Legal Center for Nonprofits, Inc.

Application for Services

Applicant Information (person applying on behalf of organization)					
Name:					
Will this person be organization's authorized representative? Yes No					
Address:					
Email Address:					
Preferred Telephone:					
Home Cell Work Applicant is:					
□ Founder □ President □ Board Member □ Staff Member					
□ Other Officer; please specify:					
□ Other; please specify:					
Organization Information Infor					
Organization Name (please provide EXACT legal name, or if new, expected name):					
Legal Name					
Expected Name					
Organization Employer ID Number (EIN) (if available):					
Date EIN was obtained:					
By whom obtained?					
Organization Address:					
Physical Address:					
Mailing Address:					
Organization Telephone:					
Organization Website:					
Organization Email:					

No attorney-client relationship exists until an Engagement Agreement has been signed.

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Have any documents been filed with any state or federal agency for this organization?					
□ Yes □ No □ Don't know If Yes, please specify:					
Type of Organization:					
□ Not incorporated □ 501(c)(3) Charity □ Other 501(c) organization:					
□ Incorporated □ 501(c)(4) □ Uncertain					
Board of Directors:					
President:					
Treasurer:					
Secretary:					
Directors (list all):					
(attach additional sheet if needed)					
<i>For New Organizations</i> : Have you spoken with each of these persons and do they understand that they have committed to serve on this organization's Board of Directors?					
□ Yes (please initial) No					
Board of Directors meets:					
□ Monthly □ Quarterly □ Other:					
For existing organizations: Have you filed IRS Form 990 annually?					
□ Yes □ No □ Don't know □ Never filed					
Type of Form 990?					

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Describe Organization Mission:						
Describe primary activities of organization, or if new organization, describe planned activities:						
Size of Annual Budget (actual or expected) Please complete attached budget form if organization will be seeking 501(c)(3) status.						
Please complete attached budget form if organization will be seeking 501(c)(5) status.						
□ Less than \$50,000 per year □ \$50,000 - \$250,000 per year						
Greater than \$250,000 per year						
Type of Services Requested: Legal Services Educational / Training						
Legal Services you believe you require (check all that apply):						
□ Incorporation □ Bylaws						
Charity Registration						
 501(c) Application to IRS 501(c) Application to IRS for Re-instatement of Tax-exempt Status 						
Dissolution						
□ Other (please describe):						
Educational / Training Services for:						
Topic (please describe):						
Have you consulted any other attorney, law firm, or other professional $about this matter? \ \square$ No $\ \square$						
Yes (please provide name and profession):						

To the best of my knowledge and belief, the information contained herein is true, accurate, and complete.

Dated: _____

Signature of Applicant

BUDGET

This Budget Form must be completed if organization intends to apply for 501(c)(3) charity status. Use actual figures if available.

Income	FY:	FY:	FY:	FY:		
Gifts & Contributions						
Membership fees						
Admissions, or						
Merchandise sold						
Fees for services						
Other						
Total Income						
Expenses		Γ	Γ			
Fundraising						
Gifts/donations paid out						
Salaries						
Occupancy						
Rent						
Utilities						
Professional Fees						
Insurance						
Telephone						
Supplies						
Internet						
Website						
Marketing / advertising						
Postage						
Equipment						
Program costs itemize						
Memberships						
Other expenses itemize						
Total Expense						

To receive services, this form must be completed and returned to: Linnea R. Michel, Esq. Legal Center for Nonprofits, Inc. 412 County Street New Bedford, MA 02740

Linnea@LegalCenterforNonprofits.org