



## **Non-Governmental Organization Unit**

### ***One- Off Grant Application Form***

#### **Requirements**

- Registration with the Ministry of Attorney General and Ministry of Legal Affairs as an NPO under the Non-Profit Organization Act 2019. NGOs must be legally registered and operational for at least one (1) year with evidence provided;
- The service/programme must coincide with the mandate of the Ministry of the Social Development and Family Services;
- Evidence of being able to meet at least 40% of the operating budget;
- Dedicated Business Bank Account;
- Previous year's External Audited Financial Statements (for grant requests over \$10,000.00);
- Project Plan/Proposal;
- Listing of current Executive Board Members;
- Budget with quotations for services/goods where applicable.

#### **Instructions**

- Please answer questions on this form in BLOCK LETTERS.
- Do not leave any fields blank. Write "N/A" in fields that do not apply.
- All applicable supporting documents must be submitted along with the completed application form. **Missing documents will result in an incomplete application.**
- Additional information should be submitted along with application *as necessary*.

**SEE CHECKLIST ON PAGE 10.**

Should you have any questions while filling out the application, do not hesitate to contact the NGO Unit via e-mail at [ngounit@social.gov.tt](mailto:ngounit@social.gov.tt) or by phone at 623-2608 ext. 5031

Application Date: ____/____/____ day month year	Intended Date of Project/Activity: ____/____/____ day month year	<b>For official use only:</b> Date of receipt of <u>completed</u> application: ____/____/____ day month year
---	--	---

## SECTION A: PROJECT SUMMARY

Name of Project/Activity:	
Venue of Project/Activity:	
Total Budget (TT\$):	Amount Requested from MSDFS (TT\$):

## SECTION B: INFORMATION ABOUT YOUR ORGANIZATION

Name of Organization:		
Type of Organization: <i>(Tick appropriate box)</i>		
<input type="checkbox"/> Persons with Disabilities  <input type="checkbox"/> Children & Youth	<input type="checkbox"/> Hostels & Halfway Houses  <input type="checkbox"/> Socially Displaced	<input type="checkbox"/> Senior Citizens  <input type="checkbox"/> Community  <input type="checkbox"/> Other <i>(specify)</i> : _____
Mailing Address:		
Phone Number(s):	Fax:	
E-mail:	Website:	
Meeting Address (if different from above):		

## SECTION B: INFORMATION ABOUT YOUR ORGANIZATION (CONTINUED)

Date Founded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

Last Annual General Meeting (AGM) \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

☐ Not Applicable

### ***Incorporation/Registration Status and date of Incorporation/Registration (tick all that apply):***

☐ Incorporated by an Act of Parliament

\_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

☐ Registered Not-for-Profit under the Companies Act

\_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

☐ Registered with Ministry of Attorney General &  
Ministry of Legal Affairs

Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

☐ Registered as a Non-Profit Organization under the  
Non-Profit Organization Act 2019

Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

### **Bank Information**

Does your organization have a bank account in its name? ☐ Yes ☐ No

Name of Bank: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Name of Signatories: \_\_\_\_\_  
\_\_\_\_\_

### **Executive contact / Project Liaison Contacts:**

*List at least two main contacts for questions regarding this application.*

Name	Position in Organization	Telephone Number(s)
1.		
2.		
3.		

### SECTION C: INFORMATION ON PREVIOUS SPONSORSHIP/ACTIVITIES

Have you **previously** received project funding from **MSDFS**?

Yes [    ]

No [    ]

If yes, please list the most recent projects for which funding was grant from MSDFS in the table below.

Project Name	Source of Funds	Purpose of Funds	Amount (\$)	Date (mm/yyyy)
1.				
2.				

### SECTION D: INFORMATION ON THE PROJECT PROPOSED

Project Title:

Project Description (*please give a brief description of the project*):

---

---

---

---

---

---

---

---

*Project Activities (Please list key activities that will help the project accomplish the intended objectives listed above):*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Project Objectives (Please list what the project hopes to accomplish):*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### SECTION D: INFORMATION ON THE PROJECT PROPOSED (CONTINUED)

*How does your project contribute to the overall development of your organization?*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What will be the evidence that your project will be a success?

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

## SECTION D: PROPOSED BENEFICIARIES

### **Proposed Beneficiaries**

*Please describe the target population to be served by your organization's project (e.g. vulnerable children & youth, senior citizens, community members, persons with disabilities):*

---

---

---

---

---

## SECTION E: CLIENTS SERVED

Please provide an estimated number of persons that will be served by the proposed project, by age, gender, and region (listed by Regional Corporation).

	Children		Youth		Adults						
	11 and under		12-17 yrs		18-29 yrs		30-59 yrs		60+ yrs		
Region	M	F	M	F	M	F	M	F	M	F	Total
PORT OF SPAIN											
SAN FERNANDO											
CHAGUANAS											
ARIMA											
POINT FORTIN											
COUVA-TABAQUITE-TALPARO											
DIEGO MARTIN											
PENAL-DEBE											
RIO CLARO-MAYARO											
SAN JUAN-LAVANTILLE											
SIPARIA											
TUNAPUNA-PIARCO											
TOBAGO											
Total											

## SECTION F: INFORMATION ABOUT YOUR PROJECT'S BUDGET & COLLABORATION

What is your organization's financial contribution to the project? \$\_\_\_\_\_

Have you applied for funding or support from any other government agency, private agencies, or individuals for this project?    Yes        No    If yes, please provide details below:

Name of Agency/Organization/Individual	Purpose of Funds	Amount (\$)	Funds received?			
			All	Part	Nil	UK*

\*UK – Unknown

Total Project Budget: \$\_\_\_\_\_ Total amount of funds raised: \$\_\_\_\_\_

Event Admission – cost per person (if applicable): \$\_\_\_\_\_

### **Collaboration** *(Indicate other organizations or agencies with whom you are partnering with on this project):*

Organization/Agency	Roles/Responsibility

Are any approvals from other agencies and/or individuals required to commence this project?    ☐ Yes    ☐ No  
 If yes, please indicate the name of the agency and/or individual and the approval needed in the space provided below.

**Agency and/or Individual**

**Approval Needed**



Please list all **donations/in-kind contributions** related to this project:

Goods or Services	Provided by	Value

## SECTION F: INFORMATION ABOUT YOUR PROJECT'S BUDGET & COLLABORATION (CONT'D)

Main Budget items and associated cost	
Items	Cost (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
<b>Total</b>	

## CHECKLIST

**Note: Supporting documents must be attached to this form.**

**Fields with \*\* are mandatory**

- |   |  |
|---|--|
| <input type="checkbox"/> ** Samples of work<br><br><input type="checkbox"/> ** Background information<br><br><input type="checkbox"/> ** Constitutional Documents<br><br><input type="checkbox"/> ** Evidence of amount of funds raised for project<br><br><input type="checkbox"/> Letter Recommendations/References | <input type="checkbox"/> Audited financial statements for the preceding year<br><br><input type="checkbox"/> Invoices/Quotations<br><br><input type="checkbox"/> Notary Invitation and or Contracts<br><br><input type="checkbox"/> Venue Bookings |
|---|--|

## DECLARATION

By signing this application, \_\_\_\_\_ certifies that:  
(organization name)

- The details given in this application are true and correct to the best of our knowledge;
- If approved, monies disbursed by MSDFS will be spent **solely on the activities described** in this application;
- We have read and agree to the **criteria and requirements for financial assistance** from the Ministry of Social Development and Family Services;
- We understand a **Project Completion Report** must be submitted to the MSDFS – NGO Unit at the end of the project/event, and commit to providing the report along with supporting media/images;
- We understand and give **authorization** to the Ministry of Social Development and Family Services to utilize the submitted media elements (photos, video clips, audio recordings) for archival, reporting and promotional use only;
- We have the **authority of the organization(s) to submit** this project for funding.

Name \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Position in Organisation/Group: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Official Stamp of Organisation: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Position in Organisation/Group: \_\_\_\_\_  
 Signature of witness : \_\_\_\_\_ Date Signed: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM & DOCUMENTS TO:  
 Ministry of Social Development and Family Services  
 Non-Governmental Organizational Unit  
 Nahous Building, 2<sup>nd</sup> Floor  
 45A-45C St Vincent Street, Port of Spain