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## **Strategic Performance Management System Internal Guidelines**

(Updated as of July 30, 2020)

### **I. SCOPE OF THE PGB-SPMS**

- All employees of the Provincial Government of Bulacan (PGB) in all employment status except consultants and elected officials shall be covered by the PGB-Strategic Performance Management System (SPMS).

### **II. MAJOR FINAL OUTPUT (MFO), SUPPORT TO OPERATIONS (STO), AND GENERAL ADMINISTRATION AND SUPPORT (GAS)**

- The SPMS focuses on the major final outputs (MFOs) that contribute to the realization of the organization's mandate, vision, mission, strategic priorities, outputs, and outcomes. MFOs are delivered by core processes of concerned offices.
- The following are the PGB's MFOs (based on the PDPFP 2010-2030):
  - MFO 1 – Safe Environment and Disaster-Resilient Communities Adaptive to the Changing Climate*
  - MFO 2- Universal Access to Education, Healthcare, and Other Social Services*
  - MFO 3- Local Economic Development and Poverty Reduction*
  - MFO 4- Accessibility and Mobility*
  - MFO 5- Excellence in Governance*
- Offices that do not directly deliver goods and services to external clients contribute to the delivery of the agency's MFOs through Support to Operation (STO) or General Administration and Support (GAS) activities.
- STO refers to activities that provide technical and substantive support to the operations and projects of the PGB. By themselves, these activities do not produce the MFOs but they contribute or enhance the delivery of goods and services. Examples include program monitoring and evaluation, public information programs, statistical services, and information systems development.
- GAS refers to activities that deal with the provision of overall administrative management support to the entire provincial government operation. Examples are legislative services, human resource development, and financial services.



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### III. GUIDELINES FOR THE PREPARATION OF THE DEPARTMENT PERFORMANCE COMMITMENT AND REVIEW (DPCR) AND INDIVIDUAL PERFORMANCE COMMITMENT AND REVIEW (IPCR)

Particular	DPCR	IPCR
<b>Format</b>	<ul style="list-style-type: none"> <li>The form shall be computerized/typewritten in word format. (Annex A and Annex B)</li> </ul>	
<b>Outputs</b>	<ul style="list-style-type: none"> <li>Outputs shall be presented in the following order:               <ol style="list-style-type: none"> <li>Major Final Output (MFO)</li> <li>Support to Operations (STO)</li> <li>General Administration and Support (GAS)</li> </ol> </li> </ul>	
	<ul style="list-style-type: none"> <li>MFO/STO/GAS where indicators are categorized shall be indicated/specified.               <ul style="list-style-type: none"> <li>✓ MFO 1 – Safe Environment and Disaster-Resilient Communities Adaptive to the Changing Climate</li> <li>✓ MFO 2- Universal Access to Education, Healthcare, and Other Social Services</li> <li>✓ MFO 3- Local Economic Development and Poverty Reduction</li> <li>✓ MFO 4- Accessibility and Mobility</li> <li>✓ MFO 5- Excellence in Governance</li> <li>✓ Support to Operations (STO)</li> <li>✓ General Administration and Support (GAS)</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>KKK Quarterly Report shall be included under MFO 1.</li> </ul>	
	<ul style="list-style-type: none"> <li>All mandatory reports prepared and activities that are applicable for the rating period shall be included under GAS.               <ol style="list-style-type: none"> <li>Monthly Accomplishment Report</li> <li>Performance Monitoring and Coaching Journal</li> <li>DPCR</li> <li>IPCR</li> <li>AIP (<i>1st sem on regular year; 2nd sem on election year</i>)</li> <li>GAD Plan and Budget</li> <li>GAD Quarterly Report</li> <li>GAD Semestral Monitoring and Evaluation Report (<i>2<sup>nd</sup> sem only</i>)</li> <li>PPAs Quarterly Report</li> <li>LDRRM Fund Quarterly Report</li> <li>SALN (<i>1st sem only</i>)</li> <li>Annual Budget (<i>2nd sem only</i>)</li> <li>Annual Procurement Plan (<i>2nd sem only</i>)</li> <li>Updating of AIP (<i>if applicable – 2nd sem only</i>)</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>All mandatory reports prepared and activities that are applicable for the rating period shall be included under GAS.               <ol style="list-style-type: none"> <li>Monthly Accomplishment Report</li> <li>Performance Monitoring and Coaching Journal (<i>for supervisors</i>)</li> <li>IPCR</li> <li>SALN (<i>1st sem only</i>)</li> <li>Flag Ceremony Attended</li> <li>GAD Semestral Monitoring and Evaluation Conducted (<i>2<sup>nd</sup> sem only—for GAD Monitoring and Evaluation Team</i>)</li> </ol> </li> </ul>



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Particular	DPCR	IPCR
	15. Liquidation of Cash Advances ( <i>if applicable</i> ) 16. Flag Ceremony Attended 17. GAD Semestral Monitoring and Evaluation Conducted ( <i>2<sup>nd</sup> sem only</i> )	
	<ul style="list-style-type: none"> <li>▪ Use of Outputs that are more appropriate to be targeted under IPCRs are discouraged: (e.g. financial documents processed, voucher prepared, documents received)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Activities such as attendance to meeting, monitoring (except for monitoring of GAD PPAs), supervision, and the like shall not be considered as an output. The corresponding reports for such activities shall be the output (e.g. memo report prepared, performance monitoring and coaching journal prepared)</li> </ul>
<b>Success Indicators</b>	<ul style="list-style-type: none"> <li>▪ Performance measures shall include any one, combination of, or all of the following general categories, whichever is applicable:               <ul style="list-style-type: none"> <li>✓ Quality (Q) - refers to the degree to which objectives are achieved as intended and the extent to which issues are addressed with a certain degree of excellence.</li> <li>✓ Efficiency (E) - The extent to which targets are accomplished using the minimum amount of time or resources.</li> <li>✓ Timeliness (T) - Measures if the targeted deliverable was done within the scheduled or expected timeframe.</li> </ul> </li> <li>▪ Quality shall always be considered as one dimension of performance whenever applicable</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The success indicators for each output shall have a minimum of two (2) dimensions of performance (Q,E,T) except for the following:               <ul style="list-style-type: none"> <li>✓ Revenue which shall have 1 dimension only i.e., Efficiency</li> <li>✓ Secretariat Support provided which shall have 1 dimension only i.e., Quality</li> <li>✓ Technical/ Administrative Support provided which shall have 1 dimension only i.e., Quality</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ The success indicators for each output shall have a minimum of two (2) dimensions of performance (Q,E,T) except for Flag Ceremony Attended which shall have one (1) dimension only i.e., Efficiency</li> </ul>



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Particular	DPCR	IPCR
	<ul style="list-style-type: none"> <li>✓ Some mandatory reports and activities which shall have 1 dimension only i.e., Timeliness               <ul style="list-style-type: none"> <li>- Monthly Accomplishment Report</li> <li>- DPCR</li> <li>- AIP</li> <li>- GAD Plan and Budget</li> <li>- GAD Quarterly Report</li> <li>- GAD Semestral Monitoring and Evaluation Report (2<sup>nd</sup> sem only)</li> <li>- PPA's Quarterly Report</li> <li>- LDRRM Fund Quarterly Report</li> <li>- Annual Budget</li> <li>- Annual Procurement Plan</li> <li>- Updating of AIP</li> </ul> </li> <li>✓ Some mandatory reports and activities which shall have 1 dimension only i.e., Efficiency               <ul style="list-style-type: none"> <li>- Liquidation of Cash Advances</li> <li>- Flag Ceremony Attended</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Success indicator (target + measure) for Quality shall be maximum.</li> <li>▪ Any of the following success indicator for Quality that is most appropriate to the output can be used:               <ul style="list-style-type: none"> <li>✓ 100% accurate</li> <li>✓ 100% complete</li> <li>✓ No error</li> <li>✓ No negative feedback</li> <li>✓ No missing file/document</li> </ul> </li> <li>▪ Unique indicators that may be used (e.g. no escapee) shall be approved by the PMT</li> <li>▪ Use of the following success indicators for Quality are discouraged:               <ul style="list-style-type: none"> <li>- no details overlooked</li> <li>- no discrepancies</li> <li>- 100% acceptable</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Success indicator (target + measure) for Quality shall be maximum.</li> <li>▪ Any of the following success indicator for Quality that is most appropriate to the output can be used:               <ul style="list-style-type: none"> <li>✓ 100% accurate</li> <li>✓ 100% complete</li> <li>✓ No error</li> <li>✓ No revision</li> <li>✓ Approved upon first presentation</li> <li>✓ No negative feedback</li> <li>✓ No mistakes in performing the duty</li> </ul> </li> <li>▪ Use of the following success indicators for Quality are discouraged:</li> </ul>



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Particular	DPCR	IPCR
	<ul style="list-style-type: none"> <li>- no valid complaint</li> </ul>	<ul style="list-style-type: none"> <li>- no details overlooked</li> <li>- no discrepancies</li> <li>- 100% acceptable</li> <li>- no valid complaint</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Any of the following success indicator for Efficiency that is most appropriate to the output can be used:               <ul style="list-style-type: none"> <li>✓ Response time</li> <li>✓ Amount</li> <li>✓ Number of targets                   <ul style="list-style-type: none"> <li>○ Health: based on the actual 3-year historical data</li> <li>○ Non-health: may use benchmarking, client demand and Top Management instruction as basis (to be reflected in the remarks column)</li> </ul> </li> </ul> </li> <li>▪ Use of the following success indicators for Efficiency are discouraged except in the mandatory reports prepared:               <ul style="list-style-type: none"> <li>- All</li> <li>- 100%</li> <li>- 100% effective</li> </ul> </li> <li>▪ Frontline offices shall use the standards provided in the Citizen's Charter</li> </ul>	<ul style="list-style-type: none"> <li>▪ Any of the following success indicator for Efficiency that is most appropriate to the output can be used:               <ul style="list-style-type: none"> <li>✓ Response time</li> <li>✓ Amount</li> <li>✓ Number of targets (based on the assignment of the Department Head/Supervisor)</li> </ul> </li> <li>▪ Use of the following success indicators for Efficiency are discouraged except in the mandatory reports prepared:               <ul style="list-style-type: none"> <li>- All</li> <li>- 100%</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Success indicators for Timeliness are deadlines or scheduled dates based on what are provided in the issuances/guidelines</li> <li>▪ Use of the following success indicators for Timeliness are discouraged:               <ul style="list-style-type: none"> <li>- Daily</li> <li>- Weekly</li> <li>- Monthly</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Success indicators for Timeliness are deadlines or scheduled dates based on agreements with supervisors/Department Heads</li> <li>▪ Use of the following success indicators for Timeliness are discouraged:               <ul style="list-style-type: none"> <li>- Daily</li> <li>- Weekly</li> </ul> </li> </ul>



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Particular	DPCR	IPCR
	<ul style="list-style-type: none"> <li>- Quarterly</li> <li>- Within the semester</li> <li>- Varying</li> <li>- Continuously</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly</li> <li>- Quarterly</li> <li>- Within the semester</li> <li>- Varying</li> <li>- Continuously</li> </ul>
	<ul style="list-style-type: none"> <li>▪ See Annex C for the DPCR and IPCR Success Indicators and Rating Scale and Annex F for the Success Indicators and Rating Scale of Common Outputs</li> </ul>	<ul style="list-style-type: none"> <li>▪ See Annex C for the DPCR and IPCR Success Indicators and Rating Scale; and Annex D &amp; E for the Success Indicators and Rating Scale of Mandatory Reports and Common Administrative Outputs under GAS</li> </ul>
<b>Rating</b>	<ul style="list-style-type: none"> <li>▪ The rating of 1 performance dimension (Q,E,T) with 2 success indicators shall be the average.</li> <li>▪ The rating of major outputs with several (minor) sub-outputs shall be the average rating of the sub-outputs e.g. financial reports prepared with sub-outputs a,b,c the rating will be the average of the a,b and c sub-output</li> <li>▪ If the deadline falls on weekends or holidays, the next working day shall be considered as target deadline</li> <li>▪ Targets unmet due to the following reasons shall be marked “not applicable” and shall not be rated:               <ul style="list-style-type: none"> <li>✓ budget constraints</li> <li>✓ no disaster occurred</li> <li>✓ other reasons that may be approved by the PMT</li> </ul> </li> <li>▪ The rating of the output i.e., mandatory reports prepared and activities participated in shall be validated by the PMT based on the reports of the concerned offices where the reports were submitted</li> <li>▪ Non-submission of mandatory reports prior to DPCR calibration shall be rated Zero.</li> <li>▪ Actual accomplishments shall be specified as basis for the rating (e.g., actual date of submission for timeliness; actual number/response time for efficiency)</li> <li>▪ Rating shall be rounded off to 2 decimal places</li> </ul>	<ul style="list-style-type: none"> <li>▪ Targets unmet due to reasons approved by the concerned Department Head, shall be rated 3 or not applicable.</li> </ul>



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Particular	DPCR	IPCR
<b>Remarks</b>	▪ Remarks column shall be used to indicate additional information regarding actual accomplishments and should be filled up at the end of the rating period (if necessary).	
<b>Comments</b>	▪ <i>Not applicable</i>	▪ The immediate supervisor/department head shall indicate qualitative comments, observations, and recommendations to include competency assessment and critical incidents which shall be used for human resource development purposes such as promotion and other interventions.
<b>Revision</b>	▪ The PMT shall accept revisions of targets within 30 days after submission of the performance contract.	

**APPROVED BY:**

*Original signed*  
**ARLENE G. PASCUAL**  
PMT Member

*Original signed*  
**JOVITO V. SAGUINSIN**  
PMT Member

*Original signed*  
**FRANCISCO T. DE GUZMAN, JR.**  
PMT Member

*Original signed*  
**DR. PROTACIO T. BAJAO**  
PMT Member

*Original signed*  
**EUGENIO C. PAYONGAYONG**  
PMT Chairman



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**Annex A**  
**Department Performance Commitment and Review (DPCR) Form**

DEPARTMENT PERFORMANCE COMMITMENT AND REVIEW (DPCR)									
I, _____, Head of the _____, commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period _____.									
									_____ Department Head
<b>Approved by:</b>								<b>Rating</b>	
								5	Outstanding
								4	Very Satisfactory
								3	Satisfactory
								2	Unsatisfactory
Provincial Governor								1	Poor
Major Final Output (MFO)	Success Indicators (Targets + Measures)	Allotted Budget (PhP)*	Divisions/ Individuals Accountable	Actual Accomplishments	Rating				Remarks
					Q	E	T	A	
Support to Operations (STO)									
General Administration and Support (GAS)									
					<b>Total Overall Rating</b>				
					<b>Final Average Rating</b>				
					<b>Adjectival Rating</b>				
ASSESSED BY:					FINAL RATING BY:				
PMT Member			PMT Member		Provincial Governor  _____ Date				
PMT Member			PMT Member						
PMT Chairman									
Q – Quality    E – Efficiency    T – Timeliness    A – Average									





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**Annex B**  
**Individual Performance Commitment and Review (IPCR) Form**

**INDIVIDUAL PERFORMANCE COMMITMENT AND REVIEW**

I, \_\_\_\_\_, of the \_\_\_\_\_, Division of \_\_\_\_\_, commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period \_\_\_\_\_.

\_\_\_\_\_  
 Ratee

\_\_\_\_\_  
 Date

<b>Reviewed by:</b>		<b>Approved by:</b>	
_____ Immediate Supervisor	_____ Date	_____ Department Head	_____ Date

OUTPUT	SUCCESS INDICATORS (Target + Measure)	Actual Accomplishments	Rating				Remarks
			Q	E	T	A	
<b>FINAL AVERAGE RATING</b>							

**Comments and Recommendations for Development Purposes or Rewards/Promotion**

\_\_\_\_\_

<b>Discussed with:</b>		<b>Assessed by:</b>		<b>Final Rating by:</b>	
_____ Employee	_____ Date	I certify that I discussed my assessment of the performance with the employee _____ Immediate Supervisor	_____ Date	_____ Department Head	_____ Date

Q – Quality    E – Efficiency    T – Timeliness    A – Average



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**Annex C**  
**DPCR and IPCR Success Indicator and Rating Scale**

Output	Success Indicators	Rating Scale
<ul style="list-style-type: none"> <li>▪ Written Outputs</li> </ul>	<p><b><u>Quality</u></b></p> <ul style="list-style-type: none"> <li>▪ No revision <i>(for IPCR only)</i></li>   <li>▪ No error</li>   <li>▪ 100% accurate</li> <li>▪ 100% complete</li>   <li>▪ Approved upon first presentation <i>(for IPCR only)</i></li>   <p><b><u>Efficiency</u></b></p> <ul style="list-style-type: none"> <li>▪ <i>number of outputs</i></li> <li>▪ <i>number of reports</i></li> <li>▪ <i>number of days or minutes</i> upon receipt of instruction</li> <li>▪ <i>number of days or minutes</i> upon receipt of request</li> <li>▪ <i>Amount</i></li> </ul>   <p><b><u>Timeliness</u></b></p> <ul style="list-style-type: none"> <li>▪ Submitted on deadline</li> </ul> </ul>	<p><b><u>Quality</u></b></p> <p>5→ No revision        4→ 1 to 2 revisions        3→ 3 revisions        2→ 4 to 5 revisions        1→ 6 revisions</p> <p>5→ No error        4→ 1 to 2 errors        3→ 3 errors        2→ 4 to 5 errors        1→ 6 or more errors</p> <p>5→ if met        2→ if unmet</p> <p>5→ Approved upon 1st presentation        4→ Approved upon 2nd presentation with minimal changes        3→ Approved upon 2nd presentation with major changes        2→ Approved upon 3<sup>rd</sup> presentation with minimal changes        1→ Approved upon 3<sup>rd</sup> presentation with major changes</p> <p><b><u>Efficiency:</u></b></p> <p>5→ exceeding target by 30% and above        4→ exceeding target by 15% to 29%        3→ 100% to 114% of the target        2→ 51% to 99% of the target        1→ failing to meet the target by 50% or below</p> <p><i>For fixed targets</i></p> <p>5→ if target met        2→ if target unmet</p> <p><b><u>Timeliness</u></b></p> <p>5→ Submitted ahead of deadline        3→ Submitted on deadline        0→ Submitted beyond deadline</p>



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Output	Success Indicators	Rating Scale
<ul style="list-style-type: none"> <li>▪ Non-Written Outputs</li> </ul>	<p><b><u>Quality</u></b></p> <ul style="list-style-type: none"> <li>▪ No negative feedback</li>   <li>▪ No mistakes in performing the duty <i>(for IPCR only)</i></li>   <li>▪ No error</li> </ul> <p><b><u>Efficiency</u></b></p> <ul style="list-style-type: none"> <li>▪ <i>number of outputs</i></li> <li>▪ <i>number of days or minutes</i> upon receipt of documents</li> <li>▪ <i>number of days or minutes</i> upon receipt of instruction</li> <li>▪ <i>number of days or minutes</i> upon receipt of request</li> </ul> <p><b><u>Timeliness</u></b></p> <ul style="list-style-type: none"> <li>▪ On scheduled date</li>   <li>▪ <i>number of shift work hours/ duty (e.g. 8 hours shift --for hospital and PCSJMO personnel) (for IPCR only)</i></li> </ul>	<p><b><u>Quality</u></b></p> <p>5→ No negative feedback        4→ 1 to 2 negative feedback        3→ 3 negative feedback        2→ 4 to 5 negative feedback        1→ 6 or more negative feedback</p> <p>5→ No mistakes in performing the duty        4→ 1 to 2 mistakes in performing the duty        3→ 3 mistakes in performing the duty        2→ 4 to 5 mistakes in performing the duty        1→ 6 or more mistakes in performing the duty</p> <p>5→ No error        4→ 1 to 2 errors        3→ 3 errors        2→ 4 to 5 errors        1→ 6 or more errors</p> <p><b><u>Efficiency</u></b></p> <p>5→ exceeding target by 30% and above        4→ exceeding target by 15% to 29%        3→ 100% to 114% of the target        2→ 51% to 99% of the target        1→ failing to meet the target by 50% or below</p> <p><i>For fixed targets</i>        5→ if target met        2→ if target unmet</p> <p><b><u>Timeliness</u></b></p> <p>5→ Ahead of scheduled date        3→ On scheduled date        0→ Beyond scheduled date</p> <p>5→ More than 8 hours shift        3→ 8 hours shift        2→ Less than 8 hours shift</p>



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### Annex D

#### IPCR Success Indicator and Rating Scale for Mandatory Reports and Activities under GAS

Output	Success Indicator	Rating Scale
1. Monthly Accomplishment Report  1st Sem <ul style="list-style-type: none"> <li>▪ <i>December of previous year</i></li> <li>▪ <i>January to May of current year</i></li> </ul> 2nd Sem <ul style="list-style-type: none"> <li>▪ <i>June to November of current year</i></li> </ul>	Q: 100% complete  T: Submitted on deadline	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 0→ beyond deadline
2. Performance Monitoring and Coaching Journal (for supervisors)  1st Sem <ul style="list-style-type: none"> <li>▪ <i>4th quarter of previous year</i></li> <li>▪ <i>1st quarter of current year</i></li> </ul> 2nd Sem <ul style="list-style-type: none"> <li>▪ <i>2nd quarter of current year</i></li> <li>▪ <i>3rd quarter of current year</i></li> </ul>	Q: 100% complete  T: Submitted on deadline (10 <sup>th</sup> working day of the succeeding quarter)	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 0→ beyond deadline
3. IPCR  1st Sem <ul style="list-style-type: none"> <li>▪ <i>July to December Accomplishment of the previous year</i></li> <li>▪ <i>July to December Target of the current year</i></li> </ul> 2nd Sem <ul style="list-style-type: none"> <li>▪ <i>January to June Accomplishment of the current year</i></li> <li>▪ <i>January to June Target of the following year</i></li> </ul>	Q: No revision  T: Submitted on deadline	5→ No revision 4→ 1 to 2 revisions 3→ 3 revisions 2→ 4 to 5 revisions 1→ 6 revisions  5→ ahead of deadline 3→ on deadline 0→ beyond deadline
4. SALN  <i>(1st Semester only)</i>	Q: 100% complete  T: Submitted on deadline	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 0→ beyond deadline
5. Flag Ceremony attended	E: All flag ceremonies	5→ 96-100% 4→ 91-95% 3→ 86-90% 2→ 81-85% 1→ 75-80% 0→ 74% and below
6. GAD Semestral Monitoring and Evaluation conducted  <i>(2<sup>nd</sup> semester only)</i>	E: 2 monitoring of assigned offices (fixed target) -3 <sup>rd</sup> week of July -3 <sup>rd</sup> week of December	5→ if met 2→ if unmet



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**Annex E**  
**IPCR Success Indicator and Rating Scale**  
**for Common Administrative Outputs under GAS**

<b>Output</b>	<b>Success Indicator</b>	<b>Rating Scale</b>
<b>1. Letters/Invitations</b>	<p>Q: No revision</p> <p>E: Submitted            -1 day upon receipt of instruction (for simple letters)            -5 days upon receipt of instruction (for letters requiring research)</p>	<p>5→ No revision            4→ 1 to 2 revisions            3→ 3 revisions            2→ 4 to 5 revisions            1→ 6 revisions</p> <p>5→ less than 1 day upon receipt of instruction            3→ 1 day upon receipt of instruction            1→ more than 1 day upon receipt of instruction</p> <p>5→ 1 to 3 days upon receipt of instruction            4→ 4 days upon receipt of instruction            3→ 5 days upon receipt of instruction            2→ 6 to 7 days upon receipt of instruction            1→ more than 7 days upon receipt of instruction</p>
<b>2. Minutes of the Meeting</b>	<p>Q: No revision</p> <p>E: Submitted 3 days after the meeting</p>	<p>5→ No revision            4→ 1 to 2 revisions            3→ 3 revisions            2→ 4 to 5 revisions            1→ 6 revisions</p> <p>5→ 1 to 2 days after the meeting            3→ 3 days after the meeting            2→ 4 days after the meeting            1→ more than 4 days after the meeting</p>
<b>3. Memorandum Reports for meetings/activities attended</b>	<p>Q: No revision</p> <p>E: Submitted 3 days after the meeting /activity</p>	<p>5→ No revision            4→ 1 to 2 revisions            3→ 3 revisions            2→ 4 to 5 revisions            1→ 6 revisions</p> <p>5→ 1 to 2 days after the meeting/activity            3→ 3 days after the meeting/activity            2→ 4 days after the meeting/activity            1→ more than 4 days after the meeting/activity</p>
<b>4. Documents Received and Recorded</b>	<p>Q: 100% complete</p> <p>E: All documents</p>	<p>5→ if met            2→ if unmet</p> <p>3→ All documents</p>



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Output	Success Indicator	Rating Scale
- Trip tickets prepared (drivers)	Q: 100% complete  E: Upon notice of travel	5→ if met 2→ if unmet  3→ Upon notice of travel
- Personnel transported (drivers)	Q: No negative Feedback  E: Upon notice of travel	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback  3→ Upon notice of travel
- Preventive Maintenance conducted (drivers)	Q: No negative Feedback  E: Once a day	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback  5→ More than once a day 3→ Once a day



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**Annex F**  
**DPCR Success Indicator and Rating Scale for Common Outputs**

Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<b>MFO 1-SAFE ENVIRONMENT AND DISASTER RESILIENT COMMUNITIES</b>				
<ul style="list-style-type: none"> <li>KKK Quarterly report submitted</li> </ul>	<p>Q: 100% complete</p> <p>E:100% of staff (indicate # of staff)</p> <p>T: Submitted on deadline (based on the memo issued)</p>	<p>5→ if met (3 components+summary) 2→ if unmet</p> <p>5→96-100% 4→ 91-95% 3→ 86-90% 2→ 81-85% 1→ 75-80% 0→ 74% and below</p> <p>5→ ahead of deadline 3→ on deadline 2→beyond deadline</p>	All Offices	Compliance Monitoring – c/o PA’s Office
<b>MFO 2- UNIVERSAL ACCESS TO EDUCATION, HEALTH CARE AND OTHER SOCIAL SERVICES</b>				
<ul style="list-style-type: none"> <li>Health services provided - Outpatient</li> </ul>	<p>Q: No negative feedback</p> <p>E: ___ patients served (indicate # of patients) <i>Target based on the average of the past 3 years of the same semester</i></p>	<p>5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback</p> <p>5→ exceeding target by 30% and above 4→ exceeding target by 15% to 29% 3→ 100% to 114% of the target 2→ 51% to 99% of the target 1→ failing to meet the target by 50% or below</p>	All hospitals	<p>Feedback Form</p> <p>Records/report</p>



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
- In-patient	<p>Q: No negative feedback</p> <p>E: ___ patients served (indicate # of patients)  <i>Target based on the average of the past 3 years of the same semester</i></p>	<p>5→ No negative feedback            4→ 1 to 2 negative feedback            3→ 3 negative feedback            2→ 4 to 5 negative feedback            1→ 6 or more negative feedback</p> <p>5→ exceeding target by 30% and above            4→ exceeding target by 15% to 29%            3→ 100% to 114% of the target            2→ 51% to 99% of the target            1→ failing to meet the target by 50% or below</p>	All hospitals	<p>Feedback Form</p> <p>Records/ report</p>
- Emergency	<p>Q: No negative feedback</p> <p>E: ___ patients served (indicate # of patients)  <i>Target based on the average of the past 3 years of the same semester</i></p>	<p>5→ No negative feedback            4→ 1 to 2 negative feedback            3→ 3 negative feedback            2→ 4 to 5 negative feedback            1→ 6 or more negative feedback</p> <p>5→ exceeding target by 30% and above            4→ exceeding target by 15% to 29%            3→ 100% to 114% of the target            2→ 51% to 99% of the target            1→ failing to meet the target by 50% or below</p>	All hospitals	<p>Feedback Form</p> <p>Records/ report</p>
- Nursing	<p>Q: No negative feedback</p>	<p>5→ No negative feedback            4→ 1 to 2 negative feedback            3→ 3 negative feedback            2→ 4 to 5 negative feedback            1→ 6 or more negative feedback</p>	All hospitals	Feedback Form





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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
	E: ___ patients served (indicate # of patients) <i>Target based on the average of the past 3 years of the same semester</i>	5→ exceeding target by 30% and above 4→ exceeding target by 15% to 29% 3→ 100% to 114% of the target 2→ 51% to 99% of the target 1→ failing to meet the target by 50% or below		Records/ report
- Ancillary  <i>(Ancillary services of all hospitals e.g. laboratory, dental, etc. will be counted as one final output; the average rating of all service areas will be the rating of ancillary services outputs).</i>	Q: No negative feedback  E: ___ patients served (indicate # of patients) <i>Target based on the average of the past 3 years of the same semester</i>	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback  5→ exceeding target by 30% and above 4→ exceeding target by 15% to 29% 3→ 100% to 114% of the target 2→ 51% to 99% of the target 1→ failing to meet the target by 50% or below	All hospitals	Feedback Form  Records/ report
- Delivery Room/ Operating Room Services	Q: No negative feedback  E: ___ patients served (indicate # of patients) <i>Target based on the average of the past 3 years of the same semester</i>	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback  5→ exceeding target by 30% and above 4→ exceeding target by 15% to 29% 3→ 100% to 114% of the target 2→ 51% to 99% of the target 1→ failing to meet the target by 50% or below	All hospitals	Feedback Form  Records/ report



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>Philhealth Accreditation documents submitted <i>(1st semester only)</i></li> </ul>	Q: 100% complete  T: Submitted on deadline	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All hospitals	
<ul style="list-style-type: none"> <li>Philhealth documents submitted</li> </ul>	Q: 100% complete  E: 60 days upon discharge	5→ if met 2→ if unmet  5→ 42 days upon discharge 4→ 43 - 51 days upon discharge 3→ 52- 60 days upon discharge 2→ 61- 89 days upon discharge 1→ 90 days and above	All hospitals	
<ul style="list-style-type: none"> <li>DOH Licensing Standard complied <i>(2nd semester only)</i></li> </ul>	Q: 100% compliant  T: Submitted on deadline	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All hospitals	DOH License
<ul style="list-style-type: none"> <li>Damayan sa Barangay assisted</li> </ul>	Q: No negative Feedback	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback	All hospitals and concerned offices	Feedback Form



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	E: __ Damayan sa Barangay (indicate # of Damayan sa Barangay) <i>Target number based on the directives</i>	5→ exceeding target by 30% and above 4→ exceeding target by 15% to 29% 3→ 100% to 114% of the target 2→ 51% to 99% of the target 1→ failing to meet the target by 50% or below		
<ul style="list-style-type: none"> <li>Damayan sa Barangay conducted</li> </ul>	Q: No negative Feedback  E: __ Damayan sa Barangay (indicate # of Damayan sa Barangay) <i>Target number based on the directives</i>	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback  5→ exceeding target by 30% and above 4→ exceeding target by 15% to 29% 3→ 100% to 114% of the target 2→ 51% to 99% of the target 1→ failing to meet the target by 50% or below	PA's Office	Feedback Form  Record/report
<b>MFO 3 LOCAL ECONOMIC DEVELOPMENT AND POVERTY REDUCTION</b>				
<ul style="list-style-type: none"> <li>Inputs distributed <i>(Seedlings/Livelihood/Animals/Plants)</i></li> </ul>	Q: No negative feedback  E: __ (indicate # units/beneficiaries)	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback  5→ exceeding target by 30% and above 4→ exceeding target by 15% to 29% 3→ 100% to 114% of the target 2→ 51% to 99% of the target 1→ failing to meet the target by 50% or below	PAO, PYSPEO, PVET, PAO, BENRO	Feedback Form  Records/report



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>Trade Fairs/ Exhibits/ Job Fairs/ Various Activities conducted</li> </ul>	Q: No negative feedback  E: __ (indicate # of activities)	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback  5→ exceeding target by 30% and above 4→ exceeding target by 15% to 29% 3→ 100% to 114% of the target 2→ 51% to 99% of the target 1→ failing to meet the target by 50% or below	PYSPESO, PCEDO, PHACTO, PAO	Feedback Form  Records/ report
<ul style="list-style-type: none"> <li>Certifications/ Permits issued</li> </ul>	Q: No negative feedback  E: __ (indicate # of certifications/ permits)	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback  5→ exceeding target by 30% and above 4→ exceeding target by 15-29% 3→ 100% to 114% of the target 2→ 51-99% of the target 1→ failing to meet the target by 50% or below	all concerned offices	Feedback form  Records/ report
<b>MFO 5 - EXCELLENCE IN GOVERNANCE</b>				
<ul style="list-style-type: none"> <li>Annual Budget consolidated</li> </ul>	Q: 100% complete  T: Submitted on deadline (based on the memo issued)	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	PBO	Compliance Monitoring – c/o OSSP



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>AIP consolidated</li> </ul>	Q: 100% complete  T: Submitted on deadline	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	PPDO	Compliance Monitoring – PDC
<ul style="list-style-type: none"> <li>GAD Plan and Budget consolidated</li> </ul>	Q: 100% complete  T: Submitted on deadline (based on the memo issued)	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	PSWDO	Compliance Monitoring – c/o DILG
<ul style="list-style-type: none"> <li>GAD Quarterly Report consolidated</li> </ul>	Q: 100% complete  T: Submitted on deadline (based on the memo issued)	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	PSWDO	Compliance Monitoring – c/o DILG
<ul style="list-style-type: none"> <li>GAD Semestral Monitoring and Evaluation Report consolidated</li> </ul>	Q: 100% complete  T: Submitted on deadline (based on the memo issued)	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	PSWDO	Compliance Monitoring – c/o DILG
<ul style="list-style-type: none"> <li>PPAs Quarterly Report consolidated</li> </ul>	Q: 100% complete  T: Submitted on deadline (10 <sup>th</sup> calendar day of the succeeding quarter)	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	PPDO	Compliance Monitoring – c/o COA



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>LDRRM Fund Quarterly Report consolidated</li> </ul>	Q: 100% complete  T: Submitted on deadline (10 <sup>th</sup> calendar day of the succeeding quarter)	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	PDRRMO	Compliance Monitoring – c/o COA
<ul style="list-style-type: none"> <li>NGA Reports submitted  <i>(Please specify national government agency/regulatory agency reports)</i></li> </ul>	Q: 100% complete  T: Submitted on deadline (based on the memo/letter)	Quality: 5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All concerned offices	Memo/request letter and Transmittal letter
<b>SUPPORT TO OPERATIONS (STO)</b>				
<ul style="list-style-type: none"> <li>Website content updated</li> </ul>	Q: 100% complete  T: On deadline  <i>*Target deadline will be set by PITO</i>	5→ if met 2→ if unmet  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All concerned offices	Compliance monitoring – c/o PITO
<b>GENERAL ADMINISTRATION AND SUPPORT (GAS)</b>				
<ul style="list-style-type: none"> <li>Mandatory Reports prepared/submitted and Activities participated in</li> </ul>				
<ul style="list-style-type: none"> <li>Monthly Accomplishment Report  1st Sem               <ul style="list-style-type: none"> <li>December of previous year</li> <li>January to May of current year</li> </ul>               2nd Sem             </li> </ul>	T: Submitted on deadline (10th working day of the succeeding month)	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All Offices	Compliance Monitoring – c/o PA's Office



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>▪ June to November of current year</li> </ul>				
<p>- Performance Monitoring and Coaching Journal</p> <p>1st Sem</p> <ul style="list-style-type: none"> <li>▪ 4th quarter of previous year</li> <li>▪ 1st quarter of current year</li> </ul> <p>2nd Sem</p> <ul style="list-style-type: none"> <li>▪ 2nd quarter of current year</li> <li>▪ 3rd quarter of current year</li> </ul>	<p>E: 100% of divisions (indicate # of divisions)</p> <p>T: Submitted on deadline (10<sup>th</sup> working day of the succeeding quarter)</p>	<p>5→ 100%</p> <p>4→ 81-99%</p> <p>3→ 61-80%</p> <p>2→ 60% and below</p> <p>5→ ahead of deadline</p> <p>3→ on deadline</p> <p>2→ beyond deadline</p>	All Offices	Compliance Monitoring – c/o PPDO
<p>- DPCR</p> <p>1st Sem</p> <ul style="list-style-type: none"> <li>▪ July to December Accomplishment of the previous year</li> <li>▪ July to December Target of the current year</li> </ul> <p>2nd Sem</p> <ul style="list-style-type: none"> <li>▪ January to June Accomplishment of the current year</li> <li>▪ January to June Target of the following year</li> </ul>	<p>T: Submitted on deadline</p> <p>1st Sem</p> <ul style="list-style-type: none"> <li>▪ Accomplishment- 15th working day of January</li> <li>▪ Target- 10th working day of June</li> </ul> <p>2nd Sem</p> <ul style="list-style-type: none"> <li>▪ Accomplishment- 15th working day of July</li> <li>▪ Target- 10th working day of December</li> </ul>	<p>5→ ahead of deadline</p> <p>3→ on deadline</p> <p>2→ beyond deadline</p>	All Offices	Compliance Monitoring – c/o PPDO
<p>- IPCR</p> <p>1st Sem</p>	E: 100% of staff (indicated # of staff)	<p>5→ 96-100%</p> <p>4→ 91-95%</p> <p>3→ 86-90%</p> <p>2→ 81-85%</p>	All Offices	Compliance Monitoring – c/o PHRMO



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>▪ July to December Accomplishment of the previous year</li> <li>▪ July to December Target of the current year</li> </ul> 2nd Sem <ul style="list-style-type: none"> <li>▪ January to June Accomplishment of the current year</li> <li>▪ January to June Target of the following year</li> </ul>	T: Submitted on deadline  1st Sem <ul style="list-style-type: none"> <li>▪ Accomplishment- 10th working day of January</li> <li>▪ Target- 15th working day of June</li> </ul> 2nd Sem <ul style="list-style-type: none"> <li>▪ Accomplishment- 10th working day of July</li> <li>▪ Target- 15th working day of December</li> </ul>	1→ 75-80% 0→ 74% and below  5→ ahead of deadline 3→ on deadline 2→ beyond deadline		
- AIP <i>*email soft copy (in excel format) to ppdo@bulacan.gov.ph</i>	T: Submitted on deadline (based on memo) <ul style="list-style-type: none"> <li>▪ Regular year – March 15</li> <li>▪ Election year – July 15</li> </ul>	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All Offices	Compliance Monitoring – c/o PPDO
- GAD Plan and Budget  <i>(1st semester only)</i>  <i>*email soft copy (in word format) to gfps.bulacan@gmail.com</i>	T: Submitted on deadline (based on the memo issued)	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All Offices	Compliance Monitoring – c/o PSWDO
- GAD Quarterly Report  1st Sem	T: Submitted on deadline (10 <sup>th</sup> working day of the succeeding quarter)	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All Offices	Compliance Monitoring – c/o PSWDO





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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>▪ 4th quarter of previous year</li> <li>▪ 1st quarter of current year</li> </ul> 2nd Sem <ul style="list-style-type: none"> <li>▪ 2nd quarter of current year</li> <li>▪ 3rd quarter of current year</li> </ul> <p><i>*email soft copy (in word format) to            gfps.bulacan@gmail.com</i></p>				
- GAD Semestral Monitoring and Evaluation Report  <i>(2<sup>nd</sup> semester only)</i>	T: Submitted on deadline  -15 <sup>th</sup> working day of August (report coverage -1 <sup>st</sup> sem) -15 <sup>th</sup> working day of December (report coverage - 2 <sup>nd</sup> sem)	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All Offices	Compliance Monitoring – c/o PSWDO
- PPAs Quarterly Report  1st Sem <ul style="list-style-type: none"> <li>▪ 4th quarter of previous year</li> <li>▪ 1st quarter of current year</li> </ul> 2nd Sem <ul style="list-style-type: none"> <li>▪ 2nd quarter of current year</li> <li>▪ 3rd quarter of current year</li> </ul> <p><i>*email soft copy (in word format) to            ppdoqmr@gmail.com</i></p>	T: Submitted on deadline (5 <sup>th</sup> working day of the succeeding quarter)	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All Offices	Compliance Monitoring – c/o PPDO
- LDRRM Fund Quarterly Report  1st Sem	T: Submitted on deadline (5 <sup>th</sup> working day of the succeeding quarter)	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All concerned offices	Compliance Monitoring – c/o PDRRMO



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>▪ 4th quarter of previous year</li> <li>▪ 1st quarter of current year</li> </ul> 2nd Sem <ul style="list-style-type: none"> <li>▪ 2nd quarter of current year</li> <li>▪ 3rd quarter of current year</li> </ul>				
- SALN  (1 <sup>st</sup> Semester only)	E:100% of staff (indicate # of staff)  T:Submitted on deadline (April 30)	5→ 96-100% 4→ 91-95% 3→ 86-90% 2→ 81-85% 1→ 75-80% 0→ 74% and below  5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All offices	Compliance Monitoring – c/o PHRMO
- Annual Budget  (2 <sup>nd</sup> Semester only)	T: Submitted on deadline (10 <sup>th</sup> working day of July)	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All Offices	Compliance Monitoring – c/o PBO
- Annual Procurement Plan  (2 <sup>nd</sup> Semester only)	T: Submitted on deadline (based on the memo issued)	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All offices	Compliance Monitoring – c/o PGSO
- Reports internal to PGB submitted (if applicable)				
<ul style="list-style-type: none"> <li>▪ Updating of AIP (if applicable)</li> </ul> (2 <sup>nd</sup> Semester only)	T: Submitted on deadline (5 <sup>th</sup> working day of August)	5→ ahead of deadline 3→ on deadline 2→ beyond deadline	All offices	Compliance Monitoring – c/o PPDO



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<i>*email soft copy (in excel format) to ppdo@bulacan.gov.ph</i>				
<ul style="list-style-type: none"> <li>Liquidation report for cash advances</li> </ul>	E: 30 days after the event/activity	5→ before 30 days 3→ 30 days 2→ beyond 30 days	All offices	Compliance Monitoring – c/o Accounting Office
- Flag Ceremony attended	E:100% of staff (indicate # of staff)  <i>For hospitals, efficiency will be based on the attendance of the AO and DH as required personnel to attend every first Monday flag ceremony</i>	5→ 96-100% 4→ 91-95% 3→ 86-90% 2→ 81-85% 1→ 75-80% 0→ 74% and below	All offices	Compliance Monitoring – c/o PA's Office/ PHRMO
- GAD Semestral Monitoring and Evaluation conducted  <i>(2<sup>nd</sup> semester only)</i>	E: 2 monitoring of assigned offices (fixed target) -3 <sup>rd</sup> week of July -3 <sup>rd</sup> week of December	5→ if met 2→ if unmet	All Offices	Compliance Monitoring – c/o PSWDO
<ul style="list-style-type: none"> <li>Secretariat Support provided <i>* local special bodies stipulated in the Local Government Code and and other local special bodies mandated by law</i></li> </ul>	Q:No negative feedback	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback	All concerned offices	Feedback Form
<ul style="list-style-type: none"> <li>Technical/Administrative Support provided</li> </ul>	Q:No negative feedback	5→ No negative feedback 4→ 1 to 2 negative feedback 3→ 3 negative feedback 2→ 4 to 5 negative feedback 1→ 6 or more negative feedback	All concerned offices	Feedback Form



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>Events implemented/ facilitated</li> </ul>	<p>Q: No negative feedback</p> <p>E: ___ events (indicate # of events)</p>	<p>5→ No negative feedback            4→ 1 to 2 negative feedback            3→ 3 negative feedback            2→ 4 to 5 negative feedback            1→ 6 or more negative feedback</p> <p>If fixed target--            5→ if met            2→ if unmet</p> <p>If not fixed target—            5→ exceeding target by 30% and above            4→ exceeding target by 15% to 29%            3→ 100% to 114% of the target            2→ 51% to 99% of the target            1→ failing to meet the target by 50% or below</p>	<p>All concerned offices</p>	<p>Feedback Form</p> <p>-The minimum number of retrieved satisfaction forms should be 20% of the total number of participants (for 100 pax and above)</p> <p>-Minimum of 20 respondents for 100 pax and below</p>
<ul style="list-style-type: none"> <li>Capability-building/ training conducted/ facilitated</li> </ul>	<p>Q: No negative feedback</p> <p>E: ___ trainings (indicate # of trainings)</p>	<p>5→ No negative feedback            4→ 1 to 2 negative feedback            3→ 3 negative feedback            2→ 4 to 5 negative feedback            1→ 6 or more negative feedback</p> <p>5→ exceeding target by 30% and above            4→ exceeding target by 15% to 29%            3→ 100% to 114% of the target            2→ 51% to 99% of the target            1→ failing to meet the target by 50% or below</p>	<p>All concerned offices</p>	<p>Feedback Form/ Training Evaluation survey</p>



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Output	Success Indicator	Rating Scale	Office Accountable	Means of Verification
<ul style="list-style-type: none"> <li>▪ Revenue</li> </ul>	E:100% of target (Php amount)  <i>Target based on the average of the actual revenue of the past 3 years.</i>	5→ exceeding target by 30% and above 4→ exceeding target by 15% to 29% 3→ 100% to 114% of the target 2→ 51% to 99% of the target 1→ failing to meet the target by 50% or below	All concerned offices with revenue-generating activity	Records/ Report (Accounting Office)