



### 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 Year

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 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