NEW YORK UNIVERSITY SCHOOL OF LAW
BUSINESS LAW TRANSACTIONS CLINIC

Request for Legal Assistance

Our Services

The Business Law Transactions Clinic of the New York University School of Law (the “Clinic”) provides free business and transactional legal services to nonprofit organizations. We focus on providing practical and context-aware support to senior leaders of nonprofit organizations to help them on corporate and business issues such as governance and transactions. Our students (all third year students at New York University School of Law) are selected from a pool of applicants and are the primary advisors and communicators to the client.

Under the close supervision of the Clinic faculty, our students:

- perform targeted legal reviews and advise senior managers and boards about governance, compliance and reporting practices;

- prepare bylaws, conflict-of-interest and other board policies, committee charters, director orientation materials, board calendars, board self-assessment tools and similar documents;

- plan transactions, negotiate contracts, memoranda of understanding, and other operating agreements (service, independent contractor, fiscal sponsorship) and prepare other project documents; and

- prepare template and tool documents (contracts, forms, summaries and checklists) for management use.

How to Apply for Legal Assistance

If your organization is a nonprofit operating ongoing programs or activities with a business or transactional legal need and it has revenue of at least $300,000 per year, then it meets the Clinic’s threshold eligibility requirements. The next step is to complete and return the attached application form.

We will review your application to determine whether the organization appears to have a legal matter that we can address. We ask that you submit all of the materials supporting your application as soon as possible so that we can avoid unnecessary delay in processing your request. Following receipt of a completed application, we will then invite you to an introductory meeting with our students to discuss your organization’s application and legal needs in more detail. If you and the Clinic agree to go forward, we will provide you with an engagement letter that specifies the scope of services to be provided and the other details of our relationship.
What Does it Cost?

There will be no charge for legal services provided by the Clinic. However, your organization will also be responsible for any filing fees or other expenses incurred in our representation and approved by you in advance.
Request for Legal Assistance Form Instructions

The following guidelines will assist you in completing the attached application:

1. Answer all the questions, providing as much detail as possible, and attach additional sheets if necessary to complete the questions thoroughly. The more we know about a prospective client, the easier it will be for us to review its application and assess its legal needs.

2. Enclose the documents requested on page 3.

3. Include brochures and other materials that show the mission, activities, staff, and other special features of your organization.

4. Include documents related to the current legal need (i.e. copies of contracts, personnel policies, audits), if such information is known to you.

5. Mail your application to:

   REQUEST FOR LEGAL ASSISTANCE
   Business Law Transactions Clinic
   New York University School of Law
   Furman Hall, Room 525
   245 Sullivan Street
   New York, NY 10012
   Attn: Stephanie Swanson

   Or e-mail your application to:

   stephanie.swanson@nyu.edu

   Or fax your application to:

   (212) 995-4031

If you have any questions, contact Stephanie Abramson (stephanie.abramson@nyu.edu), Amarah Sedreddine (amarah.sedreddine@nyu.edu) or Stephanie Swanson (stephanie.swanson@nyu.edu). You can also contact the Clinic at (212) 998-6375.
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Request for Legal Assistance Form

1. a. Name of Organization ___________________________________________________________
   b. Address ______________________________________________________________________
   c. Phone Number (   ) ___________________________________________________________
   d. Fax Number (   ) _____________________________________________________________
   e. Website ______________________________________________________________________

2. a. Name of Contact Person _________________________________________________________
   b. Position in/Relationship to Organization __________________________________________
   c. Address (if different from above) ________________________________________________
   d. Work Phone (   ) ________________  Cell Phone (   ) ______________________________
   e. Email Address _________________________________________________________________

   Please place a check mark by the address and telephone number at which you would like us to
contact the contact person.

3. Describe as specifically as possible the legal problem for which the organization seeks assistance. * If
you have documents such as project proposals and budgets, legal papers, contracts, or letters relevant
to your problem, include copies of them. _______________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

*Please note that the Clinic provides only non-litigation legal services.

4. Please list the purpose and/or mission of the organization.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

5. Please list your organization’s activities and programs or attach written brochures or other materials
containing that information
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
6. a. How long has the organization existed? _______________________________________
   
   b. Is the organization incorporated? ____YES ____NO  Tax-Exempt? ____YES ____NO  
7. a. How many members does the organization’s board of directors have? ________________
   
   b. How many employees does the organization have? ________________________________
   
8. a. How many people does the organization serve each year? _________________________
   
   b. What geographic region does the organization currently serve? _____________________
   
9. a. Revenues of the organization in its most recent fiscal year? _________________________
   
   b. Please list the categories and aggregate amounts of the organizations five largest revenue categories:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

10. Are there any affiliates of your organization involved in this matter? If so, please list them below.

_______________________________________________________________________________

11. Does your organization have any other affiliates that are not involved in this matter? If so, please list them below.

_______________________________________________________________________________
_______________________________________________________________________________

12. Please identify the other party/parties involved in this matter, if applicable, and explain their role.

_______________________________________________________________________________
_______________________________________________________________________________

13. If the organization has a need for ongoing legal advice, please list those issues for which it needs advice.

_______________________________________________________________________________
_______________________________________________________________________________
14. a. Has a lawyer worked with the organization before on the problem described in question 10 above? ____ YES  ____ NO  
b. If so, what is that lawyer's name and affiliation?  
_____________________________________________________________________________  
c. What work has been done?  
_____________________________________________________________________________  
d. Why is she/he no longer representing the organization in this matter?  
_____________________________________________________________________________  

15. How and from whom did you hear about the Clinic’s legal services?  
Name of referring source:  __________________________________________________________  
_____________________________________________________________________________  

NOTE: Please be sure that you have included all of the following. We will process your  
application when we receive all of the required information:  
____ Program outline, brochures and/or other descriptive materials  
____ Certificate of incorporation and amendments  
____ By-Laws  
____ IRS Confirmation of tax exempt status (i.e., determination letter), if any  
____ List of officers and directors, and senior staff members  
____ Annual report or income/expense statement for the most recent fiscal year.  

For each affiliate that is involved in your current legal need, please provide:  
____ Certificate of incorporation and amendments  
____ By-Laws  
____ IRS Confirmation of tax-exempt status (i.e., determination letter), if any  
____ Lists of officers and directors, and senior staff members  

. We look forward to hearing from your organization and hope that we can be of assistance.  
Signature  __________________________________________________________  
Print Name  __________________________________________________________  
Title  _______________________   Date   ____________________________