



NONPROFIT CLIENT START UP INFORMATION

Date:

Legal Name of Nonprofit:

Mailing address:

Physical address:

Website:

Please indicate main contact for attorney.

Name:

Title:

Phone Number (s):

E-mail:

Mailing Address:

Have you submitted Articles of Incorporation? Yes No

If Yes, when:

Have you adopted Bylaws? Yes No

Did you apply for an EIN? Yes No

If yes, provide the EIN:



Did you register with the Oregon DOJ/Charitable Activities Section? Yes No

Is there a board of directors? Yes No

List names of board of directors or those currently involved with starting the nonprofit:

Describe the nonprofit's mission or purpose:

Describe what you have accomplished to date or provide some background on why you are starting a nonprofit:

What is your timeline for starting and operating the nonprofit?

What are the credentials for the people who will or are operating the nonprofit?



Estimate the annual revenue on average for the first four years of operation:

How will you raise these funds and do you have any experience raising funds?

Attach Documents (if applicable):

- Articles of Incorporation**
- Bylaws**
- EIN**
- OR DOJ Registration**
- Budgets or Financial Reports**

Topics of Interest for Training:



FOR OFFICE USE ONLY

Fee Agreement:

Interview:

Registered Agent:

Documents Received:

Secretary of State Filing:

Registry Date:

OR DOJ:

IRS:

Notes: