



Republic of the Philippines
Department of Education
Region V(Bicol)

SCHOOLS DIVISION OF CATANDUANES
Virac, Catanduanes

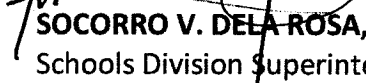
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RELEASED
DepEd. Division of Catanduanes
RECORDS SECTION
MAY 27 2016
2:05 P.M.
[Signature]

MEMORANDUM

TO: Public Schools District Supervisors
Elementary & Secondary School Heads

FROM: *fv.*  **SOCORRO V. DELA ROSA, CESO VI**
Schools Division Superintendent

SUBJECT: SCHOOL INTERNET SUBSCRIPTION INVENTORY (SY-2016-2017)

DATE: May 27, 2016

DepEd Internet Connectivity Program(DICP) is already incorporated in the regular school MOOE budget starting 2016 (DepEd Order No. 13, s. 2016). To monitor and ensure the proper utilization of said funds, you are hereby advised to accomplish the attached form (Enclosure 1- School Internet Subscription Inventory) on June 17, 2016 at SDO-IT Section c/o Jennifer B. Metica (ITO-I).

Be reminded also that the allocation for DICP funds must be identified/reflected in the approved SIP for implementation in the current year and as specifically determined in the Annual Implementation Plan (AIP) of the school. Compliance with the existing budgeting, accounting, procurement and auditing rules & regulations must be observed.

For information, guidance and compliance

(Enclosure 1)

SCHOOL INTERNET SUBSCRIPTION INVENTORY

As of May, 2016

Please check if the school has:

_____ Existing School Internet Subscription (Pls. fill-up Form A)

_____ No Existing School Internet Subscription (Pls. fill-up Form B)

FORM A

School Name	
School Address	
School Head	
School ICT Coordinator	
School Property Custodian	
Name of Internet Service Provider (ISP)	Globe ___ Smart ___ Others(pls. Specify) _____
Business Package/Plan/Pocket Wifi/Broadband	
ISP Account/s No.(Plan-Postpaid)	_____
Wifi Pocket No. (Prepaid)	_____
ISP Account/s Name	
Contract Date	
No. of Accounts Maintained(Plan)	_____
No. of Wifi Pocket	_____
Actual Monthly Subscription Fee(Plan)	
Actual Monthly Load (Wifi Pocket)	
Source of Fund	
Type of Internet Connection	Wired ___ Wireless ___ Fixed Wireless ___
Signal Strength (Fast/Slow/Poor/etc.) Please comment on your internet connectivity	
No. of users/connections	
Actual Use(Internet Connectivity)	Office Reporting _____ Classroom Instruction _____ Other use (pls.specify) _____

FORM B

School Name	
School Address	
School Head	
School ICT Coordinator	
School Property Custodian	
Name of available Internet Service Provider (ISP)-Globe/Smart	
Signal Strength(Fast/Slow/Poor/etc.)	
Reason/s (no internet subscription)	

Prepared by:

School ICT Coordinator

NOTED:

School Head