

CLIENT INTAKE AND APPLICATION FORM

Thank you for your interest in Project SING ("<u>SING</u>"). In order to determine whether your venture is eligible to participate in Project SING and, if it is eligible to what extent it is eligible, we consider the following factors:

- Applicant's business plan;
- Path to market and revenues;
- Experience as an entrepreneur and/or business owner;
- Business owner's access to credit and capital; and
- Benefit that the business will provide to the business community.

APPLICANTS <u>MUST COMPLETE</u> ALL PORTIONS OF THE APPLICATION. APPLICATIONS WITH MISSING INFORMATION WILL NOT BE CONSIDERED.

Please submit your completed application by email to projectsing@ballardspahr.com.





PART I: GENERAL INFORMATION

PERSONAL DETAILS

PERSONAL DETAILS							
Name (Last, First & Middle Initial							
Street Address			HOME P	HONE			
City, State, Zip			Work P	HONE			
EMAIL ADDRESS			Mobile	PHONE			
ALTERNATE CONTACT NAME			ALT PHO	ONE			
IS ENGLISH YOUR FIRST LANGUAGE?	☐ YES	□NO					
DO YOU NEED AN INTERPRETER?	☐ YES	□NO	IF YES, LANGU				
COLLEGE OR UNIVERSITY							
PRIOR COLLEGE EDUCATION							
	l						
PART II: BUSINESS INFORMATION							
Please attach a copy of your business plan.							
BUSINESS NAME/STATE OF ORGANIZATION/INCORPORATION							
STREET ADDRESS (IF DIFFERENT FROM ABOVE)							
CITY, STATE, ZIP			BUSINESS PHONE				
BUSINESS EMAIL ADDRESS			WEBSITE				
BRIEFLY DESCRIBE YOUR SERVICE OR PRODUCT							

Please attach a copy of your business plan and/or any other materials that describe your business.





PART III: ADDITIONAL BUSINESS INFORMATION

If you are currently conducting your business, answer as many of the following questions as you can. If not, skip to Part IV.

1. (Please check one.) I intend to, or currently, conduct business as a:	
 SOLE PROPRIETOR PARTNERSHIP S CORP C CORP LLC OTHER NOT SURE 	
Please attach copies of any existing formation/incorporation documents and governing documents (Operating Agreement, Bylaws, Shareholder Agreement, Buy/Sell Agreement, and all other similar documents).	
2. When did you start doing business?	
3. How many employees do you currently employ or, if independent contractors, how may independ contractors?	lent
4. Do have any outstanding leases? YES NO	
• If yes, please submit a copy of the lease.	
5. Did your business have any revenue last year? YES NO	
• If yes, what was the total amount?	
6. Attach a current copy of your financial statements (balance sheet, profit and loss statement and statement of cash flow). If it is not clear on your financial statements, please list all revenue to da and all costs or expected costs of running your business this calendar year.	ıte





PART IV: LEGAL ASSISTANCE

1.	1. Briefly describe the primary legal issue with which you need assistance, and up to four additional legal issues that you are seeking to complete:					
2.	Have you co	Iave you consulted an attorney in connection with this business? YES NO				
	•	If yes, please provide the name, address, and telephone number of the attorney consulted.				
	•	Was the attorney paid? TYES NO				
	•	Why are you not continuing to pursue this matter with the attorney consulted?				
3.	Have you re	ceived any assistance starting your business from an organization? YES NO				
	•	If yes, please identify the organization.				
4.	If applicable	e, please identify the organization or person that referred you to SING.				
PA	ART V: EMI	PLOYMENT/EDUCATION INFORMATION				
1.	Employmen	t:				
	•	Current Employer:				
	•	Title:				
	•	Start Date:				
	•	Briefly describe your duties:				
	•	Immediate Previous Employer:				
	•	Title:				
	•	Start Date:				
	•	Briefly describe your duties:				
2.	Education:					
	•	List all degrees held and issuing institution(s):				
3.	Is your busin	ness being financed in part or full by a source other than yourself? YES NO				
	•	If yes by whom? (i.e. family members friends banks investors or grants)				





4.	Have you applied for any loans to finance your business? \(\bigcap\) YES \(\bigcap\) NO					
	•	If yes, from what financial institution(s)?				
5. Have you attempted to obtain capital from any outside source? YES NO						
	•	If yes, from what sources and when?				
	•	If yes, how much was sought and what amount was obtained?				
6.	Do you have	e any partners, co-owners, or co-founders in your business? YES NO				
• If yes, list the following:						
	0	Name #1: Employer: Title: Brief description of duties:				
	0	Name #2: Employer: Title: Brief description of duties:				
	0	Name #3: Employer: Title: Brief description of duties:				
	Please	add addition partners, co-owners, or co-founders on a separate sheet and attach.				
7. Are you, your partners, co-owners, or co-founders, or your business currently part(y)/(ies) to pending or threatened legal disputes or contractual arrangements? YES NO						
If you responded yes to the preceding question, please identify any other part(y)/(ies) to the dispute, and/or contractual arrangement.						





PART VI: CERTIFICATION

I hereby certify that all of the information in this application is true to the best of my knowledge. I understand that Project SING may use this information in evaluating my eligibility for free legal services.

By signing this form you are agreeing that the information you provided to Project SING may be disclosed to attorneys in efforts to recruit *pro bono* assistance for your business. You also agree that Ballard Spahr may disclose non-confidential information about your business.

SIGNATURE_		
DATE	 	

