



Government of the Republic of Trinidad and Tobago

Ministry of the People, Social Development and Family Services

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
- b. Chaguanas
- c. Couva/tabiquite/Talparo

- d. Diego Martin
- e. Mayaro/ Rio Claro
- f. Penal/ Debe
- g. Point Fortin
- h. Port of Spain

- H. Princes Town
- I. San Fernando
- J. San Juan/ Laventille

- K. Sangre Grande
- L. Siparia
- M. Tunapuna/ Piarco

- Tobago

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 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) <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?
 Yes No

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

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

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 <i>(specify area of expertise)</i>						
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

OFFICIAL USE ONLY

Purpose for Initial funding: _____

Coordinator NGO Unit: _____

Date: _____