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 I. General Information

1. Name of organization: _____
(*If this is the umbrella /parent organization attach the listing of the membership.)*

2. Organization Type:
   a. Non-Governmental Organization ☐
   b. Community Based Organization ☐
   c. Faith Based Organization ☐
   d. Other ☐

3. Name of parent organization (*if applicable*): _____

4. Address of organization: _____

   _____

5. Key Contact Person: _____

6. Telephone number(s): (1): _____ (2): _____

7. E-mail: _____

8. Website/Social Media Platforms:

   Website ☐ _____

   Facebook ☐ _____

   Instagram ☐ _____

   Other ☐ _____

9. Board Members

First Name	Last name	Position	Contact No. #

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

12. (i) Is the organization compliant with legal registration pursuant to the Non-Profit Organization (NPO) Act?

Yes ☐ No ☐

(ii) Date of Legal Registration: (Day / Month / Year)

13. Brief description of organization:

_____

_____

_____

_____

14. Services/programmes provided by the organization:

_____

_____

_____

_____

15. Are fees charged for services?

☐ Yes ☐ No

If 'Yes', please specify the amount $_____

16. Target Population:

_____

17. Communities/Areas/Regions primarily serviced:

_____

_____

_____

18. Geographic Location(s) of the organization:

Trinidad – Municipal Corporation

a. Arima	☐	A. Princes Town	☐
b. Chaguanas	☐	B. San Fernando	☐
c. Couva/Tabaquite/Talparo	☐	C. San Juan/ Laventille	☐
d. Diego Martin	☐	D. Sangre Grande	☐
e. Mayaro/ Rio Claro	☐	E. Siparia	☐
f. Penal/ Debe	☐	F. Tunapuna/ Piarco	☐
g. Point Fortin	☐		
h. Port of Spain	☐	Tobago	☐

Selection II. Activities

19. 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 ☐

20. 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)

21. Approximate number of direct individual beneficiaries in the last year:

(i) Males _____
(ii) Females _____
(iii) **Total** _____

22. Agencies/organizations the organization most frequently network or collaborate with?
(*Please list a maximum of three agencies/organizations below*)

i) _____

ii) _____

iii) _____

23. Are you affiliated with or a subsidiary of any local and/ or foreign organizations?

☐ Yes ☐ No

(*If yes, please list a maximum of three agencies/ organizations below*)

i) _____

ii) _____

iii) _____

24. Resources/ Facilities available to the organization (select all that apply)

(i) Own		(ii) Have access to	
a) Books/Information Resources	☐	a) Books/Information Resources	☐
b) Multi-media	☐	b) Multi-media	☐
c) Building(s)	☐	c) Building(s)	☐
d) Computer Systems	☐	d) Computer Systems	☐
e) Printers	☐	e) Printers	☐
f) Photocopying Machine(s)	☐	f) Photocopying Machine(s)	☐
g) Other (specify)	☐	g) Other (specify	☐

25. Have any formal evaluations been conducted on the initiatives of your organization over the last three years? (*These include audits, evaluations, assessments, programme reviews, etc.*)

☐ Yes ☐ No

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

a)	Funding	☐	g)	Participation by Members	☐
b)	Human Resources	☐	h)	Co-operation/ Participation by Beneficiaries	☐
c)	Appropriate Skills	☐	i)	Supporting Network	☐
d)	Government Bureaucracy	☐	j)	Other	☐
e)	Equipment	☐		_____	
f)	Facilities	☐			

Selection III. Organizational Structure

27. Does the organization have a constitution?

☐ Yes ☐ No

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

a)	Monthly Reports	☐	b)	Annual Reports	☐
c)	Quarterly Reports	☐	d)	Other (specify) _____	☐

29. 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) ☐

30. Total number of members in the organization:

(i) Males _____
(ii) Females _____
(iii) **Total** _____

31. 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.e. Management, IT, Finance,)*						
i.						
ii.						
iii.						
iv.						
Type of Staff	**No. of Paid Staff**			**No. of Volunteers/Members**		
	Full Time	Part Time	Total	Full Time	Part Time	Total
Support *(Specify category .i.e. clerical, custodial, security. etc.)*						
i.						
ii.						
iii.						
iv.						

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

☐ Yes ☐ No

If yes, please specify _____

Selection IV. Finances

33. Is there a dedicated bank account in the name of the Organization?

☐ Yes ☐ No

If yes, please provide the following:

Bank Name: _____

Branch: _____

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

☐ Yes ☐ No

35. i) Are accounts externally audited?

☐ Yes ☐ No

36. 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	☐ 0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80% ☐ 81-100%
b. Corporate Sponsors (including local financial institutions)	☐ 0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80% ☐ 81-100%
c. International Institutions	☐ 0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80% ☐ 81-100%
d. Private Individuals (members)	☐ 0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80% ☐ 81-100%
e. Private Individuals (non-members)	☐ 0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80% ☐ 81-100%

f. Fundraising Activities	☐ 20%	☐ 21-40%	☐ 41-60%
	☐ 61-80%	☐ 81-100%	
g. Other (specify) _____	☐ 0-20%	☐ 21-40%	☐ 41-60%
	☐ 61-80%	☐ 81-100%	

USE OF DATA DISCLAIMER

The Ministry of the People, Social Development and Family Services is committed to protecting your right to privacy. We aim to protect any personal data we hold about you and/or your organization, to manage your personal data in a responsible way, and to be transparent in our practices.

The NGO Unit, by the collection and processing of the personal information which you have provided through this form is for the primary purpose of registering your organization in the NGO Unit's NGO Database and to share your organization's information with interested parties included, but not limited, to State agencies, government ministries, other NGOs, multi-lateral organizations and other relevant stakeholders.

By submitting your registration, you give consent for the information provided to be shared, used and processed.

Submission of your registration does not bind the Ministry of the People, Social Development & Family Services nor the Government of the Republic of Trinidad and Tobago to the provision of any favorable benefit, business, contract, award, financial benefit, revenue, damages or loss. Significantly, registration on the NGO Unit's database is not a stamp of approval of your organization neither does it legitimize, endorse or validate the activities and operations of your organization.

The Ministry of the People, Social Development & Family Services shall have no liability to any NGO, or NGO applicant or any other person relying on or benefiting from any NGO application for any loss of profit, revenue, or contract, or business, profession, or other occupation as a result of loss or damage of the application, attachments or documents.

DOCUMENTS SUBMITTED CHECKLIST

- ☐ Certificate of Legal Registration
- ☐ Administrative Report (i.e. Monthly, Quarterly, Annual Reports etc.)
- ☐ Audited Accounts (*Most Recent*)
- ☐ Copy of Constitution
- ☐ Membership Listing (*where applicable*)

DECLARATION OF ACCURACY OF INFORMATION

I declare that the information provided herein is true, complete and accurate to the best of my knowledge.

In the event that any such information is found to be inaccurate or misleading, the necessary steps will be taken to correct same.

I acknowledge and agree that failure to correct any misrepresentation may result in the removal of my organization's particulars from the registration listing of NGOs maintained by the NGO Unit of the Ministry of the People, Social Development and Family Services.

_____	_____	_____
Name	**Position in the organization**	**Date**