



NONPROFIT INTAKE FORM

1. Your Information:

- a. First and Last Name: _____
- b. Street Address: _____
- c. Email Address: _____

2. Organization Information:

- a. Proposed Name [provide 3 alternatives, with the first preference listed first, second preference listed second, etc.] _____

- b. Street Address: _____
- c. Phone Number: _____

3. Members: [members are admitted by the board. The organization has to have one class of members, but it could include more classes. Members get to vote for various items that impact the organization, but not all classes of members have to be allowed to vote. For example, Class A might consist of members who pledge to do volunteer work for the organization at least 10 hours per month for a year and get to vote and Class B might include all others and they don't get to vote. You can look around on the internet to see examples of classes for other nonprofits.]

- a. Number of Classes: _____
- b. Description for Each Class: _____

- c. Does Each Class Get to Vote: _____

d. Dues Required for Class (if any, and amount): _____

4. Officers [officers supervise the staff and operations. Provide the first and last names and addresses for each person]

a. President: _____

b. Secretary: _____

c. Vice president(s): _____

d. Treasurer: _____

5. Directors [directors admit members and oversee the officers. There must be at least three directors. Please list each person's address and title in the business next to their name]

a. Director: _____

b. Director: _____

c. Director: _____

d. Amount of Pay for Directors: _____

6. Registered Agent [the agent receives the mail and legal service of process]

a. Name and Address: _____

7. Charitable Purpose Information:

a. Proposed Start Date: _____

b. Organization Purpose: [either charitable, religious, educational, scientific, literary, testing for public safety, fostering national or international amateur sports competition, or preventing cruelty to children or animals]: _____

c. Brief Description of the Charitable Function (in your own words):

d. Is the Organization:

- _____ 1. A church or a convention or association of churches
- _____ 2. A school, college, or university
- _____ 3. A hospital or medical research organization
- _____ 4. A governmental unit
- _____ 5. An entity that undertakes testing for public safety
- _____ 6. A publicly supported organization (museum, library, etc.)
- _____ 7. A home for the elderly or handicapped and low-income housing
- _____ 8. An organization providing scholarships, fellowships, educational loans, or other educational grants for travel and study to individuals and private foundations requesting advance approval of individual grant procedures
- _____ 9. A child care organization providing care for children away from their homes
- _____ 10. A cooperative hospital service organization
- _____ 11. A cooperative service organization of operating educational organizations
- _____ 12. A charitable risk pool

_____ 13. None of these

_____ 14. Do not know

e. Will the Organization:

_____ 1. 1. Support or oppose candidates in political campaigns

_____ 2. 2. Attempt to influence legislation

_____ 3. 3. Operate bingo or other gaming activities

_____ 4. 4. Provide disaster relief

_____ 5. 5. Provide commercial-type insurance

8. Responsible Party [The responsible party controls, manages, or directs the applicant entity and the disposition of its funds and assets. The responsible party may be an individual, in which case we will need the individual's full name and social security number. The responsible party may be another business entity, in which case we will need the business' name and EIN.]

a. First and Last Name or Business Name: _____

b. SSN or EIN: _____

9. Employees:

a. Will the organization have employees in the first year? _____

10. Attach the Business Plan and Budget/Financials

11. Additional Information we Should Know: _____

Completed by:

Name:

Date