

**Organization Profile**

Organization Name						
Physical Address		City		State		Zip
Contact		Title		Website		
Telephone		Fax		Email		

**Operations Profile**

Type of Entity    501c3    Government   Date Est.      When is your fiscal year?  

Description of Applicant's Operation  

**Current UI Funding Method:**    Paying State Unemployment Tax    Reimbursing (self-insured)   State Acct. No.      FEIN  

**If taxpaying:**   Have you paid unemployment taxes for at least two years?    Yes    No   Are you currently in good standing with the state?    Yes    No

**If reimbursing:**   Check current management method:    Internal Staff    Third Part Administrator    Group Program   Current administrator/program (if applicable):  

**Employment Profile**

Please attach an additional sheet of paper, as needed, to more fully answer the following questions:

Number of Full-time Employees      Number of Part-time Employees      Number of W-2s from Prior Years  

1. Do you anticipate any loss or reduction in overall revenue within your organization that will result in layoffs, and/or reduction in employees' hours or wages within the next 12 months?   Yes      No  

If yes, please explain and include estimated number of affected employees and date(s) of action.  

2. Do you anticipate any elimination or reduction of any revenue source(s) within your organization that will result in layoffs, and/or reduction in employees' hours or wages within the next 12 months?   Yes      No  

If yes, what source and provide explanation (include number of affected employees and date(s) of action).  

3. Do you anticipate any restructuring within your organization that will result in layoffs, and/or reduction in employees' hours or wages within the next 12 months?   Yes      No  

If yes, please explain and include estimated number of affected employees and date(s) of action.  

4. Have you experienced any layoffs/staff reductions, other than regular seasonal during the last 12 months?   Yes      No  

If yes, please explain. Include number of affected employees and the dates on which layoffs or staff reductions took place.  

5. Do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs over the next 12 months?   Yes      No  

If yes, please explain. Include number of employees and date(s) of action.

## Employment Profile *cont'd*

6. Are you currently or have you, in the past 12 months, had employees whose wages are exempt from unemployment? Yes  No

If yes, please explain. Include number of exempt employees and their term of employment.

7. How many of your employees are seasonal and when is their seasonal term?

8. How many of your employees are employed in a Head Start program and when is their term of employment?

9. Please enter the following estimates:

10. Approximately how many claims do you have annually?

Year	Gross payroll	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual Budget	
2011					
2012					
2013					
2014 (est.)					

11. Approximately how many of those claims are protested?

**All employers:** Please submit copies of your four most recent wage report forms (summary page only)

**Tax paying employers:** Please submit copies of the following along with this application:

- Three most recent unemployment tax rate notices
- Four most recent unemployment benefit charge notice forms

**Reimbursing employers:** Please submit copies of your 12 most recent benefit charge forms

## Funding Profile

1. What percentage of your annual payroll is attributable to the following funding sources:

2. Are there any upcoming funding issues, not previously mentioned on this application, specific to your organization or your sector that might affect your employment levels?

Federal		Fundraising or Operations	
State		Grants/Other (Please specify.)	
City/County			

## How did you hear about us?

- Insurance Agency   
  Nonprofit Association   
  Website/Search Engine  
 Advertisement   
  Event   
  Other

Please specify (such as Google, Webinar, etc.):

## Signature

The information provided on this application form has been confirmed by all necessary parties within this organization to be true, accurate, and complete to the best of our knowledge. We acknowledge that any misrepresentation will result in immediate cancellation of any service or coverage pursuant to the terms of this product for which this application is submitted.

Signature *(No electronic signatures, please.)*

Name

Date

Title