



INNOVATION & EXCELLENCE AWARDS

OFFICIAL ENTRY FORM

By submitting this entry form, the participants acknowledge that they have read the official rules/mechanics of this SWEEP Innovation & Excellence Awards program and agree to be bound by the said official rules/mechanics. Please accomplish the form completely in order to qualify.

I. CONTACT INFORMATION

School: _____
 Address: _____

ENTRANTS:

NAMES	YEAR	COURSE
TEAM MEMBER/S:		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
Please adjust space to include all members if team has more than five (5).		
TEACHER-MENTOR:		

LAST NAME	FIRST NAME	M.I.
MOBILE NO. _____ FAX NO. _____ E-MAIL _____		
DESIGNATED STUDENT TEAM LEADER:		

LAST NAME	FIRST NAME	M.I.
MOBILE NO. _____ FAX NO. _____ E-MAIL _____		



II. SERVICE DESCRIPTION – Project Brief
(Please use a separate sheet if needed)

1. Problem statement: Issues/ concerns of the community that the project is addressing from community dialogue.
 - a. List the community stakeholder that you consulted in conceptualizing your wireless application.
2. Objectives
3. Scope of work and limitations
4. Proposed local applications (utility of the project; when and where it could be used or applied)
5. Expected benefits
 - a. Target benefit (specific positive return or result)
 - b. Beneficiary/ies (who will benefit)
 - c. Social impact
 - d. Economic Impact
 - e. Environmental Impact

III. TECHNICAL DESCRIPTION - System Requirements
(Please use a separate sheet if needed)

1. Technical Specifications
 Include the following:

- a. Functional Availability. Please check which of the following will be used:

Example:

SMS	GPRS	WAP	VOICE	BLUETOOTH	WEB
✓ (if SMS will be used)					

Others: _____

- b. URL & IP Address. Please indicate URL or IP address of server to be used, WAP Site, etc. (E.g. this service will be hosted at IP202.55.83.100 using a direct CIMD2 connection for SMS / MMS service.)
- c. Type of Charging. If service is launched, when will the charges apply? Please check.

MT	MO

MO – Subs is charged/billed upon sending a message.
 MT – Subs is charged/billed upon receiving a message.

Note: Team shoulders the cost of text messages during the testing of the application.

- d. Client Interface (API or Application Protocol Interface). API refers to protocols used by applications in connecting to SMART Network Elements. Please check which protocol will be used:

CIMD	HTTP	SMPP

- e. Keywords, Parameters & Description:

Please include all applicable keywords

Example:

Keywords	Parameters and Abbreviations	Description
UNIV		Primary keyword; to know about UNIVERSITY program
UNIV	REG <name>/<address>/ <Gender>/<birthday>	To register the subscriber
UNIV	OFF	To turn off subscription
UNIV	ON	To turn on subscription
UNIV	HELP	To get the list of keywords
UNIV	COMMENT	To send comment
UNIV	BRANCH	To get procedure on how to get UNIVERSITY branches.
UNIV	ADDRESS	To know address and contact numbers

- f. Syntax & Reply Messages:

Example:

COMMAND	RESPONSE
UNIV ADDRESS SMART UNIVERSITY	Smart University is in Smart Tower, 6799 Ayala Avenue, Makati City.

- g. Error Messages:

Condition	English
No list of University on the given location	<p>1/2 Sorry, but we have no University listing in that area. To get list of Universities. Send UNIV HELP to 211. You can also send UNIV address if you are sure about the</p> <p>2/2 University. Just send UNIV ADDRESS "NAME OF THE UNIVERSITY" to 211.</p>

- h. End User Requirements. Please list all requirements, including list of applicable handsets for the service. (e.g. Any SMS-capable handset can be used.)

- i. Target Users:

(e.g. this service is for mobile subscribers who want to send in their comments or inquire about a certain info via SMS. This service is open to Smart Gold, Infinity, Buddy and Talk n Text Subscribers.)

- j. Attachments (Additional information regarding the proposed application)
- 2. Projected expenses (Budget)
- 3. Manpower Requirements
- 4. Block Diagram (Please attach)

IV. TESTING PLAN – Proposed Format
(Please use a separate sheet if needed)

Project name:
 Proposed timeline:
 Proposed testing place:

Test Plan Matrix

ACTIVITY	PARAMETERS	PERFORMANCE INDICATORS	TIME LINE	PROPONENT/S	RESOURCES
List down series of activities to be done to test the project. Indicate also number of testings deployed	Indicate project scope & limitations of test plan	Measure/s or standard/s of efficiency or success	Proposed time spent per activity	List down proposed or expected project stakeholders	Include tools, equipment & budget to be used for testing

Expected output: _____

V. LITERATURE REVIEW – Related information/Literature as basis for origin, novelty, development, or inspiration of the project)
(Please use a separate sheet if needed)

In behalf of the school, I hereby endorse this entry for the SWEEP Innovation and Excellence Awards and certify that the students whose names are reflected in this entry are bona fide students of the school.

 President
 (Please print name and sign)

 Dean, College of Engineering
 (Please print name and sign)