Organization Profile							
Organization Name							
Physical Address		Ci	ty	State	Zip		
Contact	Title		Website	e			
Telephone	Fax		Ema	il			
Operations Profile							
Type of Entity □ 501c3 □ Government Date Est. When is your fiscal year?							
Description of Applicant's Ope	ration						
	ying State Unemployn Simbursing (self-insure			FEIN			
If taxpaying: Have you paid unemployment least two years?	taxes for at \Box Y	″es □ No		gement method: Third Part Administrator	r 🗆 Group Program		
Are you currently in good stand state?	ding with the \Box Y	′es □ No	Current administrator/program (if applicable):	m			
Employment Profile	Please atta	ach an additional she	et of paper, as needed, t	to more fully answer the	following questions:		
Number of Full-time Employe	ees Numb	per of Part-time Emp	loyees	Number of W-2s from F	Prior Year		
1. Do you anticipate any loss or reduction in overall revenue within your organization that will Yes No result in layoffs, and/or reduction in employees' hours or wages within the next 12 months?							
If yes, please explain and include estimated number of affected employees and date(s) of action.							
2. Do you anticipate any elimin organization that will result in 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 restru reduction in employees' hou			ult in layoffs, and/or	Yes 🗆	No 🗆		
If yes, please explain and of affected employees and		ber					
4. Have you experienced any months?	layoffs/staff reductions	, other than regular s	easonal during the last 1	l2 Yes □	No 🗆		
If yes, please explain. Inclu employees and the dates o reductions took place.							
5. Do you anticipate an increas over the next 12 months?	se in the hiring of emplo	oyees who will be affe	ected by seasonal layoffs	S Yes □	No 🗆		
If yes, please explain. Incluand date(s) of action.	ude number of employe	es					

Unemployment Insurance

Employment Profile cont'd

6. Are you currently or have you, in the past 12 months, had employees whose wages are exempt 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 break?
- 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:

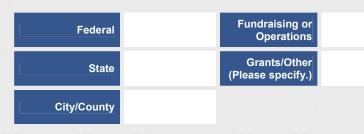
	Gross Wages	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual Budget
Current Year				
Prior Year One				
Prior Year Two				
Prior Year Three				
10. Approximately how m claims do you have annu			imately how many of as are protested?	
12 Estimated Wagoo for	Colordor Voor 2019			

12. Estimated Wages for Calendar Year 2018:

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?



 How did you hear about us?

 Insurance Agency
 Nonprofit Association

 Advertisement
 Event

 Other

Please specify (i.e. Agency Name, Google, Webinar, etc.):

Questions? Call (312) 715-3017

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.

x back to: (312) 239-8368		PAGE 2 OF 2
Date	Title	
Signature (No electronic signatures, please.)	Name	

TEMPORARY AUTHORIZATION FOR

UNEMPLOYMENT EVALUATION

To Whom It May Concern:

We have requested that First Nonprofit Companies obtain a record of our unemployment compensation profile. We hereby authorize First Nonprofit Companies to review our

2014, 2015, 2016 and 2017 Benefit Charges, Wages and Taxable Wages

and to discuss this data with proper officials of the state unemployment agency. Please release all pertinent information to them pursuant to this matter.

THIS FORM SHOULD NOT BE USED TO CHANGE THE CURRENT ADDRESS OF RECORD

Your cooperation is appreciated.

Organization:		
Address:		
State Account No:	FEIN:	
Authorized by:		
Title:		
Date:		