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| **Logo, company name  Description automatically generated**  **PROGRESS REPORT**  ***LAPORAN KEMAJUAN***  ***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 1: PROJECT DETAILS AND PROGRESS** |

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| **A** | **PROJECT INFORMATION**  *\*Please fill up this section in capital letters except for email addresses.* | | | | | | |
| 1 | **PROJECT TITLE** |  | | | | | |
| 2 | **PROJECT CODE**  **(GRANT NUMBER)** | **CE** | | **Community Engagement** | |  | |
| **LL** | | **Living Lab** | |  | |
| **KS** | | **Kelab Sahabat** | |  | |
| **NLP** | | **Nadi Lembah Pantai** | |  | |
| **PVU** | | **Private Fund** | |  | |
| **PMF** | | **Partnership Matching Fund** | |  | |
| 3 | **PROJECT EXECUTION PERIOD** | **Start Date** | | | |  | |
| **End Date** | | | |  | |
| **Duration (month)** | | | |  | |
| 4 | **PROJECT ACTIVITY AND BUDGET** | **Project Activity** | | | | **Project Budget** | |
| No. of activity conducted | | |  | Amount of budget spent (RM) |  |
| Percentage of progress (%) | | |  | Percentage of budget spent (%) |  |
| 5 | **BENEFITED COMMUNITY** | **No.** | **Community Name** | | | **Community Address and Contact** | |
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| **B** | **PROJECT LEADER AND MEMBER(S) INFORMATION** | | | | |
| 1 | **PROJECT LEADER** | **Project Leader Full Name** *(with position title)* | | | |
|  | | | |
| **UM Staff No.** | | | |
|  | | | |
| 2 | **PROJECT LEADER POSITION** |  | | | |
| 3 | **DEPARTMENT / CENTRE** |  | | | |
| 4 | **FACULTY / PTj** |  | | | |
| 5 | **CONTACT NO.** | **Office No.** | | **Mobile No.** | |
|  | |  | |
| 6 | **EMAIL ADDRESS** | **Official Email:** | | | |
| **Alternative Email:** | | | |
| 7 | **PROJECT MEMBER(S)** | **No.** | **Full Name** *(with title)* **and Staff No.** | **Details** | |
| **Position** | **Affiliation**  **(Faculty / PTj)** |
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| **C** | **BENEFITED COMMUNITY / VOLUNTEER RECORD** | | | | |
|  | **NUMBER OF BENEFITED COMMUNITY / VOLUNTEER INVOLVED DURING THE PROGRAM**  *\*Please state role in each related box as community or volunteer.* | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | **University students** |  |  | **NGO / Stakeholders / Partners** |  | | **UM Academic Staff** |  |  | **Communities** |  | | **UM Non-Academic Staff** |  |  | **Others**  *\*Please state here* |  | | | | |
| **D** | **PROJECT COLLABORATOR(S) CONTRIBUTION** | | | | |
|  | **COLLABORATOR(S)**  *\*Please state equivalent / approximate value of contribution in RM.*  *\*\* Please state type of donation.* | **Collaborator(s)**  *\*Please state the collaborator(s) name* | **Contribution(s)** | | |
| **\*In Kind** | **Monetary (RM)** | **\*\*Others** |
| **Government:** |  |  |  |
| **Industry:** |  |  |  |
| **Civil Society:** |  |  |  |
| **University /**  **Institutions of Learning:** |  |  |  |
| **NGO:** |  |  |  |

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| **SECTION 2: PROJECT MILESTONES** |

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| **NO.** | **MILESTONES**  *\*It is compulsory to state which milestone that target project output(s)* | **STATUS**   * **Completed** * **In progress** | **EXPECTED DATE OF COMPLETION** |
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| **SECTION 3: PROJECT ACTIVITIES** |

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| **NO.** | **ACTIVITY** | **ACTIVITY DESCRIPTION**  *\*Please provide photos with caption for each activity as proof* | **EXPECTED OUTCOMES**  *\*Please elaborate the change either in:*  *a) Community knowledge, attitude, skills, and aspirations*  *b) Community practice, or*  *c) Community empowerment* |
| 1 |  |  |  |
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| **SECTION 4: IMPACT STORY AND PATHWAY TO IMPACT** |

**Impact Story**

*\*Please narrate your impact story here.*

**What is an Impact Story? by Keela –** *“Rather than just explaining what your organization does, which can be a little…dry, an impact story uses a real narrative, featuring actual people and events, to make an emotional connection between your audience and the valuable work that you do.  You can type out an impact story in blog posts or in an email, share it on social media channels, record a video, put together a photo essay, whatever your imagination can come up with—they all count as impact stories and they’re going to turn potential donors into lifelong supporters if you do it right”.*

**Example of impact stories by the Bridgespan Group**:

1. Harlem Children's Zone: Doing “Whatever it Takes” to Help Young People

<https://www.bridgespan.org/stories-of-impact/stories/harlem-childrens-zone>

2. Youth Villages: Radically Transforming the Child Welfare Landscape

<https://www.bridgespan.org/stories-of-impact/stories/youth-villages>

3. Memphis "Teacher Town": Collaborating to Improve Low-Performing Schools

<https://www.bridgespan.org/stories-of-impact/stories/memphis-teacher-town>

**Logic model: Pathway to impact**

\*Please fill in the box anything related information to your project.

-Inputs, activities, and outputs – within researcher control

-Short-term, intermediate, long-term outcomes, and impact – beyond researcher control

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| **SDGs:** | | | | **Potential collaborators / stakeholders:** | | | |
| **Impact Statement**  *(Issue to address)* | **Input**  *(Resources required for this project)* | **Activities**  *(Work done and plan to implement in this project)* | **Output**  *(Products resulting from this project)* | **Outcome** | | | **Impact**  **> 10 years**  *(Transformative change on a large scale)* |
| **Short-term**  **1 – 2 years**  *(Changes you want to see right away / by end of this project)* | **Intermediate**  **3 – 6 years**  *(Changes that may take a little longer to happen and necessary to achieve as longer-term outcomes)* | **Long-term**  **7 – 10 years**  *(Changes that can take a long time such as a system change)* |
| Example:  To maintain a sustainable livelihood of youth in Palma Resident through a strong foundation in social well-being. | Example:  - Funding from UMCares CE grant and funding from collaborator(s).  - Youth community in Palma Resident  - Meeting places: a) Community Hall.  b) Recreational Parks. | Example:  - Recruiting and organising events.    - Training in engagement facilitation.  - Evaluating the engagement facilitation. | Example:  - Numbers of organising activities.  - Number of youth community from Palma residents recruited.  - Diversity of people participating. | Example:  - Increase in the youth knowledge regarding issues affecting youth community.  - The youth are applying the skills learned from researcher project activities (by their own initiative).  - Change in behaviour when facing the community issues. | Example:  - Increased public awareness and participation (in the state) adapting the change with involvement of other stakeholders. | Example:  - Establishment of new system by local authority in addressing social well-being issue of youth community. | Example:  - Reduction in the youth community problem / cases as reported by the government and increase quality of equitable youth nationwide. |

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| **SECTION 5: REPORT DECLARATION** |

I hereby certify the details and information as well as documents provided with this report are complete, correct, and accurate. I also understand that any wilful dishonesty by means that any information is found to be false or untrue or misleading or misrepresenting, I am aware I may be held liable for it.

Project Leader signature,

…………………………………………

*Name:*

*Position:*

*Official stamp:*

*Date:*

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| **SECRETARIAT SECTION**  **(Only for UMCares use)** |
| **Verification:**  **Review:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature:**  **Date:**  **Official Stamp:** |
| **SUPPORTING DOCUMENTS CHECKLIST** |

Please (√) supporting documents as listed below as proof of project achivement and please provide the documents when submitting with this report. Link of proof can be provided in a separate file.

|  |  |  |
| --- | --- | --- |
| **1** | Media coverage / Publication [COMPULSORY]: | |
|  |  | Newspaper articles, Magazine |
|  |  | Media links, blogs |
|  |  | Brochures |
| **2** | Project feedback [COMPULSORY]: | |
|  |  | Completed Community Feedback Report Form (Version 1/2021) |
|  |  | Completed Collaborator Feedbak Report Form (Version 1/2021) |
| **3** | Contribution / Funding [COMPULSORY if available and must be submitted with LAMPIRAN A]: | |
|  |  | RM - Copy of Bank Slip / Cek / EFT |
|  |  | In Kind |
|  |  | Gift |
|  |  | Facilities |
|  |  | Equipment |
| **4** | Collaboration commitment with partners [COMPULSORY if available]: | |
|  |  | MOA / MOU / Certificate of Appreciation / Thank you letter / LOI / LOC |
| **5** | Project photos up to 5 high-resolution images with appropriate caption (softcopy) [COMPULSORY]: | |
|  |  | Photographs before, during and after the implementation of the community engagement project |
| **6** | Summary of the project [COMPULSORY]: | |
|  |  | Executive summary (Maximum 300 words) |
| **7** Additional request for promotional purposes [COMPULSORY]: | | |
|  |  | A short video montage of footage or pictures before and after the implementation of projects / activities (Maximum four minutes) |

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| **Logo  Description automatically generated**    **PUSAT JALINAN MASYARAKAT UNIVERSITI MALAYA (UMCares)**  **BORANG PENERIMAAN SUMBANGAN (BARANG / TUNAI / TAJAAN)**  ***CONTRIBUTION ACCEPTANCE FORM (GOODS / MONETARY / SPONSORSHIP)*** |

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| Nama / *Name*:  Alamat / *Address:*  No.Tel / *Phone Number*: | Tujuan sumbangan / *Purpose of Donation:* | Tarikh / *Date*: |

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| **Bil.** | **Barang / *Item*** | **Kuantiti / *Quantity*** | **Harga / *Price (RM)*** | **Catatan / *Remarks*** |
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| ………………………………….  **Tandatangan Penyumbang**  ***Signature of Donors***  Nama / *Name*:  Jawatan / *Position*:  Tarikh / *Date*: | …………………………………  **Tandatangan Ketua Projek**  ***Signature of Project Leader***  Nama / *Name*:  Jawatan / *Position*:  Tarikh / *Date*: | ………………………………………  **Tandatangan Pengarah UMCares**  ***Signature of UMCares Director***  Nama / *Name*:  Jawatan / *Position*:  Tarikh / *Date*: | **Nota / Note:**  ***Sila lampirkan surat tawaran / email / bukti bagi setiap sumbangan yang diterima.***  ***\*Tindakan Ketua Projek***  ***Please attach offer letter / email / evidence for each donation received.***  ***\*Action to be taken by project leader.*** |