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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* |