Republic of the Philippines
# Department of Education
NEGROS ISLAND REGION
**SCHOOLS DIVISION OF ESCALANTE CITY**

DEPED SDO-ESCALANTE
18 JUN 2026
RELEASED

June 9, 2026

**DIVISION MEMORANDUM**
**No. 239 s. 2026**

## CALL FOR THE SUBMISSION OF PROPOSAL FOR THE CONVOY OF HOPE FEEDING PROGRAM

To: OIC-Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors/Specialist
Public Elementary and Secondary School Heads, TICS
All Others Concerned

1. In line with the commitment of Schools Division of Escalante City to support the health and nutrition of learners, this Office hereby encourage to submit your proposals for the Convoy of Hope Feeding Program.

2. The program aims to address malnutrition among learners by providing nutritious meals and promoting healthy eating habit. Kindly identify target beneficiaries, program, objectives, implementation strategies and expected outcome.

3. The proposal shall include the following:
   a. Number of Target Beneficiaries
   b. Current Nutritional Status of Learners
   c. Proposed Feeding Program Implementation Plan
   d. Sustainability Plan

4. All Proposal must be submitted to the School Governance and Operations Division (SGOD) through Social Mobilization and Networking Section on or before Tuesday June 23, 2026.

5. Immediate dissemination of and compliance with this Memorandum are desired.

**PETER J. GALIMBA**
Assistant Schools Division Superintendent
OIC- Office of the Schools Division Superintendent

**AMSC/SEPS/06-16-2026**
Reference: DepEd Order 13, s. 2023
Allotment:
To be indicated in the Perpetual Index
Under the following subjects

**PARTNERSHIP** **SCHOOL** **ADVOCACY**

Barangay Hacienda Fe, Escalante City, Negros Occidental
Telephone Nos. (034) 445-9704/445-2686
Email Add: escalante.city001@deped.gov.ph
Deped Tayo Escalante City deped.escalantecity.weebly.com

**LETTER OF INTENT**

Date: _____

**REV. RAUL MANUEL**
NATIONAL DIRECTOR
CONVOY OF HOPE PHILIPPINES
PASAY CITY

Dear Rev. Manuel,
Greetings in the name of our Lord Jesus Christ!

_____
(Name of school, Church, community, LCU, organization)
intend to submit our interest to avail the Feeding Program of Convoy of Hope Philippines.

Feeding Center Address and contact information:
_____

Location/village: _____
Barangay: _____
Municipality: _____
Phone Number: _____
Email Address: _____
Target number of Children: _____
Contact Person: _____
Position/Designation: _____

Thank you for this opportunity to participate in the Program to benefit children in our community.

Sincerely yours,

_____
Signature over Printed Name

Conformed by:

_____
Signature over Printed Name

Children's Feeding

# PROGRAM CENTER APPLICATION FORM

Please fill up one AppForm for each proposed Program Center (PC).
Please remember to write legibly.

## APPLICANT INFORMATION

**Organization Name:**

**Organization Type**

☐ Local Church ☐ Private Institution

☐ NGO Partner ☐ LGU *(DepEd, DSWD, Brgy Council, etc)*

**Religious Denomination, if any:**

**Religious Affiliation, if any:**

**Address:**

**Contact Number:**

**Email Address:**

**Official Representative Name:**

**Designation:**

**Contact Number:**

**Email Address:**

**Alternative Representative Name:**

**Designation:**

**Contact Number:**

**Email Address:**

**Stable Internet Access:**

☐ Yes ☐ No

**Has access to a computer with Microsoft Office or similar programs:**

☐ Yes ☐ No

**Microsoft Excel and Word literate?**
*(Basic competency)*

☐ Yes ☐ No

**What other activities do you plan on having during your feeding program?**

**Estimated no. of available volunteers:**

**Any existing activities or social programs for the following sectors and advocacies:**

☐ Youth ☐ Health & Nutrition ☐ Livelihood ☐ Values Education

☐ Women ☐ Agriculture / Food Security ☐ Disaster Response ☐ None

## BENEFICIARY COMMUNITY INFORMATION

**Proposed Program Center Name:**

**Proposed Program Center Type:** *Please select only one (1)*

☐ Church ☐ Public School ☐ Orphanage

☐ Ministry/Outreach ☐ Private School ☐ Other: _____

**Estimated no. of Program Participants:**
*Please select only one (1)*

☐ 0 - 25 ☐ 50 -75 ☐ 100 - 125

☐ 25 - 50 ☐ 75 - 100 ☐ 125 - 150

**Has there been a feeding program at this location?**

☐ Yes ☐ No

**Is it still active?**

☐ Yes ☐ No

*Why?*

## BENEFICIARY COMMUNITY INFORMATION

*Most of the information for this section may be found in your latest Barangay Community Profile.*

| **Address:** | **Barangay:** | **Municipality / City:** | |
|---|---|---|---|
| | **Province:** | | **Region:** |
| **Geographic Classification:** ☐ Rural ☐ Urban | **Income Classification:** ☐ 1st Class ☐ 2nd Class ☐ 3rd Class ☐ 4th Class ☐ 5th Class | **Barangay Population:** / **Year of Census** | **Number of Households:** / **Year of Census** |

**What Head of Households usually do for a living:**

☐ Employment ☐ Business Owner / Trade
☐ Farming / Fishing ☐ Other: _____
☐ Construction Labourer

**Description of living conditions** *(Type of houses/housing; water source power stability, access to healthcare facilities etc.)*

## OTHER INFORMATION

**How did you hear about Convoy of Hope?**

☐ Referred by a friend / Word of mouth
☐ Through a local stakeholder's orientation
☐ Through a seminar or conference
☐ Facebook
☐ Other social media
☐ Other: _____

**Additional information you want to share:**

My signature below serves to certify that the information on this form is true and correct to the best of my knowledge and that I have been authorized to submit this form and to represent the organization listed above.

_____ _____

*Signature over Printed Name* *Date*

Please submit the accomplished Application Form along with a letter of intent, organizational structure, an endorsement letter from either the beneficiary community or your religious affiliation, latest community profile from the barangay, and feeding program location and potential participant group photos addressed to our Children's Feeding Director, Candice Colleen Q. Manuel, through:

Email:
**partner_applications_ph@convoyofhope.org**

Post Mail:
**Convoy of Hope Philippines, Inc.**
**5th Flr. New Realty Bldg**
**1924 Taft Avenue corner Bernabe St.,**
**Brgy 044, Pasay City 1300**
**Office No: (+632) 8820-8641**

# VOLUNTEERS REGISTRATION SHEET

**Program Center: _____**

**Program Year: _____**

**Date: _____2023** **Venue: _____**

| No | COMPLETE NAME | CONTACT NUMBER | EMAIL ADDRESS | SIGNATURE |
|---|---|---|---|---|
| 1 | | | | |
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# VOLUNTEERS REGISTRATION SHEET

**Program Center: _____**

**Program Year: _____**

| No | COMPLETE NAME | CONTACT NUMBER | EMAIL ADDRESS | SIGNATURE |
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**LIST OF RECIPIENTS FOR FEEDING PROGRAM**

Name of School/Church/Organization: _____

Address: _____

Contact Person: _____

Contact Number: _____

| Name | Birthdate | Gender | Age |
|---|---|---|---|
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