



THE NONPROFIT  
T R U S T

**Request For Proposal**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

# of Full Time Employees: \_\_\_\_\_

# of Part Time Employees: \_\_\_\_\_

# of W-2's issued last year: \_\_\_\_\_

Gross Annual Payroll (past 4 quarters): \_\_\_\_\_

Taxable Payroll (past 4 quarters): \_\_\_\_\_

Current Payroll Administrator (i.e., ADP, Paychex, etc.): \_\_\_\_\_

Are you a 501(c)(3) organization? \_\_\_\_\_

Have you had any layoffs in the past 12 months? If so, please provide details.

\_\_\_\_\_

Has your organization been involved in any merger or acquisition over the past 3 years?

\_\_\_\_\_

Are you aware of any funding cutbacks that might affect layoffs/staffing? If so, please provide details.

\_\_\_\_\_

Please provide copies of your most recent two years tax rate notices from the State.