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|  |  **Nonprofit Organization Application**  |

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name**:

**Address: Suite:**

**City: State: Zip Code:**

**Office phone: Cell phone: E-mail:**

**Contact Name and phone # if different from above:**

**Email Addresses and Names of Individuals who should be invited to the Zoom meeting:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please provide this information:**

1. **Describe the purpose and/or mission of your organization. (You may include brochures and/or a**

**one-page mission statement, or other promotional materials instead)**

1. **When was your organization established?**
2. **Is your organization incorporated** **under Minnesota law? [ ] YES** **[ ] NO** **Federal Tax-Exempt? [ ] YES** **[ ] NO**
3. **What tax or informational returns do you file with the IRS or State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **How many people are involved in running the organization?**

**Board Members**  **Staff**  **Volunteers**

1. **What is your organization's gross annual revenue? $**
2. **Fiscal year is:**
3. **Please indicate below if you have any of the materials or engage in any of the activities listed.**

**Personnel Property Earned Income**

**[ ]  Employees [ ]  Own [ ]  Charge fees for services provided**

**[ ]  Independent Contractors [ ]  Rent [ ]  Taxable Unrelated Income**

**[ ]  Personnel Policies**

**Fundraising Political Activity Financial**

**[ ]  Grants [ ]  Section 501(h) election [ ]  Financial Policies**

**[ ]  Individuals [ ]  Not sure [ ]  Audit**

**[ ]  Annual Report to AG [ ]  Periodic reports to Board**

 **[ ]  Annual reporting to IRS**

**Governance**

**[ ]  Elections of Board and Officers**

**[ ]  Annual Registration with Secretary of State**

**[ ]  Training and orientation of new members**

**[ ]  Strategic Planning**

1. **List areas of special interest or concern to be addressed with attorneys at training (In order of priority)**

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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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