



U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0439
Expiration Date: 9/30/2016

Project Synopsis Form ETA 9106 National Dislocated Worker Grants Electronic Application System

State of _____	Amount of Funding Request \$ _____	Amount Approved by DOL \$ _____
Project Name: _____		
Project Type: <input type="checkbox"/> Employment Recovery <input type="checkbox"/> Disaster Recovery <input type="checkbox"/> Trade Dual Enrollment		
Application Type: <input type="checkbox"/> Full <input type="checkbox"/> Emergency (If Emergency – reason : _____)		
For Employment Recovery Project Application ONLY:		
Description/Type of Eligible Dislocation Event : <input type="checkbox"/> Plant Closure/Mass Layoff <input type="checkbox"/> Community Impact Layoffs <input type="checkbox"/> Military Installation <input type="checkbox"/> Industry Wide <input type="checkbox"/> Dislocated Service Members		
Description of Activities to be Provided: _____		
For Disaster Recovery Project Application ONLY:		
Name/Description of Disaster Event/Activities to be Provided: _____		
Date of FEMA Declaration of Eligibility for Public Assistance: _____; or		
Date of Emergency or Disaster Situation of National Significance: _____		
Name of Federal Agency Declaring Disaster Event (if other than FEMA): _____		
Target Groups (check all that apply): <input type="checkbox"/> Unemployed Due to Disaster <input type="checkbox"/> Long-Term Unemployed <input type="checkbox"/> Dislocated Workers <input type="checkbox"/> Evacuees From a Declared Disaster Area		
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 Earnings: _____ %	
Counties Included in Project Service Area: _____		
Project Operator Listing: _____		

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: 113-128 sec 170). 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).
