## Project Synopsis Form

OMB Approval No. 1205-0439 Expiration date: 01/31/07

State of	Amount of Funding Requ	ıest	
	\$		Amount Approved by DOL \$
Project Name:			
Project Type:RegularDisaster Trade Dual Enrollment Trade Health Insurance			
Coverage			
Application Type:Full Emergency			
(If Emergency, reason:)			
For Regular Project ONLY, type of Eligible Dislocation Event:			
Plant Closure/Mass LayoffCommunity Impact Layoffs Military Installation Industry wide □□□ NAIC Code			
For Disaster Project Application ONLY:			
Name/Description of Disaster Event:			
Date of FEMA Declaration of Eligibility for Public Assistance:			
Target Groups (check all that apply):Unemployed due to DisasterLong-Term			
UnemployedDislocated Workers			
For Trade Health Insurance Coverage Project Application ONLY:			
State-based Qualified Health Insurance Coverage Programs Selected by State			
Continuation Provision			
Joint State-Private Non-pool Joint State-Private Pool Non-federally Financed			
Applicant Contact Person:			
Street Address 1:			
Street Address 2:			
City:		C	tate: Zip Code:
City		3	zip code
Telephone:			
FAX:			
Email:			
Planned Number of Participants:			
		Pla	nned Entered Employment Rate:%
Planned Cost per Participant:			
\$ Actual Cost per Participant in Prior PY: \$			Cost per Participant in Prior PY: \$
% of Planned Participants Receiving			anned Were Deplement Date: 0/
NRPs:% Planned Wage Replacement Rate:%			
Counties included in Project Service Area:			
Project Operator Listing:			
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ETA 9106 (January 2003)