Application Form

Organization Profile									
Name									
Physical Address			City			Sta	ate	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 Daying State Uner Method: Reimbursing (self-			State ct. No.				FEIN		
If taxpaying:				If reimburs	sing:				
Have you paid unemployment taxes for at least two years?	□ Yes	□ No		Check curr			thod: Administrator	Group	Program
Are you currently in good standing with the state?	□ Yes	□ No		Current administrat (if applicab		n			
Employment Profile Plea	so attach an	additional	shoot (of papar as	noodod to	moro full	v answer the	following a	lostions:
	Se allacit al	auunionai	SHEEL	<u>paper, as</u>	neeueu, it		<u>y answer the</u>		<u>lestions.</u>
Number of Full-time Employees	Number of	Part-time E	Employ	ees	Nur	mber of W	-2s from Prior	Years	
1. Do you anticipate any loss or reduction in ov result in layoffs, and/or reduction in employe						Ye	s 🗆	N	0
If yes, please explain and include estimated number of affected employees and date(s) of action.									
2. Do you anticipate any elimination or reduction or ganization that will result in layoffs, and/or the next 12 months?					within	Ye	S 🗆	N	0
If yes, what source and provide explanation number of affected employees and date(s)									
3. Do you anticipate any restructuring within you reduction in employees' hours or wages with				in layoffs, a	and/or	Ye	s 🗆	N	o 🗆
If yes, please explain and include estimate of affected employees and date(s) of action									
4. Have you experienced any layoffs/staff redumenths?	uctions, othe	er than regu	ular sea	sonal during	g the last 1	2 Ye	s 🗆	N	o 🗆
If yes, please explain. Include number of at employees and the dates on which layoffs of reductions took place.									
5. Do you anticipate an increase in the hiring o over the next 12 months?	f employees	who will b	e affect	ed by sease	onal layoffs	Ye	s 🗆	Ν	lo 🗆
If yes, please explain. Include number of er and date(s) of action.	nployees								

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 from unemployment? 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?

	(claims paid)	UI Tax Rate (if applicable)	Annual Budget	
2011				
2012				11. Approximately how many of those claims are protested?
2013				
2014 (est.)				

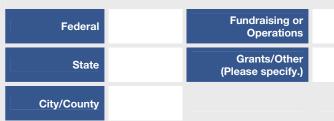
All employers: Please submit copies of your four most recent wage report forms (summary page only) Tax paying employers: Please submit copies of the following along with this application:

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

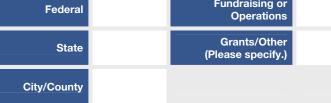
Reimbursing employers: Please submit copies of your 12 most recent benefit charge forms

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?



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

□ Insurance Agency □ Advertisement

How did you hear about us?

□ Nonprofit Association □ Event

□ Website/Search Engine □ Other

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
Suit	