



GOVERNMENT OF THE COMMONWEALTH OF DOMINICA

APPLICATION FOR INCLUSION IN THE LIST OF APPROVED CHARITABLE ORGANIZATIONS

Submit Application to:

Permanent Secretary
Ministry of Governance
3rd Floor, Government Headquarters
Kennedy Avenue, Roseau, Dominica

Email:

pssecgovernance@dominica.gov.dm

This information is being collected to determine the suitability of charities and associated persons for inclusion as an Approved Charitable Organization.

Submit the completed application form along with all required documents to the address or email provided above. Please note that incomplete applications will not be processed. For further information or inquiries please call (767) 266-4193.

Name of Organization:	
Physical Address of Organization:	
Mailing Address of Organization (If different than physical address):	
Phone Number:	Email Address:
URL (Website) of the Organization:	
Non-profit Registration Number:	Tax Registration Number:
Name of Person Submitting the Application:	
Phone Number:	Email Address:

Which of the following categories of charitable purposes best describe those of your organization? Tick all that apply.

- Disaster Risk Management and Post Disaster Support
- The advancement of education, indigenous people, religion, health, community development, arts, culture, science, sports, human rights, animal welfare, environmental protection
- Provision of housing and other social welfare services
- The support of those in need because of youth, advanced age, ill-health, disability, financial hardship, or another disadvantage
- The support of the Dominica National Resilience Development Strategy 2030 (NRDS), the Dominica Digital Transformation Strategy, the Climate Resilience and Recovery Plan (CRRP), and the United Nations Sustainable Development Goals (SDGs)
- The advancement of any other purpose that may reasonably qualify as determined by Cabinet

Please identify the primary objectives of your organization, and its main beneficiaries.

Please identify the nature of any fundraising activities, projects, and programs that the organization intends to engage in.

Please explain how the organization's objectives and aims are of benefit to the public.

State reason for seeking charitable status.

LIST ALL BOARD OF DIRECTORS OF THE ORGANIZATION

Official Title:		
Name:		
Address:		
Contact Information:	Phone:	Email:
Official Title:		
Name:		
Address:		
Contact Information:	Phone:	Email:
Official Title:		
Name:		
Address:		
Contact Information:	Phone:	Email:
Official Title:		
Name:		
Address:		
Contact Information:	Phone:	Email:
Official Title:		
Name:		
Address:		
Contact Information:	Phone:	Email:
Official Title:		
Name:		
Address:		
Contact Information:	Phone:	Email:

LIST ALL MAJOR DONORS AND COUNTRY OF ORIGIN

Name of Donor:	
Country of Origin:	
Name of Donor:	
Country of Origin:	
Name of Donor:	
Country of Origin:	
Name of Donor:	
Country of Origin:	

We, being two trustees of the applicant charity, hereby certify that the particulars contained in this application for registration are true and correct to the best of our knowledge and belief.

Signature

Date

Print Name

Title in Organization

Signature

Date

Print Name

Title in Organization

SUBMIT THE FOLLOWING REQUIRED DOCUMENTS

(Please select the documents submitted)

- Certificate of Registration / Certificate of Incorporation
- Articles of Association that that specifies the regulations for the organization's operations and defines the organization's purpose to include tasks that are to be accomplished within the organization and the handling of financial records
- Prior year's Financial Statement or current financials to include all donations received and related expenditure
- A list of imported items for which tax exemption will be needed
- A letter of endorsement or recommendation from an affiliated institution or organization that can attest to the information provided, where applicable.
- Resolution of the Board approving the request for inclusion in the list of Charitable Organisations
- Declaration of source of funding
- Recent Police Record of Directors

FOR OFFICIAL USE

Date Application was received by the Ministry of Governance _____ / _____ / _____

Date last Charitable Status was approved (FOR RENEWAL) _____ / _____ / _____

Processed By: _____

Form Completed: Yes No Documents submitted: Yes No

Approval Granted: Yes No

If no, reason:
