

# 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 New (provide "best estimate" below) Existing

**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)

**For New Organizations:** 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?  990  990-EZ  990-N



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**BUDGET**

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

<b>Income</b>	<b>FY:</b>	<b>FY:</b>	<b>FY:</b>	<b>FY:</b>
Gifts & Contributions				
Membership fees				
Admissions, or				
Merchandise sold				
Fees for services				
Other				
<b>Total Income</b>				
<b>Expenses</b>				
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				
<b>Total Expense</b>				

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**