



Organization Profile

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

Operations Profile

Type of Entity, Date Est., When is your fiscal year?, Description of Applicant's Operation, Current UI Funding Method, State Acct. No., FEIN, If taxpaying, If reimbursing

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 Year, 1. Do you anticipate any loss or reduction in overall revenue... 2. Do you anticipate any elimination or reduction of any revenue source... 3. Do you anticipate any restructuring... 4. Have you experienced any layoffs/staff reductions... 5. Do you anticipate an increase in the hiring of employees...

## 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 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	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Prior Year One	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Prior Year Two	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Prior Year Three	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

10. Approximately how many claims do you have annually?

11. Approximately how many of those claims are protested?

12. Estimated Wages for Calendar Year 2018:

## Funding Profile

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

Federal	<input style="width: 100%;" type="text"/>	Fundraising or Operations	<input style="width: 100%;" type="text"/>
State	<input style="width: 100%;" type="text"/>	Grants/Other (Please specify.)	<input style="width: 100%;" type="text"/>
City/County	<input style="width: 100%;" type="text"/>		

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   
  Website/Search Engine  
 Advertisement   
  Event   
  Other

Please specify (i.e. Agency Name, 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

**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: \_\_\_\_\_