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| **Logo, company name  Description automatically generated COMMUNITY FEEDBACK REPORT** ***LAPORAN MAKLUM BALAS KOMUNITI*** ***One (1) softcopy of this form in word and pdf format must be submitted to UMCares email:****Satu(1) salinan dalam format word dan pdf hendaklah dihantar ke emel UMCares:* [*umcares@um.edu.my*](http://umcares@um.edu.my)***[Please note that INCOMPLETE FORM will not be processed]****[Borang yang TIDAK LENGKAP tidak akan diproses]* |
| **SECTION A: PROJECT DETAILS***Seksyen A: Maklumat Projek* |
|  | **6 months***6 bulan* |  | **12 months***12 bulan* |  | **Extension (\_\_\_\_\_\_\_\_\_\_\_month)***Pelanjutan (\_\_\_\_\_\_\_\_\_\_\_bulan)* | **\*Please tick at the appropriate box**\**Sila tanda di ruang yang berkenaan* |
| **TITLE OF PROJECT***Tajuk Projek* |  |
| **NAME OF PROJECT LEADER** *Nama Ketua Penyelidik* |  |

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| **SECTION B: STATUS OF THE PROJECT***Seksyen B: Status Projek* |
| **NO. OF COMMUNITY MEMBERS INVOLVED IN THIS PROJECT** *Bil. ahli komuniti yang terlibat dalam projek ini* |  |
| **DOES THE PROGRESS OF THIS PROJECT MEET THE NEEDS OF YOUR COMMUNITY?**  **PLEASE TICK (√)***Adakah perkembangan projek ini telah memenuhi keperluan komuniti anda? Sila tandakan (√)* |  | **YES/** *Ya* |
|  | **NO/** *Tidak* |
| **IF YOU ANSWERED YES, PLEASE INDICATE (√) THE ESTIMATE LEVEL OF INTEREST RECEIPTS.***Jika anda menjawab YA, sila tandakan (√) anggaran tahap penerimaan faedah.* | **PERCENTAGE/** *Peratus* |
| **1-20** | **21-40** | **41-60** | **61-80** | **81-100** |
|  |  |  |  |  |
| **IF YOU ANSWERED NO, PLEASE INDICATE (√) THE LEVEL OF BENEFIT STILL EXPECTED.***Jika jawapan TIDAK, sila tandakan (√) tahap faedah yang masih diharapkan.*  | **PERCENTAGE/** *Peratus* |
| **1-20** | **21-40** | **41-60** | **61-80** | **81-100** |
|  |  |  |  |  |
| **LIST GROUP OF BENEFICIARY AND TYPE OF BENEFIT RECEIVED E.G PRODUCT, TECHNOLOGY ADVISORY SERVICES, INFORMATION ETC.)***Senaraikan kumpulan sasaran penerima dan jenis manfaat (cth. produk, teknologi, khidmat nasihat, maklumat dan sebagainya)**\* PLEASE ADD ADDITIONAL NUMBER (ROW), IF NECESSARY/ Sila tambahkan nombor (barisan) baru, jika perlu* | **Group of beneficiary/** Kumpulan sasaran | **TYPE OF BENEFICIARY/** Jenis faedah |
| 1. |  |
| 2. |  |
| 3.  |  |

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| **SECTION C: IMPACT OF THE PROJECT***Seksyen C: Impak Projek* |
| **INCREASED OF MONETARY BENEFITS TO THE COMMUNITY (IF ANY)***Peningkatan faedah kewangan kepada komuniti ( jika ada)* | **QUANTITY (%)***Kuantiti (%)* | **IMPACT (BEFORE AND AFTER)***Impact (Sebelum dan selepas)* |
| **SALES/** *Jualan* |  |  |
| **RETURN/** *Pendapatan* |  |  |
| **COST SAVINGS/** *Penjimatan* |  |  |
| **OTHERS, PLEASE SPECIFY/** *Lain-lain, sila nyatakan:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |
| **INCREASED OF NON-MONETARY BENEFITS TO THE COMMUNITY (eg. IN TERMS OF ECONOMY, SOCIAL, HEALTH, ENVIRONMENT, ETC.)***Peningkatan faedah bukan kewangan kepada komuniti (cthnya dari aspek ekonomi, sosial, kesihatan, alam sekitar, dan lain-lain)*  | **QUANTITY (%)***Kuantiti (%)* | **IMPACT***Impact* |
| **YOU/** *Anda* |  |  |
| **YOUR FAMILY/** *Keluarga anda* |  |  |
| **YOUR COMMUNITY /** *Komuniti anda* |  |  |
| **COMMUNITY WORK/**  *Kerja-kerja Kemasyarakatan* |  |  |
| **SERVICE QUALITY/**  *Kualiti Perkhidmatan* |  |  |
| **OTHERS, PLEASE SPECIFY/** *Lain-lain, sila nyatakan:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| **SECTION D:**  **DECLARATION BY THE COMMUNITY REPRESENTATIVE***Seksyen D: Perakuan Wakil Komuniti* |
| **I HEREBY CERTIFY ALL INFORMATION PROVIDED IS TRUE;***Saya dengan ini mengesahkan semua maklumat yang diberikan adalah benar* | **…………………………………………**(**Signature** / Tandatangan) |
| **NAME OF THE COMMUNITY REPRESENTATIVE:***Nama wakil komuniti* |
| **DATE:***Tarikh* |