Government of the Republic of Trinidad and Tobago
Ministry of the People, Social Development and Family Services

Non-Governmental Organization (NGO) Unit

ONE-OFF GRANT APPLICATION FORM

Requirements

- Applications should be submitted at least six (6) weeks prior to the planned commencement of the initiative to allow for thorough review;
- Proof of registration with the Office of Attorney General and the Ministry of Legal Affairs as a Non-Profit Organization under the Non-Profit Organization (NPO) Act 2019;

The Non-Profit Organisations Act No. 7 of 2019 ("the NPO Act"), stipulates that no one may operate a non-profit organisation (as defined in the Act), in Trinidad and Tobago, unless it is registered with the Registrar. This applies to non-profit organisations which are (1) an unincorporated body of persons, (2) incorporated by an Act of Parliament or (3) incorporated under the Companies Act, Ch. 81:01.

While an unincorporated body of persons and a non-profit organisation incorporated by an Act of Parliament must apply for registration, ***a non-profit company incorporated under the Companies Act, is not required to do so as it is deemed to be registered under the NPO Act.*** However, the non-profit company must submit the registration particulars set out in the NPO Act before obtaining its Certificate of Non-Profit Organisation Registration.

- 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 People, Social Development and Family Services for a specific social intervention ;
- Evidence of ability to meet at least 40% of the project budget (for grant requests above $10,000.00 at a maximum of $50,000.00);
- Dedicated Business Bank Account;
- Previous year's External Audited Financial Statements (for grant requests above $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 if submitting a hand written application.
- 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 or by phone at 623-2608 ext. 5023

Application Date:	Intended Date of Project/Activity:	**For official use only:**
_____/_____/_____	____/_____/_____	Date of receipt of completed application:
day month year	day month year	____/_____/_____
		day month year

SECTION A: PROJECT SUMMARY

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

SECTION B: INFORMATION ABOUT YOUR ORGANIZATION

Name of Organization:

Type of Organization: *(Tick appropriate box)*

☐ Persons with Disabilities	☐ Hostels & Halfway Houses	☐ Senior Citizens
☐ Children & Youth	☐ Socially Displaced	☐ Community
		☐ Other (*specify*): _____

Mailing Address:

Phone Number(s): Fax:

E-mail: Website:

Meeting Address (if different from above):

SECTION B: INFORMATION ABOUT YOUR ORGANIZATION (CONTINUED)

Date Founded:____/_____/_____ Last Annual General Meeting (AGM) _____/_____/_____ ☐ Not Applicable
day month year day month year

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

☐ Incorporated by an Act of Parliament

____/_____/_____
day month year

☐ Registered Non-Profit under the Companies Act

____/_____/_____
day month year

☐ Registered with a Government agency

Date of Registration____/_____/_____
day month year

☐ Registered as an 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 **MPSDFS**? Yes [ ] No [ ]

If yes, please list the most recent projects for which funding was grant from MPSDFS 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: $_____

Cost per beneficiary (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.	
Total	

CHECKLIST

Note: Supporting documents must be attached to this form.

Fields with ** are mandatory

- ☐ ** Samples of work
- ☐ ** Background information
- ☐ ** Legal registration documents
- ☐ ** Evidence of amount of funds raised for project
- ☐ Recommendations/References
- ☐ Audited financial statements for the preceding year
- ☐ Invoices/Quotations
- ☐ Notary Invitation and or Contracts
- ☐ 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 MPSDFS 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 the People, 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 the People, 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 Organization/Group:_____
Signature:_____ Date Signed:_____
Official Stamp of Organization:

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

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