

LAWYERS CLEARINGHOUSE

Affordable Housing • Community Development
Nonprofit Legal Assistance • Homelessness Prevention



Application for Assistance

This application is designed to provide the Clearinghouse with enough information about an organization and its legal needs so that an appropriate and effective referral can be made to one of our volunteer attorneys. Follow-up conversations are often needed to supplement the written application. There is an application fee of \$100.00 (for start-ups) or \$200.00 (for established nonprofits) due upon submitting application. If this amount imposes hardships on your organization, please let us know. Matching an organization with an attorney generally takes between 2-4 weeks. This fee will be refunded if we are unable to place your case with a pro bono attorney.

DATE OF APPLICATION: _____

ORGANIZATION NAME: _____

CONTACT PERSON: _____

TELEPHONE: _____ EMAIL: _____

ADDRESS: _____

How did you hear about the Lawyers Clearinghouse? _____

Have you ever attended any of our legal seminars? If so, on what topics? _____

Please answer the following questions on a separate piece of paper.

1. Please provide a brief description of your organization and indicate if it is incorporated and provide the incorporation date.
2. Please describe your legal matter in as much detail as possible.
3. Please attach a timeline for the matter and explain any external deadlines that may apply.
4. Why is pro bono (volunteer) assistance needed?
5. Has your project previously used the services of an attorney? If yes, please provide the name of lawyer / law firm and services provided.
6. Please attach a copy of the following documents to complete application for an established nonprofit:
 - (a) the mission statement from your Articles of Organization
 - (b) your organizational budget and project budget, if applicable
 - (c) your 501(c)(3) determination letter
 - (d) the list of your current board of directors and their addresses

If you seek assistance to form a 501(c)(3) organization, please fill out the second page of this application.

Please mail, fax, or email this application, any attachments and application fee to:

**The Lawyers Clearinghouse
16 Beacon Street, Boston MA 02108
www.lawyersclearinghouse.org**

617.778.1954 (t) 617.778.1955 (f) legalreferral@lawyersclearinghouse.org

501(c)(3) Formation Assistance

1. What is/will be the mission of this organization?
2. Who is/will be the organization's primary beneficiary (children, low-income, LGBT, ethnic minority, etc.)?
3. Which geographical area does your organization intend to cover?
4. Is there an existing nonprofit in the target area that serves this need/beneficiary? If yes, explain why this new organization is needed.
5. Have you been operating without being incorporated/tax-exempt?
 - a. If yes, please provide any annual reports and/or financial information from past years.
 - b. If yes, do you have a fiscal agent? Please provide the agent's name and contact information.
6. Do you have an initial board of directors with at least three, unrelated people? Please attach a board roster with names, addresses and affiliations.
7. Does the organization have the necessary resources to form a 501(c)(3) organization (\$35 to Secretary of State for Articles of Organization; \$400 or \$850 to IRS to file for tax-exempt status and \$100 to MA Attorney General to register as a MA public charity)?
8. Does the organization have a 3-year business plan? If yes, please attach a copy.
9. Does the organization have a budget projection for the next three (3) years (see Part IX of Form 1023)? If yes, please attach a copy.
10. Has your organization secured any financing yet or has it applied for any grants? If the former, please provide the name(s) of the grantor(s).
11. Does the organization plan to receive its funding primarily from individuals, foundations or a combination of the two? Which foundations do you plan to apply for grants?