

RIVER CARE AWARD 2021 NOMINATION FORM

| TYPE | OF | NOMIN | ATION | (please | tick | the | box |) |
|-------------|----|-------|-------|---------|------|-----|-----|---|
|-------------|----|-------|-------|---------|------|-----|-----|---|

| Self-nomination | |
|-----------------------|--|
| Nomination by others* | |

^{*} Please provide details in the table in 2.0.

TYPE OF ORGANISATION (please select one)

| Community-based Organisation, e.g. Resident's Association, Kawasan Rukun Tetangga (KRT), etc. |
|---|
| Educational Institutions |
| NGOs |
| Special Interest Group, e.g. Friends of River |
| Others. Please specify: |

Candidates that participate in the award must be Malaysian. Candidates are considered qualify if they are either grantees of NRCF Cycle 1 to Cycle 6 or other community groups currently or previously collaborated with GEC programmes or projects. The target activities are as follow:

ELIGIBILITY (please tick the box)

| NRCF Grantees | Please specify which cycle/ year: | |
|---|-----------------------------------|--|
| Non-NRCF Grantees but GEC | | |
| Community Group (currently or | Please specify which | |
| previously established/partner/ collaborated) | project/programme : | |

| NAME OF REPRES | | | | |
|---|---|--------------------------|-----------------|--|
| | ENTATIVE | | | |
| ORGANISATION | | | | |
| ADDRESS | | | | |
| PHONE NUMBER | | | | |
| | | | | |
| | S OF NOMINATO | OR . | | |
| NAME | | | | |
| DESIGNATION | | | | |
| PHONE NUMBER | | | | |
| EMAIL ADDRESS | | | | |
| | GEIVIEN I | | | |
| A1. How does yo | ur organisation s | support the initiati | | |
| | ur organisation s | Support the initiati | ve? Please tick | |
| A1. How does yo | ur organisation self-working group. | | | |
| A1. How does yo Set-up Committee If Yes, please pro | ur organisation selection selection selection selections. Invide the name of elections are members. | YES 1. 2. 3. 4. | | |
| Set-up Committee If Yes, please pro the key committee Do you have Action If Yes, please pro | ur organisation sel/Working group. Invide the name of the members. Invide the name of the members. | YES 1. 2. 3. 4. 5. YES | NO | |
| A1. How does yo Set-up Committee If Yes, please pro the key committee Do you have Action If Yes, please pro | ur organisation sel/Working group. Evide the name of elemembers. On Plan? Evide the details frm program/activity | YES 1. 2. 3. 4. 5. YES | NO | |

SECTION B: ACTIVITY/INITIATIVE

B1. What are the activities/initiatives your community has carried out? (Please tick)

| Initiative/activity | Yes | Still ongoing | Starting time* (month & year) |
|---|-----|---------------|-------------------------------|
| River protection, restoration or rehabilitation | | | (month a year) |
| Efforts to show their concerns on river | | | |
| care. | | | |
| Efforts to preserve/protect the river | | | |
| including the source | | | |
| River clean up | | | |
| River adoption /monitoring | | | |
| River protection and | | | |
| conservation/restoration of riparian | | | |
| area | | | |
| River auditing or monitoring as well as | | | |
| reporting | | | |
| Pollution mapping, monitoring and | | | |
| reporting | | | |
| Water Quality enhancement | | | |
| Efforts to improve water quality of the | | | |
| river through Nature Based Solution | | | |
| Pollution reduction | | | |
| Riverine biodiversity conservation | | | |
| Habitat creation and biodiversity | | | |
| monitoring | | | |
| Alien fishing fish competition and | | | |
| native species promotion | | | |
| Education | | | |
| Outreach/Education | | | |
| Sharing; teaching | | | |
| Best Management Practices for pollution | | | |
| reduction and resource management | | | |
| Zero waste concept | | | |
| Water conservation | | | |
| Alternative water supply usage | | | |
| Recycling/composting/upcycling | | | |
| Enhance River/reserve usage | | | |
| Recreational activities | | | |
| River (community) garden | | | |
| Eco-Trails | | | |
| Socio-economic empowerment through | | | |
| environment protection | | | |
| Food source/ alternative income | | | |
| | | | |
| Edible community garden/Urban farming | | | |
| • | | | |
| Nursery, seedlings and nursery | | | |

| products | | | |
|--|-------------|--------------|---------------|
| Upcycling initiatives | | | |
| Science, technology and innovation | | | |
| Disaster Risk Reduction | | | |
| Community flood preparedness | | | |
| Drought preparedness Others (please indicate) | | | |
| Others (please indicate) | | | |
| | | | |
| | | | |
| here is the location of your initiative/activity? (p | lease spec | cify) | |
| Location: | - | | |
| GPS coordinate: | | | |
| | | | |
| la If you carry out rivar/laka/biadiyaraity | orina sica | neo provide | the fellowin |
| a. If you carry out river/lake/biodiversity monit tails: | oring, piea | ise provide | tne ronowin |
| How long is the river stretch/spot being | | | |
| monitored? | | | |
| Miles Lie the free was a seef the area with size of | | | |
| What is the frequency of the monitoring? | | | |
| How many community members are involved | | | |
| (average members per monitoring)? | | | |
| How do you share your finding (e.g. WhatsApp, | | | |
| Social Media, RIVER Ranger website)? | | | |
| | | | |
| b. If you carry out river cleanup, please provid | e the follo | wing details | : |
| What is the frequency of the gotong royong or | | | |
| cleanup? | | | |
| How many volunteers are involved (average per | | | |
| cleanup activity)? | | | |
| | | | |
| c. If you carry out waste recycling/upcycling o | r used cod | king oil col | lection, plea |
| ovide the following details: | | | |
| What is the frequency of the activity? | | | |
| How much wester/yeard and line all have been | | | |
| How much wastes/used cooking oil have been collected? | | | |
| Collected? | | | |
| | | | |
| Total volunteers that are involved? | | | |
| | | | |

| hat is the frequency of the | programme? | |
|--|--|--------------------------|
| low many people (public/stu articipated in this programn | | |
| What is the main objective of | f the programme? | |
| B1e. If you have an ongoil lease provide the followir | ng science, technology and inno | vation (STI) programm |
| Type issue (waste nanagement, water quality deterioration, etc.) | Product/Tools/Solutions undertaken | Results |
| | | |
| | | |
| | | |
| 81f. If you have establishe | ed a community garden, please p | provide the following de |
| How big is the communit acre)? | y garden (approximate in | provide the following de |
| How big is the communit acre)? Total community member | ry garden (approximate in ers involved? | provide the following de |
| How big is the communit acre)? | ry garden (approximate in ers involved? or facilities available? | provide the following de |
| How big is the community acre)? Total community member what are the key aspect (e.g. Herb garden, fish power with the composting, alternative with the composting, alternative with the composting is the community acre. | ers involved? or facilities available? ond, recreational) nt-friendly //practices? (e.g. | provide the following de |

SECTION C: IMPACT

C1. What is the significance or impact of the activity/initiative?

Please rate the following between 1 - 5 (1 being low/inadequate and 5 being high/exemplary)

| | Impacts | | | RATE | | |
|----|--|---|---|------|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| a) | Promote project ownership and empowerment among the members of the community | | | | | |
| b) | Lead to smart partnership model including private, public and agencies involvement | | | | | |
| c) | Improve water quality of the nearby water body (river/lake) | | | | | |
| d) | Improve biodiversity of the nearby water body (river/lake) | | | | | |
| e) | Improve the quality life of local community | | | | | |
| f) | Improve the aesthetic of the environment | | | | | |
| g) | Enhance awareness, education and capacity building of the community | | | | | |
| h) | Establish network/peer to peer learning with other similar groups | | | | | |
| i) | Establish alternative livelihood/revenue | | | | | |

SECTION D: PARTNERSHIP/NETWORKING

| Please I 1. 2. | ist the partners that you | u are currently working o | r have worked with (if ai |
|----------------------|---------------------------------------|---------------------------|---------------------------|
| 2. 3. | | | |
| 3. 4. | | | |
| 5. | | | |
| | | | |
| - | ave carried out awarene g details. | ess or sharing programme | es, please provide the |
| | awareness materials that | at have been | |
| | produced | at flave been | |
| | • | | |
| experie | he groups that you have nce with | · | |
| What is | s the frequency of the ab | ove activity? | |
| | | | |
| | | | |
| | | y recognition or award? | |
| Y | ES | | |
| 1 | 10 | | |
| | | | |
| If yes, p | ease provide details of | the award. | |
| Year | Award | By Who? | Notes |
| | | | |
| 1 | | | 1 |

SECTION E: SUSTAINABILITY

E1. How does your organisation started and planning to sustain the initiative?

Please tick and provide details (you may tick more than one)

| Туре | How it started? | How do you plan to sustain |
|---------------------------------------|---------------------------|-------------------------------|
| Volunteerism | | |
| | | |
| | | |
| Linkages with government programmes | | |
| | | |
| | | |
| Alternative livelihood income/revenue | | |
| income/revenue | | |
| | | |
| Corporate sponsorship | | |
| | | |
| | | |
| Grant | | |
| | | |
| Others (please indicate) | | |
| Official (piease mulcate) | | |
| | | |
| | | |
| If you are selected as one of | the award winners, tell u | ıs how does your organisation |
| - | | d money must be channeled to |
| the river care activity) | • | - |

| | Others (please indicate) | | |
|----|---|---|---------------------------------------|
| | | | |
| | | | |
| | . If you are selected as one of th an to spend the award money. (N | - | , - |
| - | n the river care activity) | | , |
| | | | , |
| | - | | , |
| _ | | | |
| An | y other relevant information | | , |
| | | | , |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | |

| lm | po | rtai | ٦t | n | ot | е |
|----|----|------|----|---|----|---|
|----|----|------|----|---|----|---|

All candidates are required to attach a simple video for evaluation (COMPULSARY). Candidates may also attach relevant paper work, document or photos.

Declaration

| I hereby confirm that all information provided on this for knowledge | orm is correct and true to the best of my |
|--|---|
| Signed by: | Date: |
| Name: | |
| Official stamp (if available) | |