



DashMe
FOUNDATION

CHANGING LIVES, ONE GIFT AT A TIME

FORM F1

ABOUT THE ORGANISATION

Name of Organisation _____

Contact Address _____

Address of Operation (If Different) _____

Website address _____

Principal Contact Person's Name _____

Designation _____ Contact Phone Number _____

E-mail _____

GOVERNANCE INFORMATION

Date Founded _____

Founder/Principal's Name _____

ABOUT THE CHARITABLE WORK

Areas of Operation (Tick All That Apply)

- Orphanage
- Child protection services



- Gender based violence
- Internally displaced persons
- Youth based projects
- Victims of trafficking
- People with disabilities
- Other public benefit (please specify)

Summarise the type of work undertaken and the average number of beneficiaries

Geographical area of operation (State & Local Government Area)

Names and Designations of Board of Trustees/Equivalent Persons who direct the organisation

Name	_____	Designation	_____
Name	_____	Designation	_____
Name	_____	Designation	_____
Name	_____	Designation	_____

Current Registration Status (Tick One)

- Registered NGO Reg. Number _____
- Registered Trust Reg. Number _____
- Limited Company Company Number _____
- Partnership



Not registered

Other (please describe below in 100 words or less)

Date of Establishment/ Registration _____

Date of Most Recent Filing _____

Current Sources of Funding (Tick All That Apply)

- Endowment
- Founder's funding
- Fundraising/Private donors
- Fundraising/Corporate donors
- Local charities
- International Charities
- Gifts in kind (food/clothing etc.)

Other (please state)

Approximate Annual Turnover (Tick One)

- Less than N1M**
- N1M-N5M**
- N5-10M**
- N10M and above**

Current Financial Reporting

Annual Audited Accounts _____

Annual Unaudited Account _____

Other (Please State) _____

Name and designation of persons in charge of financial management

Name _____ Designation _____

Name _____ Designation _____

Organisational Structure

Number of full time paid staff _____

Number of part time paid staff _____

Number of volunteers/unpaid staff (include trustees and fundraisers) _____

Current number of beneficiaries _____