**Application**

**University of Oregon’s**

**Nonprofit Clinic**

**An Interdisciplinary Project of the**

**School of Law,**

**Department of Planning, Public Policy and Management,**

**and**

**Master's Degree Program in Conflict and Dispute Resolution**

**Issued by:**

**University of Oregon School of Law**

Beatrice Dohrn

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541-346-3860

**Applications are accepted on a rolling basis. Selections will be made periodically. To secure a spot in the clinic, please submit your application as soon as possible.**

**UNIVERSITY OF OREGON NONPROFIT CLINIC**

**APPLICATION**

**PROGRAM DESCRIPTION**

The University of Oregon School of Law, The Department of Planning, Public Policy, and Management (PPPM), and the Master's Degree Program in Conflict and Dispute Resolution (CRES) have joined together to offer a valuable service to the Oregon nonprofit community while providing a clinical opportunity for students to apply their respective skills.

Student teams, closely supervised by professional nonprofit consultants, engage with selected nonprofit organizations (NPOs) to assess their governance structures. The inquiry is focused primarily on board functions, such as orientation, recruitment, financial controls, legal compliance, and board-staff delegation of responsibilities. A detailed review of the NPO’s Articles of Incorporation and Bylaws is also provided. These services are free of charge.

Upon presenting their findings the students will facilitate a discussion with the Executive Director and Board of Directors aimed at prioritizing from among the recommended actions, and identifying next steps for implementation. The student teams will also provide a resource guide with referrals for support and additional services.

The work shall be conducted within a compressed timeframe. Selected NPOs must be able to provide requested documents in mid December prior to working with students and consultants. The students’ term runs from late January until late April. Two meetings with key staff and board are anticipated (at the NPO site or via electronic medium). The meetings are approximately three to four weeks apart and each requires approximately two hours.

**The following are eligibility criteria for participation in the clinic:**

1) a public benefit nonprofit corporation that is non-religiousand not a charter school.

2) an annual operational budget between **approximately** $50,000 and $3,000,000.

3) in operation for at least four years.

4) able to provide documents in early to mid December, and meet twice at the nonprofit location (or at the University) with students and consultants on designated days between January and April. Board members must also complete an online survey by Dec 31.

5) primary location is **either** within 1.5 car hours of Eugene /Springfield,

6) **or** , if not within 1.5 hours of Eugene, the NPO must have the ability to participate via distance communication such as skype or video conference.

**NONPROFIT CLINIC APPLICATION**

The University of Oregon Nonprofit Clinic invites interested nonprofit organizations who meet our program’s eligibility criteria to submit an application to be served by the clinic.

**The Application consists of three parts:**

**Application**

**Nonprofit Organization Summary Sheet**

**Letter of Interest**

**The Summary sheet and application follow.**

**Please submit your application by mail or via electronic transmission to:**

**University of Oregon School of Law**

Beatrice Dohrn, Director, Nonprofit Clinic

1221 University of Oregon

Eugene, Oregon 97403-1221

bdohrn@uoregon.edu

541-346-3868

**Selection determinations will be made on a rolling basis.**

**All applicants will be notified.**

Name of Organization:

**1)** Are you a public benefit nonprofit corporation that is non-religiousand not a school or educational institution? (Only NPOs meeting the above criteria are eligible for consideration.)

Yes or No

**2)** Date of incorporation with the Oregon Secretary of State. (Eligible nonprofits must have been in operation for at least four years; start-up organizations are beyond the scope of the clinic).

Date of incorporation:

**3)** What is your organization’s approximate annual operating budget? (Approximate range of NPOs that benefit from the Clinic’s assessment is 50K -2M)

Operating budget for the current fiscal year:

**4)** What are your current staffing levels?

Number of Full-time employees:

Number of Part-time employees:

**5)** How many active volunteers do you currently have?

Number of active volunteers:

**6)** How many active board members do you currently have?

Number of active board members:

**7)** Please list the date, time and location of each regularly scheduled board meeting in the following months:

January date:       time:       location:

February date:       time:       location:

March date:       time:       location:

April date:       time:       location:

**8)** Is your organization facing any pending or current legal actions? Yes or No

If yes, please briefly describe: (Pending or current legal actions may divert the time and attention of the executive director and board from effective participation in the clinic, but will not preclude consideration of your application)

**9)** The clinic operates within an inflexible academic calendar. Clinic students are in this program from mid January through late April. Following a December deadline for submission of documents and completion of an online survey (about 20 minutes), participation requires a commitment to gather your organization’s board and senior staff for **two meetings** of about **two hours duration**, about three weeks apart*.* The first meeting is an information gathering interview. The second is a presentation of the recommendations. Short individual follow up calls, e mails, or meetings also occur in some instances.The quality of the assessment the students are able to provide as well as the depth of their learning experience depends on your thorough participation). Nonprofits must commit to participate in and follow through with meetings and requests for information in ways that are both timely and consistent. Please consider:

1. Please confirm your board and staff’s willingness to work with students and experienced practitioners as part of a clinic which values shared learning?

1. Are you – full board and senior staff-- able to commit to scheduling and securing robust board participation in two meetings of two hours duration? (The purpose of the first meeting is primarily to gather information, while the second meeting is to deliver the presentation of assessment findings and discuss next steps with the Executive Director and Board of Directors.)

c) Are you willing to provide prompt, thorough, and complete information regarding your organization as a condition of participating in the clinic?

**10)** Your participation in the clinic will be without cost. Because we are exploring avenues to enhance the program’s sustainability, please provide your thoughtful response to the following:

a. If there had been a fee associated with this program, would your organization have applied?

b. If the terms were that we ask you to submit a fee of your own choosing after the assessment, only if the service provided is valuable to your organization, would you have applied?

c. Assuming your organization was agreeable to paying a fee (if not, do not respond) which range would it be in a position to consider ?

$500 – 1000

$1001 – 2000

$2001- 4000

$4001 – 6000

More than $6000

**NONPROFIT ORGANIZATION SUMMARY SHEET**

**Legal Name of Nonprofit Organization:**

**Mailing Address:**

**Physical Address:**

(Please include physical address if it is different and not confidential)

**Phone:** **Fax:**

**TAX ID#:**

**Website:**      

**Organization Email Address:**

**Name of Executive Director:**

**Phone:**       **Email:**

**Name & Title of Primary Contact:**

**Phone:**       **Email:**

**Name of Board President:**

**Phone:**       **Email:**

**Year Founded:**      

**Mission Statement:**

**Location of Organization:**

**Organization’s Current Annual Operational Budget:**

***Authorizing Signatures: By typing or signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.***

**Executive Director:**       **Date:**

**Board President:**       **Date:**

**LETTER OF INTEREST**

Please write a letter of interest addressing the following topics:

1. A description of the challenges and opportunities facing the organization in the next three to five years.

2. A description of how participation in the clinic fits the needs of your organization at this time.

3. A description of the anticipated value of the clinic’s assessment to the organization, and how this assessment might strengthen the organization as a whole and its ability to address broader community needs and opportunities.