Contributing Employer Membership Application

The 501 alliance
UNEMPLOYMENT SERVICES FOR NONPROFIT AGENCIES

The application deadline is October 1st of each year.

Return your completed application within 30 days and receive a $100 credit toward your first contribution payment. Your agency must qualify and be approved for membership to receive the credit.

IRS Employer Registration Number _____ UIA Employer Number _____

Full Legal Name of Agency or Organization _____

Address _____ City _____ State _____ Zip Code _____

Telephone/Fax Numbers _____ Contact Person _____ Title _____

Name of Executive Director _____

Web Site Address _____

Please Provide The Following Information:

1. List your agency's mission and/or describe its function.

   _____
   _____
   _____
   _____

2. Does your agency have any plans to expand, downsize, merge, reorganize, etc. that would impact the number of individuals employed. If yes, describe below.

   _____
   _____
   _____
   _____

3. Does your agency have a Head Start program or a regularly occurring lay-off period?

   ( ) Yes – Number of employees effected _____
   ( ) No

4. Describe the stability of your agency's employment history over the last three years.

   _____
   _____
   _____
   _____

5. Number of W-2's issued and staff positions for the last three years.

	Last Year	Prior Year	Two Years Prior
W-2's issued:	_____	_____	_____
Total staff positions:	_____	_____	_____
- Full time:	_____	_____	_____
- Part time:	_____	_____	_____
- Seasonal:	_____	_____	_____

6. List all sources of income and the percent of your budget received from each.

_____
_____
_____
_____

7. Does your agency have Board & Officer Liability Insurance?

( ) Yes
( ) No

8. Does your agency include Title V or Client Workers who are exempt from receiving unemployment compensation benefits?

( ) Yes - How many employees? _____
( ) No

9. Please indicate the number of employees who were terminated for the following reasons over the past eighteen (18) months.

Laid Off _____
Quit Voluntarily _____
Discharged for Cause _____
Temporary/Seasonal _____
Other - Explain _____

10. Please indicate below how you heard about or were referred to The 501 Alliance:

( ) Advertisement on MichiganNonProfit.com
( ) Advertisement in Michigan Nonprofit Association Directory
( ) Advertisement in Michigan Nonprofit Association Newsletter
( ) Auditor
( ) Current Member:
- Name of agency: _____
- Name of individual: _____
- Telephone number: _____

( ) Direct Mail Brochure
( ) Sales Call
( ) Sales Presentation
( ) Tradeshow
( ) Website of The 501 Alliance
( ) Website/Other – please specify: _____
( ) Workshop
( ) Other – please specify: _____

Your Application Must Be Accompanied By Copies Of The Following Items:

1. UIA Rate Notices for the past three (3) years.
2. IRS Determination Letter awarding you 501(c)(3) status or 231(6) status if your agency applied for tax exempt status prior to 1954.
3. Articles of Incorporation.
4. Most recent Nonprofit Corporation Information Update.
5. Last Certified Audit Report or an Independent Financial Report of both your Balance Sheet & Operating Statement covering a year that ended within 12 months of the application. If a certified audit or financial report is not available, please provide a copy of your IRS Form 990 covering a year that ended within 12 months of the application.
6. Personnel Procedures.
7. Annual Budget…show actual YTD revenues and expenses in comparison to budgeted amounts.
8. Letter authorizing The 501 Alliance to be your representative.
9. Letter notifying the UIA that you're joining The 501 Alliance.
10. Provide a brochure about your agency that would describe its mission or function if available.

If any item is not included (except for the brochure), please attach a letter of explanation.

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Please note: Section 13 e(2) of the MES Act states, "In the case of a group composed of nonprofit organizations, the group shall be liable for all benefit charges, which are based on service with an employer while it was a member of that group. Membership in a group shall not relieve a member of liability for charges attributable to service in its employ".

We hereby apply for membership in the group plan, effective January 1, _____ pursuant to the terms and conditions set forth in the By-laws of the corporation and other applicable rules and regulations as adopted by the Board of Directors from time to time.

CERTIFICATION: I hereby certify that, to the best of my knowledge and belief, this application is a true and complete statement, prepared from the records of the above employer.

Date _____ Signed By _____
(Principal Administrative Officer)

Official Title _____

If you have any questions about completing this application or about The 501 Alliance, please contact the Administrator at 1-800-968-9675.

MAIL APPLICATION TO:
Attn: Administrator
The 501 Alliance
26955 Northwestern Hwy., Suite 200
Southfield, Michigan 48033