

National NGO Award 2004.

ENTRY FORM

1. Name of organization
2. Date founded
3. Address
4. Tel: Fax : Email:
5. Contact Person: Occupation:
6. Tel(Res) Tel(off) Tel (cell) Email
7. Number of members:
8. Are you registered with the:
Registrar of Associations Registrar of Companies
Registration No.: Registration No.:
Registration date: Registration date:

Other legal body Please specify:
Registration date:
9. Affiliation:
9A. Is your NGO affiliated to any local organization / federation? Yes No
If Yes, please name.....

9B. Is your NGO affiliated to any International Organisation? Yes No
If Yes, please name
10. Historical background:
11. Mission and Objectives:
12. Number of volunteers Number of paid staff

13. Details of your organisation's structure

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14. Explain your organisation's mode of operation (planning and decision making, etc.)

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15. How are members and beneficiaries involved in your programme?

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.....

- | | | | |
|----|------------------------------|---------------------------|--------------------------|
| 16 | Source of income | Local fundraising | <input type="checkbox"/> |
| | (please tick as appropriate) | Government | <input type="checkbox"/> |
| | | Overseas | <input type="checkbox"/> |
| | | Contribution from Members | <input type="checkbox"/> |
| | | Donation | <input type="checkbox"/> |
| | | Fee for service | <input type="checkbox"/> |
| | | Others | <input type="checkbox"/> |

17 Name three (3) most relevant activities/projects organized from 2002 to 2004.

Activity 1:

Objective /s of the activity

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.....

Achievement/s of the project

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.....

Activity 2:

Objective/s of the activity

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PLEASE ATTACH DOCUMENTS AS EVIDENCE OF ACHIEVEMENTS OR SUPPLY ANY ADDITIONAL INFORMATION TO SUPPORT YOUR PARTICIPATION.

We certify that the above information are true and faithful and understand that any false information given in this questionnaire would lead to an automatic disqualification from the **NATIONAL NGO Award 2004** competition. We also accept that the decision of the Jury is final.

Signatures of:
Chairperson

Secretary

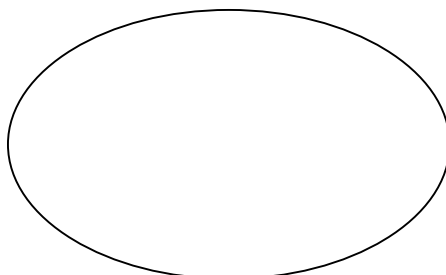
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Name:

Name:

Date:



Seal of your organisation here

***This form should be filled in and returned to the Ministry of Social Security, National Solidarity & Senior Citizen Welfare and Reform Institutions by Friday
For Rodriguan NGOs by***