# BORANG PERMOHONAN PROGRAM KOMUNITI (TIER 2) UNIVERSITI MALAYA

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| C:\Users\azizi.bkr\OneDrive - Universiti Malaya\Documents\MISC\Logo UM-06.png  | **UNIVERSITI MALAYA COMMUNITY PROGRAM****APPLICATION FORM (TIER 2)****PROGRAM CITRA AKADEMIK UNTUK KOMUNITI DAN ALAM (CAKnA)** |
| *One (1) softcopy of this form in word and one (1) in pdf format must be submitted to UMCares email:**Satu(1) salinan dalam format word dan satu (1) salinan dalam format pdf hendaklah dihantar ke emel UMCares:*umcares@um.edu.my *cc:* asyraf90@um.edu.my***[Please note that INCOMPLETE FORM will not be processed]****[Borang yang TIDAK LENGKAP tidak akan diproses]* |
| **A** | **GRANT INFORMATION /** *MAKLUMAT GERAN* |
| **A (1)** | **TITLE OF PROPOSED PROJECT:***Tajuk projek yang dicadangkan:* |
| **B** | **DETAILS OF APPLICANT** / *MAKLUMAT PEMOHON* |
| **B (1)** | Name of Project Leader:*Nama Ketua Projek*:Staff ID:*No.Pengenalan Staf:* |
| **B (2)** | **Position (Please tick** *( √ )***):***Jawatan (Sila tanda ( √ )*):**Professor Associate Professor Senior Lecturer Lecturer**Profesor *Profesor Madya Pensyarah Kanan Pensyarah* |
| **B (3)** | **Faculty / Department / Centre / Unit (Please provide full address):***Fakulti / Jabatan / Pusat / Unit (Sila nyatakan alamat penuh):* |
| **B (4)** | **Office Telephone No.:***No. Telefon Pejabat:***Handphone No.:***No. Telefon Bimbit:* |
| **B (5)** | **E-mail Address:***Alamat e-mel:* |
| **B (6)** | **Type of Service (Please tick** *( √ )***):***Jenis Perkhidmatan (Sila tanda ( √ )):***Permanent Contract (State contract expiry date):***Tetap Kontrak (Nyatakan tarikh tamat kontrak)*  |

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| **B (7)** | **Academic co-researcher (Please include with a curriculum vitae for each co-researcher)***Penyelidik bersama (Sila lampirkan vitae kurikulum bagi setiap penyelidik bersama)* |
| **Bil** | **Name & IC / Passport Number***Nama & No. Kad Pengenalan/ Pasport* | **University/Faculty/ Centre/ Unit***Universiti/Fakulti/ Pusat/Unit* | **Contribution of Expertise/***Sumbangan Kepakaran* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| **B (8)** | **Project Members (UM staff & students)***Ahli project (staf & pelajar)* |
| **Bil** | **Name***Nama* | **Matric Number / Staff Number***Nombor metrik / Nombor staf* | **Responsibility Center***Pusat Tanggungjawab (PTj)* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| **C** | **PROJECT INFORMATION /** MAKLUMAT PROJEK |
| **C (1)** | **Sustainability Development Goals [Please tick** *(√)]:**Matlamat Pembangunan Lestari [Sila tanda (√)]:*SDG 1 SDG 2 SDG 3No poverty Zero Hunger Good Health & Well-BeingSDG 4 SDG 5 SDG 6Quality Education Gender Equality Clean Water & SanitationSDG 7 SDG 8 SDG 9Affordable & Clean Energy Decent Work & Industry, Innovation &Economic Growth InfrastructureSDG 10 SDG 11 SDG 12Reduced Inequalities Sustainable Cities & Responsible Consumption &Communities ProductionSDG 13 SDG 14 SDG 15Climate Action Life Below Water Life on LandSDG 16 SDG 17Peace, Justice & Partnership for the Goals Strong Institutions |

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| **C (2)** | **Program Pillars [Please tick** *( √ )****]****:**Bidang Utama program [Sila tanda (√ ) ]:*Financial & Economy Environmental Sustainability*(Kewangan & Ekonomi) (Kelestarian Alam Sekitar*)Quality Education Health & Wellbeing*(Pendidikan Berkualiti) (Kesihatan & Kesejahteraan* |
| **C (3)** | **Program Status [Please tick** *( √ )****]****:***:***Status program [Sila tanda (√ )]:*  Modification of previous program/ initiative *(Penambahbaikan program/ inisiatif terdahulu)*New Extension of previous program/ initiative*(Baharu) (Lanjutan program/ inisiatif terdahulu)* |
| **C (4)** | **List of community that will be benefited from the project***Nyatakan komuniti yang menerima manfaat daripada projek ini* |
| **NO** | **Name of Benefited Communities***Nama Komuniti yang**menerima manfaat* | **Location of Projects***Tempat projek dijalankan* | **Number of the Beneficiary***Bilangan penerima manfaat* |
| 1. |  |  |  |
| 2. |  |  |  |
| **C (5)** | **Parliament constituency and Parliament Member***Kawasan Parlimen dan Ahli Parlimen* |
| **C (6)** | **Problem Statement, Related References, Relevance to Government Policy (if any)**.*Pernyataan Masalah, Rujukan Berkaitan dan Perkaitan dengan Dasar Kerajaan (jika berkenaan), kenyataan hipotesis / persoalan penyelidikan dan kajian literatur*. |
| **C (7)** | **Brief Description of Knowledge / Technology / Skills Transfer to Community***Penerangan Ringkas mengenai pemindahan Pengetahuan / Teknologi / Kemahiran kepada komuniti* |
| **C (8)** | **The activities that will be executed***Aktiviti yang akan dilaksanakan* |
| **No** | **Objective(s) of the Program***Objektif Projek* | **Social Innovation Activities Name / Activities***Nama Aktiviti Inovasi Sosial /**Aktiviti* | **Expected Results / Output from project** *Jangkaan Hasil / Output daripada projek* | **Expected Outcome / Impact from project** *Jangkaan Outcome / Impak daripada projek* |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **C (9)** | **Project Risk (Explain project risk in terms of time, technical and financial)***Risiko Projek (Terangkan risiko projek dari aspek masa, teknikal dan kewangan)* |
| **C (10)** | **Project Sustainability and Exit Plan (Please specify how the project will be managed after the project ends***Kelestarian Projek dan Exit Plan (Sila nyatakan bagaimana projek akan diuruskan selepas projek tamat)* |
| **D** | **BUDGET***/ BELANJAWAN* |
| **Please provide the breakdown of votes from funds that had been given by UMCares** *Sila berikan pecahan vot daripada dana yang telah diberikan oleh UMCares* |
|  | **Budget details***Butiran belanjawan* | **Amount requested (RM)***Jumlah yang dipohon (RM)* | **Please specify***Sila nyatakan secara lengkap dengan pecahannya sekali.* |
| **D(1)** | **Vote 11000 -** **Salary and** **wages***Upah dan Elaun* Untuk Pembantu Penyelidik (RA) |  |  |
| **D(2)** | **Vote 21000 -** **Travelling and Transportation** *Perjalanan dan Pengangkutan* |  |  |
| **D(3)** | **Vote 24000 -** **Rental***Sewaan* |  |  |
| **D(4)** | **Vote 27000 -** **Research Materials & Supplies** *Bekalan dan Bahan Penyelidikan* |  |  |
| **D(5)** | **Vote 29000 -** **Professional Services** *Perkhidmatan Ikhtisas* |  |  |
| **TOTAL AMOUNT (RM)***JUMLAH BESAR (RM)* |  |  |
| **E** | **DECLARATION BY APPLICANT /** *AKUAN PEMOHON***(Please tick *( √ )*) /** *(Sila tanda ( √ ))* |
|  | **I hereby declare that:***Saya dengan ini mengaku bahawa:*1. **All information stated here is accurate, UMCares has the right to reject or to cancel the offer without prior notice if there is any inaccurate information given.**

*Semua maklumat yang diisi adalah benar, UMCares berhak menolak permohonan atau membatalkan tawaran pada bila-bila masa sekiranya keterangan yang dikemukakan adalah tidak benar.*1. **I agree to amend the project proposal as suggested by UMCares if the application is approved.**

*Saya bersetuju untuk meminda kertas cadangan ini seperti yang disarankan oleh UMCares sekiranya permohonan diluluskan.***Please ensure all required information are provided** */ Sila pastikan semua maklumat ini disempurnakan***Title in English and Bahasa Malaysia Details of Community***Tajuk dalam Dwibahasa Maklumat Komuniti***Details of Collaborators / Stakeholders Details of Parliamentary Community Representative***Maklumat Rakan Kolaborasi / Pemegang Taruh Maklumat Wakil Parlimen***Related Attachments (if applicable)***Lampiran Berkaitan (sekiranya ada)***Date** ........................................ **Signature & Stamp** ........................................*Tarikh Tandatangan & Cop* |
| **F** | **RECOMMENDATION BY DEAN/ RELEVANT DEPUTY DEAN** *SOKONGAN OLEH DEKAN/ TIMBALAN DEKAN YANG BERKENAAN* |
|  | **Please tick ( √ ) and Recommended:***Sila tandakan (√) dan Diperakukan:*1. **Recommended**

*Disokong*1. **Not Recommended (Please specify reason)**

*Tidak Disokong (Sila nyatakan sebab)***Comments:***Ulasan:**…………………………………………………………………………………………………………………………………….**…………………………………………………………………………………………………………………………………….**…………………………………………………………………………………………………………………………………….***Name:** ................................................................................... **Signature & Stamp:** ........................................*Nama Tandatangan & Cop***Date:** ........................................*Tarikh* |

**LAMPIRAN 1**

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| **DETAILS OF COMMUNITY*****MAKLUMAT KOMUNITI*** |
| **SECTION A**Seksyen A |
| **NAME OF COMMUNITY***Nama komuniti* |  |
| **FULL ADDRESS***Alamat penuh* |  |
| **Parliamentary Constituency**Kawasan parlimen |  |
| **Parliament Member’s Name**Nama ahli parlimen |  |
| **COMMUNITY REPRESENTATIVE CONTACT***Maklumat perhubungan wakil komuniti* |
| **NAME***Nama* |  |
| **DESIGNATION***Jawatan* |  |
| **HANDPHONE NO.***No. telefon bimbit* |  |
| **EMAIL***Emel* |  |
| **SECTION B (Verification)**Seksyen B (pengesahan) |
| I hereby as a representative of the community confirm that all the information given is true and we hereby **AGREE** to carry out the knowledge / skills / technology transfer activities that will be carried out by Universiti Malaya to our community. Community information is as stated above.*Dengan ini saya sebagai wakil komuniti mengesahkan semua maklumat yang diberikan adalah benar dan dengan ini kami* ***BERSETUJU*** *untuk menjalankan aktiviti pemindahan ilmu / kemahiran / teknolgi yang akan dijalankan oleh Universiti Malaya kepada komuniti kami. Maklumat komuniti adalah seperti tertera di atas.*………………………………… (**Signature** / Tandatangan)**Name:** ......................................*Nama:***Position:** ..................................*Jawatan:***Official stamp:***Cop rasmi:* |

**LAMPIRAN 2**

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| **DETAILS OF COLLABORATOR*****MAKLUMAT RAKAN KOLABORASI*** |
| **SECTION A***Seksyen A* |
| **NAME OF COLLABORATOR (ORGANISATION)***Nama rakan kolaborasi (organisasi)* |  |
| **TYPE OF COLLABORATOR (ORGANISATION)***Jenis kolaborator (organisasi)* |  | **Business***Perniagaan***(Example: Sdn. Bhd., Berhad, Enterprise)** |  | **Non-Business***Bukan Perniagaan***(Example: Koperasi, Sekolah, JKK)** |
| **COLLABORATOR REGISTRATION NO. /****VALIDATION DATE (if available)***No. pendaftaran kolaborator / Tempoh sah laku (jika ada)* | **Example for organisation no. registered with Ministry of Finance (MOF) and validation date:****XXX-XXXXXXXXXX / XX-XX-20XX – XX-XX-20XX** |
| **AREA / TYPE OF ACTIVITY***Bidang / Jenis Aktiviti* |  |
| **FULL ADDRESS***Alamat penuh* |  |
| **AMOUNT OF MONETARY CONTRIBUTION TO****THE PROJECT (RM) (if available)***Jumlah sumbangan kewangan kepada projek (RM) (jika ada)* |  |
| **CONTACT PERSON***Maklumat perhubungan* |
| **NAME***Nama* |  |
| **DESIGNATION***Jawatan* |  |
| **OFFICE TELEPHONE NO.***No. telefon pejabat* |  |
| **HANDPHONE NO.***No. telefon bimbit* |  |
| **EMAIL***Emel* |  |
| **SECTION B***Seksyen B* |
| I hereby as a representative of the collaborator confirm that all the information given is true and I hereby **AGREE** to collaborate with Universiti Malaya for the community engagement program that stated in the **COMMUNITY PROGRAM (TIER 2) APPLICATION FORM**.*Saya dengan ini sebagai wakil kolaborator mengesahkan bahawa semua maklumat yang diberikan adalah benar dan saya dengan ini* ***BERSETUJU*** *untuk bekerjasama dengan Universiti Malaya bagi program penglibatan masyarakat yang dinyatakan dalam* ***BORANG PERMOHONAN PROGRAM KOMUNITI (TIER 2)****.*………………………………… (**Signature** / Tandatangan)**Name:** ......................................*Nama:***Position:** ..................................*Jawatan:***Official stamp:***Cop rasmi:* |

**LAMPIRAN 3**

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| **DETAILS OF PARLIAMENTARY REPRESENTATIVE*****MAKLUMAT WAKIL PARLIMEN*** |
| **SECTION A***Seksyen A* |
| **PARLIAMENTARY CONSTITUENCY**Kawasan parlimen |  |
| **PARLIAMENT MEMBER’S NAME**Nama ahli parlimen |  |
| **AREA / TYPE OF ACTIVITY***Bidang / Jenis Aktiviti* |  |
| **FULL ADDRESS***Alamat penuh* |  |
| **AMOUNT OF MONETARY/ IN-KIND CONTRIBUTION TO****THE PROJECT (RM) (if available)***Jumlah sumbangan kewangan/ bukan kewangan kepada projek (RM) (jika ada)* |  |
| **CONTACT PERSON***Maklumat perhubungan* |
| **NAME***Nama* |  |
| **DESIGNATION***Jawatan* |  |
| **OFFICE TELEPHONE NO.***No. telefon pejabat* |  |
| **HANDPHONE NO.***No. telefon bimbit* |  |
| **EMAIL***Emel* |  |
| **SECTION B***Seksyen B* |
| As a Member of Parliament, I acknowledge the importance of community engagement in driving societal progress. I hereby **AGREE**  to support the community engagement program as outlined in the **COMMUNITY PROGRAM (TIER 2) APPLICATION FORM**.*Saya dengan ini sebagai wakil kolaborator mengesahkan bahawa semua maklumat yang diberikan adalah benar dan saya dengan ini* ***BERSETUJU*** *untuk bekerjasama dengan Universiti Malaya bagi program penglibatan masyarakat yang dinyatakan dalam* ***BORANG PERMOHONAN PROGRAM KOMUNITI (TIER 2)****.*………………………………… (**Signature** / Tandatangan)**Name:** ......................................*Nama:***Position:** ..................................*Jawatan:***Official stamp:***Cop rasmi:* |