

Project Synopsis Form ETA 9106 National Emergency Grant Electronic Application System

OMB Control No. 1205-0439

Expiration Date: 7/31/2013

State of	Amount of Funding Request \$		Amount Approved by DOL \$	
Project Name:				
Project Type:F	roject Type:RegularDisasterTrade Dual EnrollmentTrade Health Insurance Coverage (HCTC)			
Application Type:FullEmergency (If Emergency – reason :)				
For Regular Project Application ONLY:				
Description/Type of Eligible Dislocation Event :Plant Closure/Mass LayoffCommunity Impact LayoffsIndustry Wide				
Activities to be Provided:				
For Disaster Project Application ONLY:				
Name/Description of Disaster Event/Activities to be Provided:				
Date of FEMA Declaration of Eligibility for Public Assistance:				
For Trade Health Insurance Coverage Project Application ONLY:				
State-based Qualified Health Insurance Coverage Programs Selected by State:				
Continuation Provision High-Risk PoolState EmployeesSate Employee-Comparable Joint State-Private Non-Pool Joint State-Private Pool Non-federally Financed				
Applicant Contact Person:				
Street Address 1:				
Street Address 2:				
City: 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 Earnings:%				
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 1205-0371).