



Non-Governmental Organization (NGO) Unit

REGISTRATION FORM FOR NON-GOVERNMENTAL ORGANIZATIONS' DATABASE

Section 1. General Information

- 1. Organization category:
 - a. Non-Governmental Organization
 - b. Community Based Organization
 - c. Faith Based Organization
 - d. Other
- 2. Name of organization: _____
(If this is the umbrella /parent organization attach the listing of the membership.)
- 3. Name of parent organization: _____
- 4. Address of organization: _____

- 5. Telephone number(s): (1): _____ (2): _____
- 6. Fax number: _____ 7. E-mail: - _____
- 8. Website address: _____

9. Board Members Members of Committee

First Name	Last name	Position	Phone #



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

11. (i) What is the registration status of the organization? (ii) Date of Registration:
(Day / Month / Year)
- a. Incorporated by Act of Parliament _____ / _____ / _____
 - b. Incorporated under the Companies Ordinance _____ / _____ / _____
 - c. Registered under the Co-operatives Societies Act _____ / _____ / _____
 - d. Registered with a Ministry/Gov't Agency (specify) _____ / _____ / _____
 - e. Registered with an umbrella NGO (see Q#3) _____ / _____ / _____
 - f. Not registered _____

12. Overall Goal of the organization:

13. Geographic location of the organization:

Trinidad – Municipal Corporation

- | | | | |
|----------------------------|--------------------------|-------------------------|--------------------------|
| a. Arima | <input type="checkbox"/> | g. Princes Town | <input type="checkbox"/> |
| b. Chaguanas | <input type="checkbox"/> | h. San Fernando | <input type="checkbox"/> |
| c. Couva/tabiquite/Talparo | <input type="checkbox"/> | i. San Juan/ Laventille | <input type="checkbox"/> |
| d. Diego Martin | <input type="checkbox"/> | j. Sangre Grande | <input type="checkbox"/> |
| e. Mayaro/ Rio Claro | <input type="checkbox"/> | k. Siparia | <input type="checkbox"/> |
| f. Penal/ Debe | <input type="checkbox"/> | l. 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

14. 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

15. Organization's beneficiaries:

	Adolescent/ Teenage Mothers	Primary Category (1 only)	Other Categories Applicable
a.	Boys/ Men	<input type="checkbox"/>	<input type="checkbox"/>
b.	Children	<input type="checkbox"/>	<input type="checkbox"/>
c.	Community	<input type="checkbox"/>	<input type="checkbox"/>
d.	Ex-Prisoners	<input type="checkbox"/>	<input type="checkbox"/>
e.	Deportees	<input type="checkbox"/>	<input type="checkbox"/>
f.	Girls/ Women	<input type="checkbox"/>	<input type="checkbox"/>
g.	Older Persons	<input type="checkbox"/>	<input type="checkbox"/>
h.	Persons Affected by Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
i.	Persons Living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
j.	Persons with Disabilities		
	Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>
	Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>
	Intellectually Disabled	<input type="checkbox"/>	<input type="checkbox"/>
	Physically Challenged	<input type="checkbox"/>	<input type="checkbox"/>
k.	Persons/ Households Living in Poverty	<input type="checkbox"/>	<input type="checkbox"/>
l.	Prisoners	<input type="checkbox"/>	<input type="checkbox"/>
m.	Single Parent Headed Households	<input type="checkbox"/>	<input type="checkbox"/>
n.	Socially Displaced Persons	<input type="checkbox"/>	<input type="checkbox"/>

	Adolescent/ Teenage Mothers	Primary Category (1 only)	Other Categories Applicable
o.	Substance Abusers	<input type="checkbox"/>	<input type="checkbox"/>
p.	Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
q.	Youth	<input type="checkbox"/>	<input type="checkbox"/>
r.	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

16. Approximate number of direct beneficiaries in the last year:

(i) Male _____ (ii) Female _____ (iii) Total _____

17. What services does the organization offer? (tick all that apply)

Adult Education	<input type="checkbox"/>	Housing	<input type="checkbox"/>
Advocacy (specify)	<input type="checkbox"/>	Infrastructural Development	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	Legal Aid	<input type="checkbox"/>
Assistance in Emergencies/ Disasters	<input type="checkbox"/>	Long Term Residential	<input type="checkbox"/>
Business Development	<input type="checkbox"/>	Marketing	<input type="checkbox"/>
Children's Services	<input type="checkbox"/>	Parenting Programmes	<input type="checkbox"/>
Communications	<input type="checkbox"/>	Protection of the Environment	<input type="checkbox"/>
Community Development	<input type="checkbox"/>	Prov. of Food Hampers/Meals	<input type="checkbox"/>
Conflict Management/Mediation	<input type="checkbox"/>	Recreational	<input type="checkbox"/>
Consulting		Referrals	
Counselling	<input type="checkbox"/>	Security	<input type="checkbox"/>
Cultural	<input type="checkbox"/>	Services for Older Persons	<input type="checkbox"/>
Drug Demand Reduction	<input type="checkbox"/>	Services for Persons with Disabilities	<input type="checkbox"/>
Drug Rehabilitation	<input type="checkbox"/>	Shelter (temporary)	<input type="checkbox"/>
Early Childhood Care and Education	<input type="checkbox"/>	Small Business Development	<input type="checkbox"/>
Employment	<input type="checkbox"/>	Special Education	<input type="checkbox"/>
Family Life Education	<input type="checkbox"/>	Spiritual Upliftment	<input type="checkbox"/>
Financial Aid	<input type="checkbox"/>	HIV/AIDS Information	<input type="checkbox"/>
Foster Care	<input type="checkbox"/>	Training	<input type="checkbox"/>
General Education	<input type="checkbox"/>	Women's Rights Services	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	Youth Development	<input type="checkbox"/>
Other (specify) _____			

18. Which other agencies/ organizations does the organization most frequently network with? (Please list up to three agencies/ organizations below)

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

18(b). Are you affiliated with or a subsidiary of any local and/ or foreign organizations?

Yes No

(If you answered yes, please list up to three agencies/ organizations below)

- iv) _____
- v) _____
- vi) _____

19. 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"/> |

Type of Staff	No. of Paid Staff			No. of Volunteers/ Members		
	Full Time	Part Time	Total	Full Time	Part Time	Total
Professional/Technical <i>(specify area of expertise)</i>						
i.						
ii.						
iii.						
iv.						
Support <i>(specify category)</i>						
ii.						
iii.						
iv.						

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

Yes No

If yes, please specify _____

Selection IV. Finances

29. Is there bank account in the name of the Organization?

a. Yes

b. No

Account Number

Name on Account

Branch

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

- a. Yes b. No (If 'No', go to the end of the form)

31. i) Are your accounts audited?

- a. Yes b. No c. Don't know

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

- a. Accounting firm _____
- b. Private chartered accountant _____
- c. Experienced accountant _____
- d. Other _____

31. 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%	

32. i) Are fees charged for services?
a. Yes b. No
- ii) If 'Yes', please specify the amount _____

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

<u>OFFICIAL USE ONLY</u>
Purpose for Initial funding: _____ _____
Coordinator NGO Unit: _____
Date: