



Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
Sudlon, Lahug, Cebu City



February 5, 2015

DIVISION MEMORANDUM

No. 085, s. 2015

SUBMISSION OF DIVISION CONSOLIDATED SCHOOL-BASED FEEDING PROGRAM (SBFP) SY 2014-2015 DATA (SBFP FORMS 1, 2 & 3)

TO: Division Supervisors/Coordinators
District Supervisors/OICs
Elementary and Secondary School Heads
Division Nurses

1. This is to re-iterate the **urgent submission of Division Consolidated School-Based Feeding Program (SBFP) Data Forms 1, 2 & 3 on or before February 13, 2015** for final consolidation and submission to the Health and Nutrition Center (HNC) and DSWD Regional Field Office 7 and Central Offices.
2. Attached is the prescribed format to be **submitted on or before February 13, 2015 to these e-mail addresses: nutritiondepd@yahoo.com.ph, sbfp2014@yahoo.com.ph and gracehnu7@yahoo.com**. Schools are directed to submit said data through this Office for consolidation.
3. For immediate dissemination and compliance.


ARDEN D. MONISIT, Ed. D
Schools Division Superintendent



REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
REHIYON VII, GITNANG VISAYAS
REGION VII, CENTRAL VISAYAS
Sudlon, Lahug, Cebu City



January 26, 2015

REGIONAL MEMORANDUM

No. 058, s. 2015

SUBMISSION OF DIVISION CONSOLIDATED SCHOOL-BASED FEEDING PROGRAM (SBFP) SY 2014-2015 DATA (SBFP FORMS 1, 2 & 3)

TO: Schools Division/City Superintendents

1. This is to re-iterate **urgent submission of Division Consolidated School-Based Feeding Program (SBFP) Data Forms 1, 2, & 3** for final consolidation and submission to the Health and Nutrition Center (HNC) and DSWD Regional Field Office 7 and Central Offices.
2. Attached is the prescribed format to be submitted **on or before January 28, 2015** to these e-mail addresses: **nutritiondepd@yahoo.com.ph** , **sbf2014@yahoo.com.ph** and **gracehnu7@yahoo.com** Schools are directed to submit said data forms through Division Offices for proper consolidation at the Division Level.
3. For immediate dissemination and compliance.

Juliet A. Jeruta
JULIET A. JERUTA
Officer-In-Charge
Office of the Regional Director

jat/vgg/gbe Jan26., 2015
ESSD HNU Memo
SBFP Forms 1,2 & 3

Office of the Director (ORDir), Tel. Nos.: (032) 231-1433; 231-1309; 414-7399; 414-7325; 255-4542 Field Technical Assistance Division (FTAD),
Tel. Nos.: (032) 414-7324 Curriculum Learning Management Division (CLMD), Tel. Nos.: (032) 414-7323
Quality Assurance Division (QAD), Tel. Nos.: (032) 231-1071 Human Resource Development Division (HRDD), Tel. No.: (032) 255-5239
Education Support Services Division (ESSD), Tel. No.: (032) 254-7062 Planning, Policy and Research Division (PPRD), Tel. Nos.: (032) 233-9030;
414-7065 Administrative Division, Tel. Nos.: (032) 414-7326; 414-4367; 414-7366; 414-7322; 414-4367
Finance Division, Tel. Nos.: (032) 256-2375; 253-8061; 414-7321

"ESD 2015: Kanapatan ng Lahat, Pananagutan ng Lahat"

SBFP Form 1

Department of Education
Region _____

Master List Beneficiaries for School-Based Feeding Program (SBFP)

Division/Province: _____ Name of Principal: _____
City/ Municipality/Barangay: _____ Name of Feeding Focal Person: _____
Name of School / School District: _____

No.	Name	Sex	Date of Birth (MM/DD/YYYY)	Date of Weighing / Measuring (MM/DD/YYYY)	Age in Years / Months	Weight (Kg)	Height (cm)	BMI for 6 y.o. and above	Nutritional Status (NS)	Ethnicity	Disability	4Ps ID Number	Name of Parents	Beneficiary of SBFP in Previous Years (yes or no)	

Prepared by: _____ Noted: _____

Feeding Focal Person _____
School Principal / Officer-in-Charge _____

Note: This form shall be prepared by the school, to be compiled by the DO, and for final compilation by the RO, for submission to DSWD-FO, copy furnished DepEd-HNC

SBFP Form 2

Department of Education
Region _____

SCHOOL-BASED FEEDING PROGRAM (SBFP)

Division/Province: _____
City/ Municipality/Barangay : _____
Name of School / School District: _____

Number of Undernourished School Children by Grade Level	Nutritional Status at Start of Feeding			Ethnicity 4 Ps Beneficiaries			Remarks
	No. of Severely Wasted	No. of Wasted	Total Beneficiaries	No. of Ethnic Ben.	No. of 4 Ps Ben.	No. of Pupils who are beneficiaries in previous years	
1. Kinder							
2. Grade I							
3. Grade II							
4. Grade III							
5. Grade IV							
6. Grade V							
7. Grade VI							
Total							

Prepared by: _____

Noted by: _____

SBFP DepEd Focal _____

Unit Chief _____

Note: This form shall be prepared by the school, to be compiled by the DO, and for final compilation by the RO, for submission to DSWD-FO, copy furnished DepEd-HNC

SBFP Form 3

Department of Education
Region _____

SCHOOL-BASED FEEDING PROGRAM (SBFP)

Division/Province: _____
School District/City/ Municipality : _____

Name of Schools	BEIS ID No.	School Address	Name of Barangay	Name of District Supervisors/ School Principal or OICs	Contact Number	Total Beneficiaries

Prepared by: _____

Noted by: _____

SBFP DepED Focal _____

Unit Chief _____

Note: This form shall be prepared by the DO, for final consolidation by the RO, for submission to DSWD-FO, copy furnished DepEd-HNC