



SOLUTION BOX for IMPROVEMENT of the SERVICE

SBITS ENTRY FORM

Improvement Proponent: <input type="checkbox"/> CAAP Employee <input type="checkbox"/> CAAP Job Order/Contractual <input type="checkbox"/> CAAP Consultant	
1. Name of Proponent:	2. SBITS Working Group received date/time:
3. Item Position and Designation:	4. CAAP ID Number:
5. Department and Service:	6. Contact Number(s): <input type="checkbox"/> Office: _____ <input type="checkbox"/> Mobile: _____ <input type="checkbox"/> Email: _____
Propose Improvement/Solution for: <input type="checkbox"/> Problems/Issues <input type="checkbox"/> Systems in Office <input type="checkbox"/> Innovation <input type="checkbox"/> Others (specify): _____	
7.	
PROPOSED SOLUTION TO THE PROBLEM/ISSUES, PROPOSE IMPROVEMENT in SYSTEM, INNOVATION and Others above	
8.	
RESOURCES NEEDED/REQUIRED for the PROPOSAL (specify cost of implementation if determined)	
9.	
OUTPUTS/SUCCESS INDICATORS OF THE PROPOSAL	
10.	
SCHEDULE OF PHYSICAL IMPLEMENTATION	
11.	

FORM OF IMPLEMENTATION:			
12. PROPONENT'S PROPOSED IMPLEMENTATION: <input type="checkbox"/> BY SELF <input type="checkbox"/> CREATE COMMITTEE/GROUP <input type="checkbox"/> PROJECT FORM w/o PMO <input type="checkbox"/> PROJECT FORM w/PMO <input type="checkbox"/> OTHERS (specify) _____	13. REQUIRMENT FOR IMPLEMENATION: <input type="checkbox"/> AGENCY's SUPPLIES/ CONSUMABLES <input type="checkbox"/> MANPOWER ASSISTANCE <input type="checkbox"/> NEEDS CORPORATE BUDGET <input type="checkbox"/> OTHERS (specify) _____	14. BUDGET ALLOCATION: <input type="checkbox"/> NONE <input type="checkbox"/> CAPITAL OUTLAY <input type="checkbox"/> MOOE <input type="checkbox"/> INFRASTRUCTURE <input type="checkbox"/> Others (specify): _____	15. ESTIMATED FUNDS: <input type="checkbox"/> No funds needed <input type="checkbox"/> No estimate yet <input type="checkbox"/> Specify amount: _____
SCHEDULE OF FUND REQUIRMENTS			
16.			
PROPOSAL SUBMITTED BY:	PROPOSAL RECEIVER BY:		
17.	18.		
<i>Name & Signature of Improvement Provider / Date</i>	<i>Name & Signature of SBITS Working Group / Date</i>		
19. Proponent Notes:	20. SBITS Working Group Notes		
TO BE FILLED BY SBITS:			
21. Sample actions to be taken by SBITS Working Group: <input type="checkbox"/> The Proposal can be or will be carried out by the proponent him/herself or he/she can lead a group he/she will be responsible for <input type="checkbox"/> The Proposal can be identified to the closest possible Service/Office/Office Unit for which the improvement is contributing <input type="checkbox"/> The Proposal can be considered as part of a Major Final Output/Strategic Objective of CAAP <input type="checkbox"/> Proponent invited for presentation of proposal <input type="checkbox"/> Others (as specified below)			
22.	<i>Name & Signature of SBITS Working Group / Date</i>		
23.	<i>Name & Signature of SBITS Working Group / Date</i>		
24.	<i>Name & Signature of SBITS Working Group / Date</i>		
TO BE FILLED BY SPMS/CORPORATE PLANNING OFFICE:			
25. Assessment / Evaluation Remarks/Comments:			
<i>Evaluator Name & Signature / Date</i>			
FINAL ACTION/DECISION:			
26.	<i>Name & Signature / Date</i>		
APPROVAL CONTROL NUMBERING BY SBITS WORKING GROUP:			
27.			

General Notes: Attach additional sheets if space is not enough