



Non-Governmental Organization (NGO) Unit

REGISTRATION FORM FOR NON-GOVERNMENTAL ORGANIZATION DATABASE

Section 1. General Information

1. Name of organization: _____
(If this is the umbrella /parent organization attach the listing of the membership.)

2. Organization Type:
 - a. Non-Governmental Organization
 - b. Community Based Organization
 - c. Faith Based Organization
 - d. Other

3. Name of parent organization *(if applicable)*: _____

4. Address of organization: _____

5. Key Contact Person: _____

6. Telephone number(s): (1): _____ (2): _____

7. E-mail: _____

8. Website/Social Media Platforms:
Website _____
Facebook _____
Instagram _____
Other _____

9. Board Members

First Name	Last name	Position	Phone #

11. Date organization was established: _____
(Day / Month / Year)

12. (i) What is the registration status of the organization? (ii) Date of Registration:
(Day / Month / Year)
- A. Incorporated by Act of Parliament _____ / _____ / _____
 - B. Registered under the Non Profit Organization's Act _____ / _____ / _____
 2019
 - C. Incorporated under the Companies Act _____ / _____ / _____
 - D. Registered with an umbrella organization (see Quest. 3) _____ / _____ / _____
 - E. Not Registered

13. Brief description of organization:

12. Services/programmes provided by the organization:

13. Are fees charged for services?

- Yes No

If 'Yes', please specify the amount \$ _____

14. Target Population:

15. Communities/Areas/Regions primarily serviced:

16. Geographic Location(s) of the organization:

Trinidad – Municipal Corporation

- | | | | |
|----------------------------|--------------------------|-------------------------|--------------------------|
| a. Arima | <input type="checkbox"/> | F. Princes Town | <input type="checkbox"/> |
| b. Chaguanas | <input type="checkbox"/> | G. San Fernando | <input type="checkbox"/> |
| c. Couva/Tabaquite/Talparo | <input type="checkbox"/> | H. San Juan/ Laventille | <input type="checkbox"/> |
| d. Diego Martin | <input type="checkbox"/> | I. Sangre Grande | <input type="checkbox"/> |
| e. Mayaro/ Rio Claro | <input type="checkbox"/> | J. Siparia | <input type="checkbox"/> |
| f. Penal/ Debe | <input type="checkbox"/> | K. Tunapuna/ Piarco | <input type="checkbox"/> |
| g. Point Fortin | <input type="checkbox"/> | | |
| h. Port of Spain | <input type="checkbox"/> | <u>Tobago</u> | <input type="checkbox"/> |

Selection II. Activities

17. Coverage of organization:

- a) Service available to the immediate community
- b) Service available to the national population
- c) Service available to more than one community, but not to the national population

18. Organization’s Beneficiaries:

- Adolescent/ Teenage Mothers
- Boys/ Men
- Children
- Community
- Ex-Prisoners
- Persons with Disabilities
 - Hearing Impaired
 - Visually Impaired
 - Intellectually Disabled
 - Physically Challenged
- Persons/ Households Living in Poverty
- Prisoners
- Single Parent Headed Households
- Socially Displaced Persons
- Substance Abusers
- Unemployed
- Youth
- Other (Specify)

19. Approximate number of direct individual beneficiaries in the last year:

- (i) Males _____
- (ii) Females _____
- (iii) **Total** _____

20. Agencies/organizations the organization most frequently network or collaborate with?
(Please list a maximum of three agencies/organizations below)

- i) _____
- ii) _____
- iii) _____

21. Are you affiliated with or a subsidiary of any local and/ or foreign organizations?

Yes No

(If yes, please list a maximum of three agencies/ organizations below)

i) _____

ii) _____

iii) _____

22. Resources/ Facilities available to the organization (tick all that apply)

- | (i) <u>Own</u> | | (ii) <u>Have Access To</u> | |
|--------------------------------|--------------------------|--------------------------------|--------------------------|
| a) Books/Information Resources | <input type="checkbox"/> | a) Books/Information Resources | <input type="checkbox"/> |
| b) Multi-media | <input type="checkbox"/> | b) Multi-media | <input type="checkbox"/> |
| c) Building(s) | <input type="checkbox"/> | c) Building(s) | <input type="checkbox"/> |
| d) Computer Systems | <input type="checkbox"/> | d) Computer Systems | <input type="checkbox"/> |
| e) Printers | <input type="checkbox"/> | e) Printers | <input type="checkbox"/> |
| f) Photocopying Machine(s) | <input type="checkbox"/> | f) Photocopying Machine(s) | <input type="checkbox"/> |
| g) Other (specify) | <input type="checkbox"/> | g) Other (specify) | <input type="checkbox"/> |

23. Have any formal evaluations been conducted on the initiatives of your organization over the last three years? *(These include audits, evaluations, assessments, programme reviews, etc.)*

Yes No

24. What are the major challenges faced by your organization?

- | | | | |
|---------------------------|--------------------------|---|--------------------------|
| a) Funding | <input type="checkbox"/> | g) Participation by Members | <input type="checkbox"/> |
| b) Human Resources | <input type="checkbox"/> | h) Co-operation/ Participation by Beneficiaries | <input type="checkbox"/> |
| c) Appropriate Skills | <input type="checkbox"/> | i) Supporting Network | <input type="checkbox"/> |
| d) Government Bureaucracy | <input type="checkbox"/> | j) Other | <input type="checkbox"/> |
| e) Equipment | <input type="checkbox"/> | _____ | |
| f) Facilities | <input type="checkbox"/> | | |

Selection III. Organizational Structure

25. Does the organization have a constitution?
 Yes No

26. Which of the following administrative reports does the organization prepare?
 (Tick all that apply)

27. a) Monthly Reports b) Annual Reports
 c) Quarterly Reports d) Other (specify)

Please describe the organization's record-keeping system(s):

a) Primarily computer-based b) Primarily manual
 c) Manual and computerized d) No record-keeping system(s)

28. Total number of members in the organization:

(i) Males _____
 (ii) Females _____
 (iii) **Total** _____

29. Please indicate the skills available to the organization:

Type of Staff	No. of Paid Staff			No. of Volunteers/Members		
	Full Time	Part Time	Total	Full Time	Part Time	Total
Professional/Technical (Specify area of expertise .i.e. Management, IT, Finance,)						
i.						
ii.						
iii.						
iv.						
Type of Staff	No. of Paid Staff			No. of Volunteers/Members		
	Full Time	Part Time	Total	Full Time	Part Time	Total
Support (Specify category .i.e. clerical, custodial, security. etc.)						

i.						
ii.						
iii.						
iv.						

31. Has the organization been awarded or recognized for the service it provides?

- Yes No

If yes, please specify _____

Selection IV. Finances

32. Is there a dedicated bank account in the name of the Organization?

- Yes No

If yes, please provide the following:

Bank Name: _____

Branch: _____

33. Are Income and Expenditure Statements prepared on an annual basis?

- Yes No

34. i) Are accounts audited?

- Yes No

ii) If 'Yes', please tick the applicable option below and specify person/firm:

a) Accounting Firm _____

b) Chartered Accountant _____

35. Approximate percentage of funding received from the understated sources for the last financial year. (Please complete all categories that apply):

Sources of Funding	Approximate % of Funding Received		
a. Government	<input type="checkbox"/> 0-20%	<input type="checkbox"/> 21-40%	<input type="checkbox"/> 41-60%
	<input type="checkbox"/> 61-80%	<input type="checkbox"/> 81-100%	
b. Corporate Sponsors (including local financial institutions)	<input type="checkbox"/> 0-20%	<input type="checkbox"/> 21-40%	<input type="checkbox"/> 41-60%
	<input type="checkbox"/> 61-80%	<input type="checkbox"/> 81-100%	
c. International Institutions	<input type="checkbox"/> 0-20%	<input type="checkbox"/> 21-40%	<input type="checkbox"/> 41-60%
	<input type="checkbox"/> 61-80%	<input type="checkbox"/> 81-100%	
d. Private Individuals (members)	<input type="checkbox"/> 0-20%	<input type="checkbox"/> 21-40%	<input type="checkbox"/> 41-60%
	<input type="checkbox"/> 61-80%	<input type="checkbox"/> 81-100%	
e. Private Individuals (non-members)	<input type="checkbox"/> 0-20%	<input type="checkbox"/> 21-40%	<input type="checkbox"/> 41-60%
	<input type="checkbox"/> 61-80%	<input type="checkbox"/> 81-100%	
f. Fundraising Activities	<input type="checkbox"/> 20%	<input type="checkbox"/> 21-40%	<input type="checkbox"/> 41-60%
	<input type="checkbox"/> 61-80%	<input type="checkbox"/> 81-100%	
g. Other (specify) _____	<input type="checkbox"/> 0-20%	<input type="checkbox"/> 21-40%	<input type="checkbox"/> 41-60%
	<input type="checkbox"/> 61-80%	<input type="checkbox"/> 81-100%	

REGISTRATION DISCLAIMER

We are committed to protecting your right to privacy. We aim to protect any personal data we hold about you and/or your organization, to manage your personal data in a responsible way, and to be transparent in our practices.

The NGO Unit by the collection and processing of the personal information that you provide us with through this form to register you in our NGO Database and to share your organization's information with interested parties included but not limited to state agencies, government ministries, other NGOs and potential beneficiaries of your services offered.

By submitting your registration, you give us your consent to use and process your personal data.

Submission of your application does not bind the Ministry of Social Development & Family Services or the NGO Unit or the Government of the Republic of Trinidad & Tobago to the provision of any favorable benefit, business, contract, award, financial benefit, revenue, damages or loss.

The Ministry of Social Development & Family Services, the NGO Unit and the Government of the Republic of Trinidad & Tobago shall have no liability to any NGO, or NGO applicant or any other person relying on or benefiting from any NGO application for any loss of profit, revenue, or contract, or business, profession, or other occupation as a result of loss or damage of the application, attachments or documents.

DOCUMENTS SUBMITTED CHECKLIST

- Certificate of Incorporation (i.e. NPO Certificate, Company Certificate)
- Administrative Report (i.e. Monthly, Quarterly, Annual Reports etc.)
- Audited Accounts (*Most Recent*)
- Copy of Constitution
- Membership Listing (*where applicable*)

End of Registration

Thank You for taking the time to provide this Information

OFFICIAL USE ONLY

Purpose For Initial Funding: _____

Coordinator NGO Unit: _____

Date: _____