



## Nonprofit Legal Needs Assessment Nonprofit Organization Application for Services

Date: \_\_\_\_\_

Client Nonprofit Organization Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Any former names of the org? No: \_\_ Yes / what: \_\_\_\_\_

Client Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please provide this information:**

1. Describe the purpose and/or mission of your organization. (You may also email, or mail brochures and/or a one-page mission statement, if desired. If you want to fax such materials, please call 612-752-6678 to make arrangements.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. When was your organization established? \_\_\_\_\_
3. Is your organization incorporated under Minnesota law?  YES  NO Federal Tax-Exempt?  YES  NO
4. How many people are involved in running the organization?  
Board Members \_\_\_\_\_ Staff \_\_\_\_\_ Volunteers \_\_\_\_\_
5. What is your organization's gross annual revenue? \$ \_\_\_\_\_
6. Fiscal year is: \_\_\_\_\_
7. Please provide the name, telephone number of any attorney that is now helping or has helped your organization, briefly describing the services provided. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Please provide the name, telephone number, and affiliation of any attorney that sits on the organization's board of directors or board of trustees. \_\_\_\_\_  
\_\_\_\_\_
9. Please tell us where you heard about the LegalCORPS Non-Profit Legal Assessment. \_\_\_\_\_  
\_\_\_\_\_

### **Client Acknowledgement**

I understand that a volunteer attorney will provide me with the **Nonprofit Legal Needs Assessment Services** to my nonprofit organization **free of charge**. I understand that I will be asked to sign a retainer agreement on behalf of my nonprofit organization with the attorney for these free services and that the agreement will set out certain obligations for both the attorney and my nonprofit organization. I understand that the attorney who advises me in the Nonprofit Legal Needs Assessment will NOT commit to providing ongoing legal assistance in the retainer agreement for these services. I understand that I would need to apply separately to LegalCORPS for further pro bono assistance for my nonprofit organization, and meet LegalCORPS's eligibility requirements to receive such assistance – or seek ongoing legal assistance from another source.

I understand that the attorney who assists me with the Nonprofit Legal Needs Assessment will have numerous and prospective client relationships, and it is possible that a situation could arise in which my interests might conflict with those of some other client. I agree that the attorney, and that attorney's law firm, may represent any other present or future client in any matter that is not substantially related to that attorney's work for me – even if such client's interests are directly adverse to mine. Anything I tell the attorney is privileged and confidential. I agree that my information may be shared with others as appropriate to assist me in this matter.

Client organization's representative signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Thank you!**

Send this form and any attachments to:

LegalCORPS  
Nonprofit Legal Assessment  
600 Nicollet Mall, Suite 390A  
Minneapolis, MN 55402

or as e-mail attachment to [info@legalcorps.org](mailto:info@legalcorps.org)

LegalCORPS will use and disclose your information only to the extent necessary and appropriate. By submitting your application, you agree that we may disclose your information to others, including volunteer law firms and lawyers who will consider assisting you.

Before finally determining your eligibility for free legal services from LegalCORPS volunteers, we may ask you for further information and might ask you to submit further financial statements.

For more information, please call 612-752-6678 or 1-888-454-5267, or e-mail us at [info@legalcorps.org](mailto:info@legalcorps.org).

LegalCORPS does not discriminate on the basis of race, color, religion, creed, national origin, disability, sexual orientation, or status with regard to public assistance.