

UNIVERSITY OF CINCINNATI COLLEGE OF LAW

Entrepreneurship and Community Development Clinic (ECDC)

Application for *Pro Bono* Legal Assistance

BUSINESS CONTACT INFORMATION

1. Name of Business: _____

Address: _____ Zip: _____ County: _____

Phone Number: _____ Fax Number: _____

Web Site: _____

2. Name of Owner/Contact Person: _____

Position/Title: _____

Work Phone: _____ Home Phone: _____

Email: _____ Gender (please check): Male Female

Race/Ethnicity (please check): White African-American Hispanic Native American

Asian-Pacific Islander Person of 2 or more races Other (specify): _____

THE INFORMATION IN THIS APPLICATION REGARDING GENDER AND RACE/ETHNICITY IS USED FOR STATISTICAL PURPOSES ONLY AND IS NOT USED IN ANY WAY WHATSOEVER TO DETERMINE CLIENT ELIGIBILITY FOR SERVICES.

3. Additional Owners, if any:

a. Name of Owner: _____

Position/Title: _____

Work Phone: _____ Home Phone: _____

Email: _____ Gender (please check): Male Female

Race/Ethnicity (please check): White African-American Hispanic Native American

Asian-Pacific Islander Person of 2 or more races Other (specify): _____

ATTACH ADDITIONAL PAGES, IF NEEDED, TO INCLUDE THE INFORMATION ON ANY ADDITIONAL OWNERS, AS REQUESTED BY QUESTION 3

BACKGROUND OF BUSINESS

4. Please describe the nature of your business (what products are sold and/or services provided):

Please attach a copy of your business plan.

5. Please check the type of entity under which your business operates: (if you have not yet started business, please go to question 7):

_____ Sole Proprietor _____ Partnership _____ Corporation

_____ Limited Liability Company _____ Other Entity

If you did not check Sole Proprietor, please attach:

COPIES of any formation documents, such as articles of incorporation, articles of organization, appointment of statutory agent, bylaws, code of regulations, or any other papers that may be helpful. KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS.

6. When did you start doing business?

7. Please generally describe the geographic area your business serves or will serve. Specify neighborhood(s), county or counties, regions or states.

8. How many employees do you currently employ? _____

LEGAL NEEDS

9. How did you hear about the ECDC's services?

10. Please check areas of legal need or assistance:

GENERAL

Legal consultation to determine needs

ENTITY ISSUES

Choosing the entity

Forming the entity

CONTRACTS

Operating Agreement for LLC

Lease

Service Contract

Other type of Contract (specify): _____

REGULATORY COMPLIANCE AND LICENSING

License (Specify type if known): _____

Permit (specify type if known): _____

Consultation on applicable regulations and licenses

INTELLECTUAL PROPERTY

Copyright

Trademark

Other (specify): _____

OTHER

Specify type of help requested: _____

Please attach COPIES of all related documents, such as contracts, letters, leases, project proposals, etc. that are related to the desired areas of legal assistance. KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS.

LEGAL NEEDS (Cont'd)

11. Are there any deadlines relating to your request for assistance? If so, please list the dates and the nature of the deadlines: _____

12. 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.): _____

13. Has a lawyer ever worked with your business?

_____ Yes _____ No (If "No," please go to question 18).

14. If so, what is the lawyer's name, address and phone number?

15. Why is she/he no longer representing your business in this matter?

16. What work did she/he perform?

17. Did you pay for any of the legal services described above?

_____ Yes _____ No

18. Are you currently working with any organization(s) which are providing business assistance/consulting (e.g., SCORE, SBDC, etc.)? _____ If so, please list the names of the organizations and their contact information:

NOTE: The following two pages (Questions 19-28) ask for financial information needed to determine your eligibility for the services of the ECDC. From time to time, the ECDC 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 ECDC to do so.

FINANCIAL INFORMATION FOR FOR-PROFIT BUSINESSES

The information requested in Questions 19-23 will need to be provided for each owner of a for-profit business in order to determine eligibility for the ECDC’s services. **For additional owners, please provide such information on a separate attachment.** If your business is a nonprofit organization, please skip these questions and go to Question 25. Please note that the ECDC may choose to verify any or all of the information provided by asking for additional documentation and/or information from you or third parties.

19. What is the total annual gross income from all members of your household? \$ _____

20. What is your gross annual income? \$ _____

21. How many people are in your household (including you): _____

22. If your business has existed for more than a year, what are its net income/(loss) figures for its most recent fiscal years (up to 3 years)?

Most recent \$ _____ One year ago \$ _____ Two years ago \$ _____

23. Please indicate below any secured sources of funding for your business, indicating whether each source is in the form of equity or a loan and the approximate amounts from each source:

<u>Equity Funding (no obligation to repay)</u>		<u>Loans (obligation to repay)</u>	
<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
E.g., Jane Doe’s Savings	\$3,000	E.g., John Doe	\$2,000
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. Are there any extenuating financial circumstances we should consider in determining your eligibility for the ECDC’s services? If so, please describe them. _____

FINANCIAL INFORMATION FOR NON PROFIT ORGANIZATIONS

The information requested in Questions 25-28 will need to be provided for a non-profit organization in order to determine eligibility for the ECDC's services. If your business is a for-profit organization, please skip these questions and go to Question 29.

25. 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)?

26. Please indicate below any secured 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:

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

27. 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 \$ _____ One year ago \$ _____ Two years ago \$ _____

28. Do you have a current budget? *If so, please attach.*

MISCELLANEOUS INFORMATION

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

CHECKLIST

Please include the following documents. In addition, enclose any other documents that may assist the ECDC in assessing your application.

- _____ Copy of business plan
- _____ If not a sole proprietor, copies of any organizational documents
- _____ If a non-profit, a current budget
- _____ Copies of all documents related to the organization's specific legal problems.

AUTHORIZATION TO RELEASE INFORMATION

Application Information: I hereby authorize the Entrepreneurship and Community Development Clinic (the "Clinic"), the University of Cincinnati College of Law, any collaborating organizations, and their respective agents, employees, and representatives to verify, disclose and make copies of any and all information provided in this Application in the course of determining eligibility for pro bono legal services or during the course of legal representation if my case 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 University of Cincinnati College of Law, business incubators, clinic consultants, and banks. You authorize the Clinic to release information about your case to such third parties. Also, on occasion, members of the media or press may inquire about the types of clients we represent. You authorize us to share your name with those members, to disclose that you are (or your company is) a client of the Clinic, and to describe the type of services provided to you.

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 he/she 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 undersigned further understands that completing this Application or contacting the Clinic does not create an attorney-client relationship with the Clinic. 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 : ENTREPRENEURSHIP AND COMMUNITY DEVELOPMENT CLINIC, UNIVERSITY OF CINCINNATI COLLEGE OF LAW, CLIFTON AVE. & CALHOUN STREET, PO BOX 210040, CINCINNATI, OHIO 45221-0040. EMAIL: ECDC@UC.EDU. IF QUESTIONS, PLEASE CALL THE CLINIC AT 513-556-0280. AFTER REVIEWING YOUR APPLICATION, THE CLINIC WILL CONTACT YOU REGARDING YOUR ELIGIBILITY FOR SERVICES.