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| Applicaton # | Organisation ID # |
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**Application for *RENEWAL* of Recognition as Bona Fide Community Organization**

**(CBOs, NGOs, Not-for Profit/Charitable/Civil Society Organizations)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of first application: ………….…………………………………**

**Name of Organization: …………..……………………….………..**

**Electoral District: …………………………………………….**

**Postal Address: …………**.**…………………………………**

**Date Established: …………………**.**…………..…………….**

**Date of expiration of previous recognition certificate: ………………………………**

**Name, email address and telephone number for Contact person…………………………………………………………………………………………………**

NAME

President/Chairman ...................................................…… Tel # :……………………

Vice President ...................................................…… Tel # :……………………

Treasurer ...................................................…… Tel # :……………………

Secretary ...................................................…… Tel # :……………………

Assistant Secretary ...................................................…… Tel # :……………………

P.R.O ...................................................…… Tel # :……………………

Floor Representative(s) ...................................................…… Tel # :……………………

...................................................…… Tel # :……………………

...................................................…… Tel # :……………………

Please provide detailed answers to the following:

1. **Does your organization have a website, Email address, or on any of the social media? (Facebook, twitter or insta-gram etc) If yes, please indicate.**

**……………………………………………………………………………………………………**

**……………………………………………………………………………………………………..**

1. **Was the organization able to implement any activity(s) in the Community as per the work program submitted at its  *previous* application for recognition? If yes, please give a brief description. Highlighting the following,**

* **Did you collaborate with someone, or an agency/ company or another Community Organization? Yes /No**
* **If yes, what was the extent of the collaboration?**
* **If no, why the absence of collaboration?**
* **Was there a budget and funding? If yes, provide details of the amount(s) and indicate the source(s) of your funding?**
* **If No, Please explain why , highlighting the following,**

**What were the challenges/ constraints and any recommendations to assist the group in achieving its program mandate?**

* **Who benefitted from the activities undertaken ? (Indicate how many men, women and youth).**

1. **Did your organization participate in any activity (ies), workshop, focus group, or mobilization hosted by a Government Agency or a Corporate Entity? If yes, please explain your organization’s role, the name of the agency, what were the activity and dates.**
2. **Did your organization submit or respond to a call for funding by a local, regional or international organization? If yes, please indicate the name of the organization that made the call and the purpose of your request.**
3. **How many meetings were held? (Community, members and executive)And what was the purpose of your meetings?**

**Were there any changes to your Group’s Constitution? If yes, please include the amended constitution with this application. (Clearly indicate where the changes were made).**

1. **Are there any recommendations(s) to the Ministry, which will assist the department in working with Community Organizations in a more efficient and effective manner?**
2. **Are there any other intervention undertaken by your organization, aside from what is mentioned above?**
3. **Please attach your organization’s work plan for the new period, and attached a cover letter from your organization requesting re-recognition with this application.**

**The application must be completed and endorsed by the Social Transformation Officer for your district.**

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1. A copy of the Programme of Activities for the year ahead is attached YES / NO
2. Current financial statement attached YES / NO
3. A copy of the Minutes of the most recent AGM is attached YES / NO
4. Calendar of Activities for next 12 months is attached YES / NO
5. Are you affiliated to any Group and /or Foundation: YES / NO

Specify ……………..………………………………………………...

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (on behalf of organisation)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICIAL USE

Recommendation for **Renewal** of Bona Fide Status: Remarks:

……….….. Approved .................... Partially Approved ………………... Not Approved

……………………………………

Social Transformation Officer

………………………………………………

Head of Department Date of Re- Registration: ……………………………