

APPLICATION FOR SERVICES

DATE: _____

GENERAL INFORMATION

PREVIOUS GLS-CLP CLIENT: _____

NAME OF ORGANIZATION (d/b/a): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WEBSITE: _____ EMAIL: _____

NAME OF CONTACT PERSON: _____ TITLE/POSITION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____ EMAIL: _____

ORGANIZATION INFORMATION

ORGANIZATION DESCRIPTION (describe the organization's purpose, general operation, goals, etc.) _____

HOW LONG HAS THE ORGANIZATION BEEN IN OPERATION?

Passion into Practice.

IS THE ORGANIZATION INCORPORATED? YES NO

***SEE OTHER

SIDE***

ARE YOU A CERTIFIED MINORITY OWNED BUSINESS? YES NO

IS THE ORGANIZATION A PROFIT OR NOT-FOR-PROFIT OPERATION? _____

LIST REASONS FOR SEEKING LEGAL ASSISTANCE: _____

ORGANIZATION'S FINANCIAL INFORMATION

Please denote the amount and identify the source of revenue (i.e. grants, donations, profits, etc.) and provide your best estimate of monthly operating expenses (overhead, utilities, etc.).

INCOME SOURCE (monthly)

EXPENSES (monthly)

Passion *into* Practice.

MISCELLANEOUS INFORMATION

If there is any other information you wish to convey to GLS-CLP, please do so here:

I certify that the above information is correct.

SIGNATURE:

DATE:

Passion *into* Practice.