



Planning Form (Health Care Tax Credit) National Emergency Grant Electronic Application System

All quarterly entries are CUMULATIVE over all previous quarters.

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER								
	ADMIN	PROGRA M	QTR1	QTR2	QTR3	QTR4	QTR5	QTR6	QTR7
IMPLEMENTATION SCHEDULE									
Receiving Supportive Services									
Receiving Health Coverage Payments									
Total Planned Participants									
EXPENDITURES									
Supportive Services									
Health Coverage Payments									
Admin Excluding Premium Payment Processing*									
Premium Payment Processing									
Other*									
Total: Program Management and Oversight									
Indirect*									
Other*									
Total Expenditures									

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 90 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 1205-0371).