

Beneficiary-Choice-Contracting Initiative - New Case - Microsoft Internet Explorer

Address: http://devetareports.doleta.gov/CFDOCS/grantee_prod/reporting/bene_choice/case_new.cfm

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Beneficiary-Choice-Contracting Initiative

HOME CASES REPORTS TOOLS ADMIN

ETA-9148-A

OMB Control No: 1205-0455
 Expiration Date: 01/31/2009
 Grantee: INDIANAPOLIS PRIVATE INDU...
 Grant No: YF-16500-07-60-A-18
 Contact: Connie J. Markwell Ahlers 317-684-2313
 Email: zhang.ilanjun@dol.gov

NEW CASE

Public Burden Statement
 This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0455. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average 1.8 hours annually, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. Respondent's obligation to reply is required to maintain benefits. The reason for the collection of information is general program oversight, evaluation and performance assessment. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U. S. Department of Labor, Employment and Training Administration, Youth Office, Room N4459, 200 Constitution Avenue, NW, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0455).

First name *

Middle initial

Last name *

Address 1

Address 2

City State Zip

Phone (nnn-*nnn*-*nnnn*)

Done

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City State Zip

Phone (nnn-*nnn*-*nnnn*)

Phone 2 (nnn-*nnn*-*nnnn*)

Other Phone (nnn-*nnn*-*nnnn*)

E-mail

Social Security Number (xxx-xx-xxxx)

Date of Birth * (mm/dd/yyyy)

Gender * Male Female

Ethnicity Hispanic/Latino * Yes No Not specified
 (Select 'Not Specified' if the participant does not disclose his/her ethnicity)

Race * American Indian or Alaska Native Hawaiian Native or other Pacific Islander
 (Choose all that apply; select 'Not Specified' if the participant does not report on this element)
 Asian White
 Black or African American Not Specified

Eligible veteran status *

Individual with a disability * Yes No

Non-Violent Offender * Yes No No, violent offender DOC assessed and referred

Personal contact name

Personal contact phone (nnn-*nnn*-*nnnn*)

Done

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