



Planning Form (Disaster-Temporary Jobs) 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									
Employed in Temporary Disaster Relief Assistance									
Receiving Intensive Services									
Receiving Supportive Services									
Exits									
Entering Employment At Exit									
Total Planned Participants									
Supportive Services									
Supportive Services									
Admin									
Other*									
Total: Program Management and Oversight									
Indirect*									
Other*									
Total Expenditures: Grantee Level									
Participant Wages									
Participant Wages									
Participant Fringe Benefits									
Core and Intensive Services									
Supportive Services									
Other*									
Admin									
Other*									
Total: Program Management and Oversight									
Total: Expenditures: Project Operator Level									
Total: Expenditures: Grantee and Project Operator Level									
Total: Expenditures: Grantee and Project Operator Level									

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).