NORTHERN KENTUCKY UNIVERSITY
CHASE COLLEGE OF LAW
SMALL BUSINESS AND NON PROFIT LAW CLINIC
Application for Legal Services - NONPROFIT

Note that the SBNLC does NOT represent clients in litigation or disputes. Our representation is limited to assisting small businesses and nonprofit organizations in business formation, general business counseling, preparation and/or review of contracts.

BUSINESS CONTACT INFORMATION

1. Name of business: _______________________________________________________________
   Address:  _______________________________________________________________________
   Phone number (if any): __________________________________________________________
   Fax number (if any): _____________________________________________________________
   Web site (if any): ________________________________________________________________

2. Name of Founder/Executive Director/ Contact
   Person: ________________________________________________________________
   Portion/Title: ___________________________________________________________________
   Phone number # 1: _________________  Work (  ) Home (  ) Cell ( ) Other (  )
   Phone number # 2: _________________  Work (  ) Home (  ) Cell ( ) Other (  )
   E-mail: _______________________________________________________________________
   Preferred means of contact: _______________________________________________________

3. Additional contact person( if any): ______________________________________________
   Position/Title:  ___________________________________________________________________
   Phone number # 1: _________________  Work (  ) Home (  ) Cell ( ) Other (  )
   Phone number # 2: _________________  Work (  ) Home (  ) Cell ( ) Other (  )
   E-mail:  _______________________________________________________________________ 
   Preferred means of contact: _______________________________________________________ 
   Preferred time to contact:  Morning (  )  Lunch hour (  )  Afternoon (  )  Evening (  )

4. Please describe the nature of your nonprofit (what charitable purposed do you (will you) serve and/or services do you (will you) provid:
   Please attach a copy of your business plan, if you have one.
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

5. Please indicate the type of business entity under which your business operates (if you have not yet started business, please go to question 7):
6. When did you start doing business?
___________________________________________________________
Do you have any previous business or nonprofit experience?
___________________________________________________________
___________________________________________________________
7. Please generally describe the geographical area your nonprofit serves or will serve. Specify neighborhood(s), county or counties, regions or states.
___________________________________________________________
___________________________________________________________
___________________________________________________________
8. Has your organization obtained or filed for nonprofit status under Internal Revenue Code §501(c)(3)?
Yes ☐ No ☐ pending_____.
9. How many employees do you currently employ? ______________________________________
Do you have any independent contractors? ____ If so, how many? ____Part time ___Full time___
Do you have volunteers? ______ If so, how many? ______Part time ______Full time_______
If no, do you plan to hire any in the near future? _______________________________________

LEGAL NEEDS

10. How did you hear about the SBNLC?
___________________________________________________________
___________________________________________________________
11. Please check areas of legal need or assistance (check all that apply):
  ➢ GENERAL
    o Legal consultation to determine needs
  ➢ ENTITY ISSUES
    o Choosing the entity
    o Forming the entity
    o Check formation and advise
    o Corporate governance
    o File for Tax-exempt/ Non-profit status: NOTE: AT THIS TIME THE SBNLC DOES NOT OFFER THIS SERVICE
  ➢ CONTRACTS
    o Service
      ▪ Review a contract
- Prepare a contract
- Negotiate a contract
  - Type of contract
    - Operating agreement for LLC
    - Lease
    - Service contract
    - Other type of contract (specify) : ________________________________

➤ REGULATORY COMPLIANCE AND LICENCING
  - License (specify if the type is known): ________________________________
  - Permit (specify if the type is known): ________________________________
  - Consultation on compliance issues on licenses and regulations

➤ INTELLECTUAL PROPERTY
  - Copyright
  - Trademark
  - Other (specify) ________________________________

THE SBNLC DOES NOT ASSIST WITH PATENTS

➤ OTHER
  - Specify type of help requested:
    ________________________________

12. Are there any deadlines relating to your request for assistance? If so, please list the dates and the nature of the deadlines:
    ________________________________

13. If the issue for which you need legal advice involves other people, organizations, or businesses, please list their names here (e.g., names of parties to a contract or lease, names of copyright holder/trademark owner, etc.):
    ________________________________

14. Are you currently working with any organization(s) which are providing business assistance/consulting (e.g., SCORE, SBDC, etc.)? _____ Yes _____ No

If so, please list the names of the organizations, the individual’s name(s) and contact information:
    ________________________________
NOTE: The following questions ask for financial information needed to determine your eligibility for the services of the SBNLC. From time to time, the SBNLC may ask for additional documentation or information verifying the information you have provided. By signing the Authorization to Release Information on the last page of this Application, you are giving permission for the SBNLC to do so. Unless disclosure is legally required, we will use reasonable efforts to keep this information confidential.

Please note that the SBNLC may choose to verify any or all of the information provided by asking for additional documentation and/or information from you or third parties.

FINANCIAL INFORMATION - NON PROFIT ORGANIZATION

The information requested in Questions 21-24 will need to be provided for a non-profit organization in order to determine eligibility for the SBNLC’s services. If your business is a for-profit organization, please skip these questions and go to Question 25.

15. How much cash does your organization have now? ____________ Of that amount, approximately how much is available to pay overhead and indirect costs (i.e., non-programming costs)?

_____________________________________________________________________________

16. Please indicate below any committed future sources of funding for your organization, indicating whether the source is in the form of grants/donations or loans and the approximate amounts from each source:

<table>
<thead>
<tr>
<th>Grants/Donations (no obligation to repay)</th>
<th>Loans (obligation to repay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Source</td>
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<tr>
<td>E.g., United Way</td>
<td>E.g., John Doe</td>
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<tr>
<td>$3,000</td>
<td>$2,000</td>
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17. If your organization has existed for more than a year, what are its annual gross revenues for the most recent fiscal years (up to 3 years)?
Most recent fiscal year $__________ Prior fiscal year $_______Second prior fiscal year $__________

18. Do you have a current budget? If so, please attach.
LEGAL REPRESENTATION

19. Please explain why you cannot afford to pay legal services offered by attorneys in private bar.

______________________________________________________________________________

______________________________________________________________________________

20. Are you willing to be represented by second and/or third year law students who will be closely supervised by the clinic director who is a member of Ohio and Kentucky Bars? ( )Yes      ( ) No

21. Has a lawyer ever worked with your business? ( ) Yes     ( ) No

If yes please provide the lawyer’s name, explain the scope of the lawyer’s work of the lawyer and the reason(s) the representation ended.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

MISCELLANEOUS INFORMATION

22. Do you have any special needs, such as the use of an interpreter or accommodations for persons with disabilities?

______________________________________________________________________________

______________________________________________________________________________

CHECKLIST

*Please provide the following documents if you have them. In addition, enclose any other documents that may assist the SBNLC in assessing your application.*

_____ Copy of business plan, if available

_____ If not a sole proprietor, copies of any organizational documents, if available

_____ If a non-profit, a current budget, if available

_____ Copies of all documents related to the organization’s specific legal problems.
AUTHORIZATION TO RELEASE INFORMATION

Application Information: I hereby authorize the Small Business and Non Profit Law Clinic (the “Clinic”), the Salmon P. Chase College of Law of Northern Kentucky University, any collaborating organizations, and their respective agents, employees, and representatives to verify and make copies of any and all information provided in this Application in the course of determining eligibility for legal services or during the course of legal representation if my request for legal services is accepted.

Release: I hereby release any person or entity complying with this Authorization from any and all claims relating to the disclosure of any such information and documents.

Authorization to Release Information to Third Parties: There may be instances in which it may be beneficial for the Clinic to consult with community partners about your business. These partners may include lawyers, the faculty and administrative staff at the Salmon P. Chase College of Law of Northern Kentucky University, business incubators, clinic consultants, and banks. However, unless legally required, we do not expect to disclose financial information about you or your business. I authorize the Clinic to release information about my legal matters to such third parties. Also, on occasion, members of the media or press may inquire about the types of clients the Clinic represents. I authorize the Clinic to share my name with those members, to disclose that I am (or my company is) a client of the Clinic, and to describe the type of services provided to me or to my company.

Miscellaneous: A copy of this Authorization shall be as valid as the original. Its terms shall be governed by the laws of the state of Ohio regardless of any conflicts of law principles.

The undersigned hereby certifies that all of the information in this Application is true, correct, and complete, and that the applicant is authorized by the above business to submit this Application to the Clinic. The applicant further agrees to notify the Clinic in the event of any material changes to this information and understands and agrees that the Clinic has the right to reject any applicant or withdraw from representing a client that submits an application with inaccurate information. The Clinic will make the determination as to which applicants receive legal services based upon the need of the applicant, the capacity of the Clinic, and the learning experience of the students.

Signature: __________________________ Date: __________________________

Print Name: __________________________ Title: __________________________

PLEASE SEND COMPLETED AND SIGNED APPLICATION AND OTHER REQUESTED DOCUMENTS TO:

MAIL to: SMALL BUSINESS AND NON PROFIT LAW CLINIC, NORTHERN KENTUCKY UNIVERSITY SALMON P. CHASE COLLEGE OF LAW, NUNN DRIVE, HIGHLAND HEIGHTS, KY 41099
EMAIL to: Christopher Muzzo, muzzoc1@nku.edu

AFTER REVIEWING YOUR APPLICATION, THE CLINIC WILL CONTACT YOU REGARDING YOUR ELIGIBILITY FOR SERVICES.