U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0439
Expiration Date: 6/30/2010

Project Synopsis Form, ETA 9106
National Emergency Grant Electronic Application System

State of _____	Amount of Funding Request $_____	Amount Approved by DOL $_____
Project Name:		
Project Type: ___Regular ___Disaster ___Trade Dual Enrollment ___Trade Health Insurance Coverage (HCTC)		
Application Type: ___Full ___Emergency (If Emergency – reason : _____)		
For **Regular** Project Application ONLY: Type of Eligible Dislocation Event : ___Plant Closure/Mass Layoff ___Community Impact Layoffs ___Military Installation ___Industry Wide		
For **Disaster** Project Application ONLY: Name/Description of Disaster Event: _____ Date of FEMA Declaration of Eligibility of Public Assistance: _____ Target Groups (check all that apply): ___Unemployed Due to Disaster ___Long-Term Unemployed ___Dislocated Workers		
For **Trade Health Insurance Coverage** Project Application ONLY: State-based Qualified Health Insurance Coverage Programs Selected by State: ___Continuation Provision High-Risk Pool ___ State Employees ___Sate Employee-Comparable ___Joint State-Private Non-Pool ___Joint State-Private Pool ___Non-federally Financed		
Applicant Contact Person: Street Address 1:		
Street Address 2:		
City: _____ State: _____ Zip Code		
Telephone:		
FAX:		
Email:		
Planned Number of Participants: _____	Planned Entered Employment Rate: _____%	
Planned Cost Per Participant: $_____	Actual Cost Per Participant in Prior PY: $ _____	
% of Planned Participants Receiving NRPs: _____	Planned Wage Replacement Rate: _____%	
Counties Included in Project Service Area:		
Project Operator Listing:		

Public Burden Statement:
Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 107-210). Public reporting burden for this collection of information is estimated to average **60** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).