

U.S. Department of Labor Employment and Training Administration

Project Operator Data Form, ETA 9107 National Emergency Grant Electronic Application System

Project Operator:			
Project Operator:			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone:			
FAX:			
Email:			
Duration of Project Operator Agreement:	Start:	End:	
	Temporary Jobs	Work Development	Total
Funding Level	\$	\$	\$
Number of Participants:			
Counties Included in Project Operator Service Area:			

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 **15** 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).