Chair