

Government of the Republic of Trinidad and Tobago

Ministry of Social Development and Family Services



Non-Governmental Organization (NGO) Unit

REGISTRATION FORM FOR NON-GOVERNMENTAL ORGANIZATIONS' DATABASE

Section	on 1. General Inform	nation		
1.	Organization category:			
	a. Non-Governmentalb. Community Based 0	1 1	nith Based Organization ther	
2.	Name of organization: (If this is the umbrella /	parent organization attach the listi	ing of the membership.)	
3.	Name of parent organiz	ation:		
4.		1:		
5.	Telephone number(s):	(1):(2)	:	
6.	Fax number:	7. E-mail:		
8.	Website address:			
9.	Board Members	Members of O	1	
	First Name	Last name	Position	Phone #

0.		ate organization was establish	(Day / Month / Yea	ur)	
1.	(i)) What is the registration state	us of the organization?	(ii) Date of Registrat (Day / Month / Y	
	a.	Incorporated by Act of Par	liament	/	_ /
	b.	Incorporated under the Cor	npanies Ordinance	/	_ /
	c.	Registered under the Co-op	peratives Societies Act	/	_ /
	d.	Registered with a Ministry	/Gov't Agency (specify)	/	_ /
	e.	Registered with an umbrell	la NGO (see Q#3)	/	_ /
	f.	Not registered			
2.	O	overall Goal of the organization	on:		
2.	O 	everall Goal of the organization	on:		
 3. 	G	eographic location of the org	anization:		
	G	eographic location of the org inidad – Municipal Corporati Arima	anization: on g. Prince	es Town	
	G Tri	eographic location of the org	anization: on g. Prince h. San Fe	es Town ernando ann/ Laventille	
	G Tri a. b.	eographic location of the org inidad – Municipal Corporati Arima Chaguanas	anization: on g. Prince h. San Fe i. San Ju	ernando	
	Grant	eographic location of the org inidad – Municipal Corporati Arima Chaguanas Couva/tabaquite/Talparo Diego Martin Mayaro/ Rio Claro	anization: on g. Prince h. San Fe i. San Ju j. Sangre k. Sipari	ernando uan/ Laventille e Grande a	
	Gria. b. c.	eographic location of the org inidad – Municipal Corporati Arima Chaguanas Couva/tabaquite/Talparo Diego Martin	anization: on g. Prince h. San Fe i. San Ju j. Sangre k. Sipari	ernando	

Sele	ction II. Activities		
14.	Coverage of organization:		
a. c.	Service available to the immediate community Service available to more than one community, but not to the national population	b. Service avail	able to the national population
15. C	Organization's beneficiaries:		
	Adolescent/ Teenage Mothers	Primary Category	Other Categories Applicable
a.	Boys/ Men		
b.	Children		
c.	Community		
d.	Ex-Prisoners		
e.	Deportees		
f.	Girls/ Women		
g.	Older Persons		
h.	Persons Affected by Domestic Violence		
i.	Persons Living with HIV/AIDS		
j.	Persons with Disabilities Hearing Impaired		
	Visually Impaired		
	Intellectually Disabled		
	Physically Challenged		
k.	Persons/ Households Living in Poverty		
1.	Prisoners		
m.	Single Parent Headed Households		
n.	Socially Displaced Persons		

	Adolescent/ Teenage Mothers			ther Categories Applicable
о.	Substance Abusers	[(1 only)	
p.	Unemployed			
q.	Youth	[
r.	Other (Specify)	[
16.	Approximate number of direct	benefic	iaries in the last year:	
	(i) Male (ii) Fema	ale	(iii) Total	
17.	What services does the organizati	on offe	r? (tick all that apply)	
	Adult Education		Housing	
	Advocacy (specify) Agriculture Assistance in Emergencies/ Disasters		Infrastructural Development Legal Aid Long Term Residential	
	Business Development Children's Services Communications Community Development		Marketing Parenting Programmes Protection of the Environment Prov. of Food Hampers/Meals	
	Conflict Management/Mediation		Recreational	
	Consulting		Referrals	
	Counselling	Ш	Security	
	Cultural		Services for Older Persons	
	Drug Demand Reduction		Services for Persons with Disal	bilities
	Drug Rehabilitation		Shelter (temporary)	
	Early Childhood Care and Education		Small Business Development	
	Employment		Special Education	
	Family Life Education		Spiritual Upliftment	
	Financial Aid	\square	HIV/AIDS Information	
	Foster Care		Training	
	General Education		Women's Rights Services	
	Health Care		Youth Development	
	Other (specify)	ш	-	

i)						
ii)						
iii)						
	Are you	affiliated with or a subsidiary of	any lo	cal a	nd/ or foreign organiza	tions?
	Yes	No				
	(If you	answered yes, please list up to the	hree ag	enci	es/ organizations below)
iv)						
)						
v)						
vi)						
vi)						
	rces/ Fa	cilities available to the organizati				
	rces/ Fa					
	rces/ Fa	cilities available to the organizati (i) <u>Own</u>			that apply) (ii) <u>Have Access To</u>	
	rces/ Fa	cilities available to the organizati	ion (tic		that apply) (ii) <u>Have Access To</u> Books/Information	
	a.	cilities available to the organization (i) Own Books/Information Resources	ion (tic	k all a.	that apply) (ii) <u>Have Access To</u> Books/Information Resources	
	a. b.	cilities available to the organization (i) Own Books/Information Resources Multi-media		k all a. b.	that apply) (ii) Have Access To Books/Information Resources Multi-media	
	a. b. c.	cilities available to the organization (i) Own Books/Information Resources Multi-media Building(s)		k all a. b. c.	that apply) (ii) Have Access To Books/Information Resources Multi-media Building(s)	
	a. b.	cilities available to the organization (i) Own Books/Information Resources Multi-media		k all a. b. c. d.	that apply) (ii) Have Access To Books/Information Resources Multi-media	
	a. b. c. d.	cilities available to the organization (i) Own Books/Information Resources Multi-media Building(s) Computer Systems	ion (tic	k all a. b. c.	that apply) (ii) <u>Have Access To</u> Books/Information Resources Multi-media Building(s) Computer Systems	

20.	Have any formal years?	evaluations been condu	ucted on the initiatives of your organization over the last three
	a. Yes	b.	No
21.	What are the major	or challenges faced by	your organization?
	a. Fundir	g	h. Participation by Members
	b. Humai	n Resources	i. Co-operation/ Participation by Beneficiaries
			j.
Selec	tion III. Organiza	tional Structure	
22.	Does the organiza	tion have a constitutio	on? a. Yes b. No
23.	Does the organiza	tion have a strategic pl	olan?
	a. Yes	b. No	c. Don't know
24.	Which of the follo (Tick all that appl	•	reports does the organization prepare?
	a. Mor	nthly Reports	b. Annual Reports
	c. Qua	rterly Reports	d. Other (specify)
25.	a. Prima	e organization's record rily computer-based al and computerized	d-keeping system(s): b. Primarily manual d. No record-keeping system (s)
26.	Total number of r	nembers in the organiz	zation:
	(i) Male	(ii) Femalo	le (iii) Total
27.	Please indicate th	e skills available to the	e organization:

Feb. 6th 2017

	No	o. of Paid St	taff	No. of Volunteers/ Men		
Type of Staff	Full Time	Part Time	Total	Full Time	Part Time	Total
Professional/Technical specify area of expertise)	Time	Time	Total	Time	Time	Total
i.						
ii.						
v.						
Support specify category)						
i.						
ii.						
V. Has the organization been awarde Yes No	ed or recog	nized for t	the service	e it provid	les?	
Has the organization been awarded Yes No No es, please specify	ed or recog				les?	
Has the organization been awardo Yes No					les?	
Has the organization been awarded Yes No No es, please specify					les?	
as the organization been awards Yes No s, please specify tion IV. Finances					les?	

Branch

Are II					
a.	Yes	b. No (If 'N	o', go to the en	nd of the form)	
. i)	Are your	accounts audited?			
	a. Yes	b. No	c. Don'	t know	
ii)	If 'Yes', a.	please tick the applical Accounting firm	ble option belo	ow and specify p	erson/firm:
	b.	Private chartered accountant			
	c.	Experienced account	ant		
	d.	Other			
(p)	lease complete	e all categories that app	oly):		
(p)		e all categories that app of Funding		imate % of Fun	ding Received
				imate % of Fun	ding Received
	Sources		Approx		9
a. Gov	Sources	of Funding	Approx	21-40%	<u> </u>
a. Gov	Sources vernment rporate Sponso	of Funding	Approx 0-20% 61-80%	21-40% 81-100%	<u>41-60%</u>
a. Gov b. Cor (in	Sources vernment rporate Sponso	of Funding ors financial institutions)	Approx 0-20% 61-80% 0-20%	21-40%	<u>41-60%</u>
a. Gov b. Cor (in	Sources vernment rporate Sponso	of Funding ors financial institutions)	Approx 0-20% 61-80% 0-20% 61-80%	21-40%	41-60% 41-60%
a. Gov b. Con (in	Sources vernment rporate Sponso	of Funding ors financial institutions) itutions	Approx 0-20% 61-80% 0-20% 61-80% 0-20%	21-40% 81-100% 21-40% 81-100% 21-40%	41-60% 41-60%
a. Gov b. Con (in	Sources vernment rporate Sponse acluding local ernational Inst	of Funding ors financial institutions) itutions	Approx 0-20% 61-80% 61-80% 0-20% 61-80% 61-80%	21-40% 81-100% 21-40% 81-100% 21-40% 81-100%	41-60% 41-60% 41-60%
a. Gov b. Con (in c. Inte	Sources vernment rporate Sponse acluding local ernational Inst	of Funding ors financial institutions) itutions	Approx 0-20% 61-80% 61-80% 0-20% 61-80% 0-20% 0-20% 0-20%	21-40% 81-100% 21-40% 81-100% 21-40% 21-40% 21-40%	41-60% 41-60% 41-60%
a. Gov b. Con (in c. Inte	Sources vernment rporate Sponse acluding local ernational Inst vate Individua	of Funding ors financial institutions) itutions lls (members) ls (non-members)	Approx	21-40% 81-100% 21-40% 81-100% 21-40% 81-100% 21-40% 21-40% 81-100% 81-100%	41-60% 41-60% 41-60% 41-60%
a. Gov b. Con (in c. Inte	Sources vernment rporate Sponse acluding local ernational Inst	of Funding ors financial institutions) itutions lls (members) ls (non-members)	Approx	21-40%	41-60% 41-60% 41-60%
a. Gov b. Con (in c. Inte	Sources vernment rporate Sponso acluding local ernational Inst vate Individua vate Individua	of Funding ors financial institutions) itutions lls (members) ls (non-members)	Approx	21-40% 81-100% 81-100% 81-100% 81-100% 81-100% 81-100% 81-100% 81-100% 81-100% 81-100%	41-60%41-60%41-60%41-60%41-60%41-60%41-60%
a. Gov b. Con (in c. Inte	Sources vernment rporate Sponse acluding local ernational Inst vate Individua	of Funding ors financial institutions) itutions lls (members) ls (non-members)	Approx	21-40%	41-60% 41-60% 41-60% 41-60%

32.	i)	Are fees charge	ed for servic	es?
		a. Yes	b.	No
	ii)	If 'Yes', please	specify the	amount

End of Registration Thank You for taking the time to provide this Information

	OFFICIAL USE ONLY	
Purpose for Initial funding:		
Coordinator NGO Unit:		
Date:		