

Organizatio	n Profile										
Organization Name											
Physical Address					City			State	e	Zip	
Contact			Title				Website				
Telephone			Fax				Email				
Operations	Profile										
Type of Entity	□ 501c3	Governm	ent Dat	e Est.		When is	your fiscal y	ear?			
Description of Applicant's Operation											
Current UI Fun Method:		Paying State Reimbursing			State Acct. No.			FE	EIN		
If taxpaying:         Have you paid unemployment taxes for at least two years?					0		ent manager			Group Pr	ogram
Are you current state?	ly in good st	anding with tl	ne 🗌	Yes □N	0	Current administrat (if applicab	or/program le):				
Employmen	t Profile		Please at	ach an add	itional sheet	of paper, as	needed, to n	nore fully a	answer the f	following ques	stions:
Number of Ful	II-time Emplo	oyees	Num	ber of Part	time Employ	vees	Nu	Imber of W	V-2s from Pr	rior Year	
1. Do you anticipate any loss or reduction in overall revenue within your organization that will Yes No result in layoffs, and/or reduction in employees' hours or wages within the next 12 months?											
If yes, please explain and include estimated number of affected employees and date(s) of action.											
<ol> <li>Do you anticiporganization for a constraint of the second s</li></ol>	that will resu						vithin the	Yes		No	
If yes, what source and provide explanation (include number of affected employees and date(s) of action).											
<ol> <li>Do you antici reduction in e</li> </ol>						in layoffs, a	nd/or	Yes		No	
If yes, please explain and include estimated number of affected employees and date(s) of action.											
4. Have you ex months?	perienced a	ny layoffs/sta	ff reduction:	s, other tha	n regular sea	isonal during	the last 12	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 anticipover the next			ring of empl	oyees who	will be affect	ed by seaso	nal layoffs	Yes		No	
If yes, please explain. Include number of employees and date(s) of action.											

## **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 I 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 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:

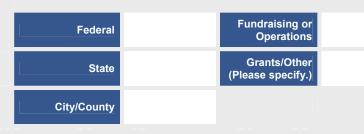
	Gross Wages	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual Budget
Current Year				
Prior Year One				
Prior Year Two				
Prior Year Three				
<b>10.</b> Approximately how many claims do you have annually?			imately how many of as are protested?	
12 Estimated Magaz for	Colondor Voor 2018			

**12.** Estimated Wages for Calendar Year 2018:

## **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?



 How did you hear about us?
 Please s

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 Event
 Other

Please specify (i.e. Agency Name, Google, Webinar, etc.):

Questions? Call (248) 926-8900.

## 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.

ax back to: (248) 926-8902	PAGE 2 OF
Date	Title
Signature (No electronic signatures, please.)	Name