



Non-Governmental Organization (NGO) Unit

**REGISTRATION FORM
FOR NON-GOVERNMENTAL ORGANIZATION 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/Social Media Platforms:
Website ☐ _____
Facebook ☐ _____
Instagram ☐ _____
Other ☐ _____
9. Key contact person: _____

10. Board Members

Members of Committee

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. Incorporated under the Non Profit Organization's Act 2019 _____ / _____ / _____
- C. Incorporated under the Companies Ordinance _____ / _____ / _____
- D. Registered under the Co-operatives Societies Act _____ / _____ / _____
- E. Registered with a Ministry/Gov't Agency (specify) _____ / _____ / _____
- F. Registered with an umbrella NGO (see Q#3) _____ / _____ / _____
- G. Not registered _____

**** Please submit a copy of the organization's certificate of incorporation/registration.**

13. Brief description of organization:

12. Services/programs provided by the organization:

13. Key target population:

15. Communities/Areas/Regions primarily serviced:

16. Geographic Location of the organization:

Trinidad – Municipal Corporation

- | | |
|----------------------------|--------------------------|
| a. Arima | <input type="checkbox"/> |
| b. Chaguanas | <input type="checkbox"/> |
| c. Couva/tabiquite/Talparo | <input type="checkbox"/> |
| d. Diego Martin | <input type="checkbox"/> |
| e. Mayaro/ Rio Claro | <input type="checkbox"/> |
| f. Penal/ Debe | <input type="checkbox"/> |
| g. Point Fortin | <input type="checkbox"/> |
| h. Port of Spain | <input type="checkbox"/> |

- | | |
|-------------------------|--------------------------|
| H. Princes Town | <input type="checkbox"/> |
| I. San Fernando | <input type="checkbox"/> |
| J. San Juan/ Laventille | <input type="checkbox"/> |
| K. Sangre Grande | <input type="checkbox"/> |
| L. Siparia | <input type="checkbox"/> |
| M. Tunapuna/ Piarco | <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:

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

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

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

20. Which other agencies/ organizations does the organization most frequently network with?
(Please list up to 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 you answered yes, please list up to three agencies/ organizations below)

iv) _____

v) _____

vi) _____

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

(i) Own

a. Books/Information Resources ☐

b. Multi-media ☐

c. Building(s) ☐

d. Computer Systems ☐

e. Printers ☐

f. Photocopying Machine(s) ☐

g. Other (specify) ☐

(ii) Have Access To

a. Books/Information Resources ☐

b. Multi-media ☐

c. Building(s) ☐

d. Computer Systems ☐

e. Printers ☐

f. Photocopying Machine(s) ☐

g. Other (specify) ☐

23. Have any formal evaluations been conducted on the initiatives of your organization over the last three years?

☐ Yes

☐ No

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

a. Funding ☐

b. Human Resources ☐

c. Appropriate Skills ☐

d. Government Bureaucracy ☐

e. Equipment ☐

f. Facilities ☐

h. Participation by Members ☐

i. Co-operation/
Participation by
Beneficiaries ☐

j. ☐

k. Supporting Network ☐

l. Other ☐

_____ ☐

Selection III. Organizational Structure

25. Does the organization have a constitution?

☐ Yes

☐ No

26. Does the organization have a strategic plan?

☐ Yes

☐ No

****If yes, please submit a copy.**

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

a. Monthly Reports

☐

b. Annual Reports

☐

c. Quarterly Reports

☐

d. Other (specify)

☐

28. 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)

☐

29. Total number of members in the organization:

(i) Male _____

(ii) Female _____

(iii) Total _____

30. 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.						
ii.						

iii.						
iv.						
Support (specify category)						
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 bank account in the name of the Organization?

☐ Yes

☐ No

Account Number

Name on Account

Branch

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

☐ Yes

☐ No

34. i) Are your accounts audited?

☐ Yes

☐ No

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 _____ ☐

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%	

36. i) Are fees charged for services?

☐ Yes ☐ No

ii) If 'Yes', please specify the amount _____

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

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Purpose for Initial funding: _____

Coordinator NGO Unit: _____

Date: _____