

Organization Profile

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

Operations Profile

Type of Entity 501c3 Government Tribe 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 Party 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, identify the source and provide an 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 term of employment?

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 Operating Budget
Current YTD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Year One	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Year Two	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Year Three	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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 2024:

Funding Profile

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

Federal	<input type="text"/>	Fundraising or Operations	<input type="text"/>
State	<input type="text"/>	Grants/Other (Please specify.)	<input type="text"/>
City/County	<input 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