Unemployment Insurance (UI)
Application Form

M·N·A Montana Nonprofit Association

fnp FIRST NONPROFIT

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

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

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?
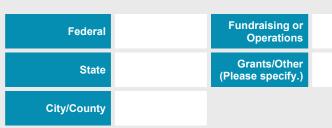
9. Please enter the following estimates:

	Gross Wages	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual Operating Budget
Current YTD				
Prior Year One				
Prior Year Two				
Prior Year Three				

10. Approximately how many claims do you have annually?

11. Approximately how many of those claims are protested?

12. Estimated Wages for Calendar Year 2023:

Funding Profile

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

Federal

State

City/County

Fundraising or Operations

Grants/Other (Please specify.)

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

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

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

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