

CLIENT INTAKE FORM: NOT FOR PROFIT ORGANIZATION- NEW YORK

CONTACT INFORMATION

Name: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____

Address: _____

FORMATION

Full Name of the Organization (or proposed name): _____

***Note:** In New York, the name of a nonprofit must contain one of the following words “Incorporated,” “Corporation,” or “Limited,” or one of the following abbreviations: “Inc.,” “Corp.,” or “Ltd.”

Is there a D/B/A or any other name under which business will be conducted?

When was the Organization formed?: _____

Physical Location of the Organization (or office location): _____

Website of the Organization (if any): _____

Have you registered with the New York Office of Attorney General, Charities Bureau?:

_____.

Who will be the registered agent (if you don't wish for Cari Rincker of Rincker Law, PLLC to be the registered agent)? (Name, address, and position, if applicable):

BOARD OF DIRECTORS

Who will be on the initial board of directors (must have at least 3):

- 1. _____
- 2. _____
- 3. _____

Address for each:

- 1. _____
- 2. _____
- 3. _____

How will directors be elected?: _____.

How long will the term for a director be?: _____.

How will compensation and reimbursement be handled for the directors?:

_____.

How will vacancies on the board be handled?:

_____.

When will the annual meeting of the board meet?: _____.

What is required for a special meeting?: _____.

What will constitute a quorum?: _____.

OFFICERS

If known, who will be the officers, specify the names, addresses, and their position (chair or president or both, vice-president(s), secretary, treasurer):

- 1. _____.
- 2. _____.
- 3. _____.
- 4. _____.

How long will the term for an officer be?: _____.

How will compensation and reimbursement be handled for the officers?:

_____.

How will vacancies in an office be filled?:

MISCELLANEOUS

What percentage of vote of directors is needed for an amendment to the bylaws?: _____.

When will the fiscal year run?: _____.

What positions are permitted to do the following business transactions: (please place a check next to all that apply)

	<u>Director</u>	<u>Officer</u>	<u>Employee</u>	<u>Agent</u>
Enter into Contracts				
Receive Loans				
Sign Checks, Drafts, or Orders				

INTENDED PURPOSE

What is the intended purpose of the Organization?

- _____ Charitable
- _____ Educational
- _____ Religious
- _____ Scientific
- _____ Literary
- _____ Cultural
- _____ For the prevention of cruelty to children or animals

What is the purposes or mission of the Organization in your own words:

TAX CONSIDERATIONS

Have you obtained a Federal employer identification number (“FEIN”) from the IRS? (This is needed to seek exemption status, open bank accounts, file tax returns, etc.): _____.

If so, what is your FEIN?: _____.