



**APPLICATION FORM FOR LEGAL SERVICES
FOR NONPROFIT ORGANIZATIONS**

1. Name of your organization _____
Mailing Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Organization website _____
Name of contact person _____
Title _____ Phone _____
Email _____

2. Is your organization a nonprofit corporation in New York State?
___ Yes ___ No What kind: _____
If not, what is the status of your organization (if known)?

3. Organization purpose or mission statement (state below or attach)

Attach your business plan for fulfilling that mission (what are you going to do)

Please describe how your organization addresses the needs of or serves communities of people who are low-income, elderly, disabled or otherwise disadvantaged. _____

4. What is the organization's annual budget? \$ _____

Enclose a copy of your budget or proposed budget.

5. Do you currently retain an attorney? ___ Yes _____ No
Name and Contact of Attorney: _____

If yes, check reason for not using your present attorney:

Legal services have been pro bono and are no longer available

No funds available for attorney fees

Other _____

6. Legal Services Requested

7. Your estimate of the number of people who will benefit from your organization as a result of the legal services requested: _____

8. How long has your organization been in existence? _____

9. What related services have you provided in the past and for how long?

10. How did you hear about our services? _____

11. Did any type of legal proceeding or investigation bring you to request VLPCNY assistance? Yes No If yes, please explain: _____

12. The requesting organization hereby represents that:

- a. The organization lacks and has no practical means of obtaining funds to retain private legal counsel and is ineligible for legal assistance from any government entity.
- b. The organization seeks professional services for matters designated predominantly to benefit or address the needs the poor, elderly, disabled or otherwise disadvantaged population.

Organization Name: _____

Date _____ By: _____

Title: _____

Return to: Volunteer Lawyers Project of CNY, Inc.

221 South Warren St., Suite 320, Syracuse, NY 13202

Or email business@vlpcny.org

BH 6.14.22