

**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 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 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 2022:

## 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

COVID-19  
Supplemental Application



Please attach an additional sheet of paper, as needed, to more fully answer the following questions:

1. Has your organization entered into a Short Term Compensation Plan or Work Share Program since March 1, 2020? Yes  No

If yes, please provide a copy of the application submitted to the State.

If yes, have there been any modifications or changes made since the application? Yes  No

Provide changes and modifications:

2. Has your organization applied for a Payroll Protection Program (PPP) Loan? Yes  No

If yes, were you approved? Yes  No

If approved, when did your loan become effective?

Amount of loan:

3. Has your organization been subject to any closures, furloughs or layoffs due to City, Federal or State Stay-at-Home Orders? Yes  No

If yes, what date was this effective?

How many employees were impacted?

4. Have you recalled any previously furloughed or laid off employees? Yes  No

If yes, please provide number of employees recalled and date(s) of recall.

5. Did any staff reject the offer to return to work? Yes  No

If yes, how many staff rejected the offer?

**Signature**

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