



Republic of the Philippines
Department of Education
 Region VIII
SCHOOLS DIVISION OF CALBAYOG CITY

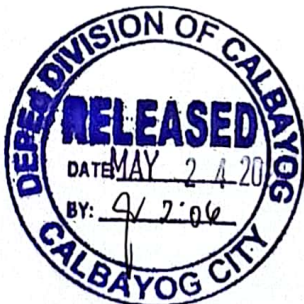
May 24, 2024


DIVISION MEMORANDUM
 DM-OSGOD-HNU No. 295 s. 2024

SUBMISSION OF ACCOMPLISHED SCHOOL-BASED FEEDING PROGRAM FORMS
1-7

TO: Public Schools District Supervisors
 Public Elementary School Heads
 All Others Concerned

1. School-Based Feeding Program is being implemented annually as part of the 6 flagship programs of Oplan Kalusugan sa DepEd, to improve classroom attendance and the nutritional status of target beneficiaries.
2. In order to implement fully the said program, it was emphasized during the orientation, that SBFP forms should be accomplished prior to the implementation, so as to properly identify the target beneficiaries.
3. SBFP Forms to accomplish are as follows:
 - a. SBFP Form 1 - Masterlist of Beneficiaries for SBFP SY 2023
 - b. SBFP Form 2 - Summary of Beneficiaries
 - c. SBFP Form 3 - Attendance of Actual Feeding
 - d. SBFP Form 4 - List of Authorized Consignees (to be accomplished by drop-off point only)
 - e. SBFP Form 5 - List of Beneficiaries for Milk Feeding Component
 - f. SBFP Form 6 - Number of packs received (both NFP and Milk)
 - g. SBFP Form 7 - Program Terminal Report
4. With this, the School Health and Nutrition Section, is requesting the SBFP beneficiary schools to submit the hard copy (1 original & 2 photocopies) of the above mentioned SBFP Forms to the Division Office - Health and Nutrition Section, Attn: **ADRIAN MARIE C. NUEVO**, SBFP Coordinator and a soft copy to be submitted to HNS E-Mail Address: hns calabavog@yahoo.com on or before May 29 2024, to be used in the liquidation and payment of the implementation of the said program.
5. The forms & sample forms attached for your guidance can be accessed through this link: <https://bit.ly/calbayogSBFP>
6. For immediate dissemination and strict compliance.




MARGARITO A. CALAYONA JR. PhD, CESO VI
 Asst. Schools Division Superintendent
 Officer- In- Charge
 Office of the Schools Division Superintendent



Address: P2 Brgy. Hamorawon, Calbayog City, Samar
Email Address: calbayogcity@deped.gov.ph
Website: <https://calbayogcity.deped.gov.ph/>



SCHOOL-BASED FEEDING PROGRAM (SBFP) SUMMARY OF BENEFICIARIES & START OF FEEDING (SY. 2023-2024)

Schools Division Office: _____
 City/ Municipality/Barangay : _____
 Name of School / School District : _____
 School ID Number: _____
 Date of Start of Feeding: _____
 Last Mills School: Y _____ N _____

Number of Undernourished School Children by Grade Level	Sex	No. of Secondary Targets										Date Feeding Started/Ended					
		Severely Wasted Y	Wasted	Normal	Overweight + Obese	Severely Stunted Y	Stunted	Normal	Tall	No. of Pupils at-risk-of dropping-out (PARDOs)	No. of Stunted/ Severely Stunted		No. of Indigent Learners	No. of Indigenous Peoples (IPs)	No. of 4 Learners Dismembered	No. of 4 Ps Beneficiaries	No. of Pupils who are beneficiaries in previous
1. Kinder	M																
	F																
	Total																
2. Grade I	M																
	F																
	Total																
3. Grade II	M																
	F																
	Total																
4. Grade III	M																
	F																
	Total																

5. Grade IV	M																			
	F																			
	Total																			
6. Grade V	M																			
	F																			
	Total																			
7. Grade VI	M																			
	F																			
	Total																			
Grand Total	M																			
	F																			
	Total																			

Prepared by: _____

Approved by: _____

School Head

SBFP DepEd Focal Note: This form shall be prepared by the school before the start of feeding and after feeding, to be compiled by the SDO, and for final compilation by the RO, for submission to DepEd BLSS-SHD



dk

REGION/SDO/DISTRICT:
NAME OF SCHOOL:
SCHOOL ID NO.:

SCHOOL-BASED FEEDING PROGRAM - MILK COMPONENT

LIST OF AUTHORIZED CONSIGNEES (SY: 2023-2024)

NAME & DESIGNATION	TEL. NO	MOBILE NO.	EMAIL ADD	SPECIMEN SIGNATURE
1				
2		9.272E+09		
3				

SCHOOL INSPECTION TEAM (SY: (2023-2023))				
NAME & DESIGNATION	TEL. NO.	MOBILE NO.	EMAIL ADD	SPECIMEN SIGNATURE
1				
2				
3				

Note: Only authorized consignees are allowed to receive the goods.
Use long hand signature.



DEPARTMENT OF EDUCATION



REGION/DIVISION/DISTRICT: _____
 NAME OF SCHOOL: _____
 SCHOOL ID NO.: _____

SCHOOL-BASED FEEDING PROGRAM

NFP DELIVERIES (SY 2023-2024)

Grade Level	Sex	Number of Beneficiaries	Date Delivered	No. of Packs Received			No. of Packs for Replacement/ Rejected	Remarks
				New	Replacement	Total (New + Replacement)		
Kinder	M							
	F							
	Total							
Grade 1	M							
	F							
	Total							
Grade 2	M							
	F							
	Total							
Grade 3	M							
	F							
	Total							
Grade 4	M							
	F							
	Total							

Grade 5	M	
	F	
	Total	
Grade 6	M	
	F	
	Total	
GRAND TOTAL:	F	
	M	
	Total	

Prepared by:

APPROVED BY:

School Feeding Coordinator

School Head

MILK DELIVERIES (SY 2023-2024)

Grade Level	Sex	Date Delivered	No. of Packs Received			No. of Packs for Replacement/ Rejected	Remarks
			New	Replacement	Total (New + Replacement)		
Kinder	M						
	F						
	Total						
Grade 1	M						
	F						

