



Lawyers for Neighborhoods

## Organization Information Form

Please answer each question completely and return this form with all requested documents and the nonrefundable \$100 application fee. Attorneys will not be assigned until all requested information has been submitted.

**Date:**

**Name of Organization:**

**Mailing Address** *(Include City, County, State and Zip Code):*

**Contact Person and Title:**

**Phone:**

**Fax:**

**Email:**

**Website address:**

Would you prefer we use phone or email to contact you?

### A. ORGANIZATION STRUCTURE

1. How long has the organization been in existence?
2. Is the organization incorporated in Maryland? Yes or No
  - If yes: a. Is the organization in "good standing" with the state? Yes or No
  - b. Please attach a copy of the articles of incorporation (also known as the charter) and the letter from the State accepting your filing.

### B. BYLAWS

1. Does the organization have bylaws? Yes or No
  - a. If yes, please attach a copy of the bylaws.
  - b. If no, would you like us to send you sample bylaws? Yes or No

**The organization must have bylaws in place before an attorney will be assigned.**

**C. MEETINGS**

1. Does the organization meet on a regular basis? Yes or No  
a. If yes, when and where are the meetings held?

**D. BUDGET**

1. How much revenue, if any, did you have last year?
2. What is your budget this year?
3. What is your projected budget?
4. When does your fiscal year end?
5. What are your anticipated sources of funding?
6. Do you have a system of bookkeeping or accounting?

**The organization must have a basic budget in place before an attorney will be assigned.**

**E. OFFICERS**

List the officers of the organization below.

<u>Name</u>	<u>Address</u>	<u>Zip</u>	<u>Phone</u>
President:			

Vice-President:

Secretary:

Treasurer:

Other (please note title):

**F. PURPOSE** *(Please attach additional pages if necessary.)*

1. Describe the primary purpose(s) of the organization.

2. In which of the following categories does your organization best fall?  
(Please check only one.)
- |  |  |
|--|--|
| <input type="checkbox"/> A Consumer        | <input type="checkbox"/> G Income welfare          |
| <input type="checkbox"/> B Education       | <input type="checkbox"/> H Individual rights       |
| <input type="checkbox"/> C Employment      | <input type="checkbox"/> I Neighborhood            |
| <input type="checkbox"/> D Family/children | <input type="checkbox"/> J Community development   |
| <input type="checkbox"/> E Health          | <input type="checkbox"/> K Other (please specify): |
| <input type="checkbox"/> F Housing         | _____  |

3. What has the organization done so far to pursue its purpose(s)?

4. What are the long-term goals of the organization?

**G. BOUNDARIES**

1. Is the organization a community association? Yes or No  
If yes: a. What are your boundaries?
- b. How many community members belong?
- c. Do members pay dues? Yes or No  
If yes, how much are the dues?

**H. IRS STATUS**

1. Has the organization obtained tax-exempt status from the IRS? Yes or No  
If yes: a. Please attach the IRS determination letter.  
b. When did the organization obtain its tax-exempt status?
2. If the organization is not tax-exempt now, have you applied for tax exemption before? Yes or No  
If yes: a. When did the organization apply?  
b. Was the application successful? Yes or No  
If yes, explain why the organization lost its tax-exempt status.

If no, explain why the IRS denied the organization's application.

**I. LEGAL ISSUE(S)** *(Attach additional pages if necessary.)*

1. What are the specific issues for which you need the assistance of the Community Law Center? *Please mark the appropriate box(es) and describe the issue below.*

- |  |  |
|--|--|
| <input type="checkbox"/> Common law nuisance               | <input type="checkbox"/> Real estate                   |
| <input type="checkbox"/> Community Bill of Rights          | <input type="checkbox"/> Receivership                  |
| <input type="checkbox"/> Commercial                        | <input type="checkbox"/> Small business                |
| <input type="checkbox"/> Defensible space                  | <input type="checkbox"/> Self-help nuisance            |
| <input type="checkbox"/> Drug nuisance                     | <input type="checkbox"/> Self-help vacant lot nuisance |
| <input type="checkbox"/> Environmental                     | <input type="checkbox"/> Tax sale                      |
| <input type="checkbox"/> Liquor Board                      | <input type="checkbox"/> Zoning                        |
| <input type="checkbox"/> Nonprofit – 501(c)(3)             | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Organizational – entity formation | <input type="checkbox"/> Not sure                      |

Please describe your legal issue(s):

2. What actions has your organization taken so far to address the issue(s)?

3. Have you received assistance from anyone else on the issue(s)? Yes or No  
a. If yes, please list names of organizations and/or lawyers.

4. Approximately how many residents in your community does the issue affect?

5. Attach any documents that relate to the issue(s) and any documents that you believe an attorney needs to review in order to help you.

a. If applying for assistance with obtaining 501(c)(3) tax-exempt status from the IRS, you must attach the information outlined on the Supplement for Tax-Exempt Applications.

**J. COMMUNITY LAW CENTER SERVICES**

1. Have you ever come to the Community Law Center for help before? Yes or No  
If yes, when and why?

2. Please note any organizations that you think could use our services.

<u>Organization</u>	<u>Contact Name</u>	<u>Phone/E-mail</u>
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**K. REFERRAL SOURCE**

How did you hear about the Community Law Center? *Please check the appropriate box(es) and note the name of the individual/organization.*

- |  |  |
|--|--|
| <input type="checkbox"/> Private Attorney          | <input type="checkbox"/> Other Legal Services Provider |
| <input type="checkbox"/> Neighbor                  | <input type="checkbox"/> Police Officer                |
| <input type="checkbox"/> State’s Attorney’s Office | <input type="checkbox"/> Government Official           |
| <input type="checkbox"/> Former Client             | <input type="checkbox"/> Other:                        |
- 

**L. FEES**

1. **Application:** A nonrefundable fee of \$100 is due upon submission of this form.
2. **Legal fees:** All legal services are free of charge. However, the organization may be responsible for filing fees, court costs, and other related expenses.

**M. PROCESS**

Once all requested information, including this form and the nonrefundable \$100 application fee, is received by the Community Law Center, the staff attorney will review the application and will determine if it is appropriate for the Pro Bono Project or other Community Law Center programs. If accepted into the Pro Bono Project, the Community Law Center will make every reasonable effort to match the organization with a pro bono attorney, but cannot guarantee placement due to the volunteer nature of the Project. Placement takes an average of three weeks from the date of completed application submission. The organization will be notified of any attorney assignment.

**N. CLIENT RESPONSIBILITY**

By preparing and submitting this form on behalf of this organization, I certify that the Board of Directors of the organization has approved this application for legal services and that I am authorized to represent the organization. I agree to meet all requests from the Community Law Center and/or assigned attorneys for further information in a timely manner. I understand the policies outlined in this application form and recognize that the Community Law Center may not be able to place my case with a volunteer attorney. I also acknowledge that the application fee is nonrefundable. I agree to contact the pro bono attorney promptly upon notification of assignment.

**O. CONFIDENTIALITY**

I understand that all information exchanged between the organization submitting this OIF and the Community Law Center shall be kept confidential. I hereby agree, however, that the Community Law Center may disclose limited relevant information to potential pro bono attorneys who may be interested in accepting the case. Furthermore, the Community Law Center will transmit all submitted information to the pro bono attorney to whom the client’s case is assigned.

Your Name and Title: \_\_\_\_\_

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

## APPLICATION SUBMISSION CHECKLIST

All applicants:

- Completed Organization Information Form
- \$100 nonrefundable application fee
- Affidavit of Group Eligibility
- Bylaws
- Budget

If the organization is incorporated:

- Articles of incorporation
- SDAT letter accepting your filing

If the organization is already tax-exempt:

- IRS determination letter

If the organization is applying for tax-exempt status:

- Summary of three years of activities
- Detailed financial information for current year and three previous years, or, if a new organization, projections for three years
- Two or three paragraphs on fundraising plans.
- Complete list of directors and officers, including titles and personal mailing addresses

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**Return form, all requested information, and nonrefundable \$100 application fee to:**

Community Law Center, Inc  
3355 Keswick Road, Suite 200  
Baltimore, Maryland 21211  
Fax: 410.366.7763

## AFFIDAVIT OF GROUP ELIGIBILITY

I hereby certify that \_\_\_\_\_ (Organization) either:

- a. has a Board of Directors, the majority of which are low-income persons, as described below in the Family Income Limits table; or
- b. is a community-based organization in which membership is open to all residents of the community and a majority of the households in the community were low-income in the last published U.S. Census; or
- c. provides services to low-income persons; or
- d. does not fall into any of the above categories;

**AND** that the organization lacks, and has no practical means of obtaining, funds to retain private counsel.

I affirm and state that the above statements are true and correct to the best of my knowledge and belief.

Your Name and Title: \_\_\_\_\_

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

**Family Income Limits (rev. July 2007)**  
50% of Maryland Median Income

Family Size	Annual Income	Monthly Income	Weekly Income
1	\$23,298	\$1,942	\$448
2	\$30,467	\$2,539	\$586
3	\$37,635	\$3,136	\$724
4	\$44,804	\$3,734	\$862
5	\$51,973	\$4,331	\$999
6	\$59,141	\$4,928	\$1,137
7	\$60,485	\$5,040	\$1,163
8	\$61,830	\$5,152	\$1,189
9	\$63,174	\$5,264	\$1,215
10	\$64,518	\$5,376	\$1,241