

**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) provide:  
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):

Sole Proprietor ( )                      Limited Liability Company ( )

Partnership ( )                              Other Entity ( )

Corporation ( )                              Not sure ( )

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

- Legal consultation to determine needs

➤ ENTITY ISSUES

- Choosing the entity
- Forming the entity
- Check formation and advise
- Corporate governance
- File for Tax –exempt/ Non-profit status: **NOTE: AT THIS TIME THE SBNLC DOES NOT OFFER THIS SERVICE**

➤ CONTRACTS

- 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:

Grants/Donations (no obligation to repay)		Loans (obligation to repay)	
Source	Amount	Source	Amount
E.g., United Way	\$3,000	E.g., John Doe	\$2,000
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

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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.

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MISCELLANEOUS INFORMATION

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

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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 (SCAN) to: Bonnie Osborne, [osborne1@nku.edu](mailto:osborne1@nku.edu)  
Fax to: 859-572-6302**

**IF YOU DO NOT HEAR FROM US WITHIN TWO WEEKS OR IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE CLINIC AT 859.572.6313. AFTER REVIEWING YOUR APPLICATION, THE CLINIC WILL CONTACT YOU REGARDING YOUR ELIGIBILITY FOR SERVICES.**