



**Planning Form (Disaster-Temporary Jobs), ETA 9103-12(a)**  
**National Emergency Grant National Dislocated Worker Grant Electronic Application System**

All quarterly entries are CUMULATIVE over all previous quarters.

| PERFORMANCE FACTOR   | PROGRAM YEAR QUARTER |         |      |      |      |      |      |      |      |
|--|----------------------|---------|------|------|------|------|------|------|------|
|  | ADMIN                | PROGRAM | QTR1 | QTR2 | QTR3 | QTR4 | QTR5 | QTR6 | QTR7 |
| <b>PLANNED PARTICIPANTS IMPLEMENTATION SCHEDULE</b>                            |                      |         |      |      |      |      |      |      |      |
| Employed in Temporary Disaster Relief Assistance                               |                      |         |      |      |      |      |      |      |      |
| <del>Receiving Intensive Services</del>  |                      |         |      |      |      |      |      |      |      |
| Receiving Supportive Services  |                      |         |      |      |      |      |      |      |      |
| <del>Exits Completed NDWG Services</del>                                       |                      |         |      |      |      |      |      |      |      |
| <del>Entering Employment At Exit Employed at Completion of NDWG Services</del> |                      |         |      |      |      |      |      |      |      |
| <b>Total Planned Participants</b>  |                      |         |      |      |      |      |      |      |      |
| <b>PLANNED GRANTEE EXPENDITURES</b>  |                      |         |      |      |      |      |      |      |      |
| <del>Supportive Services</del>   |                      |         |      |      |      |      |      |      |      |
| Administrative   |                      |         |      |      |      |      |      |      |      |
| Other  |                      |         |      |      |      |      |      |      |      |
| Total: Program Management and Oversight  |                      |         |      |      |      |      |      |      |      |
| Indirect*  |                      |         |      |      |      |      |      |      |      |
| <del>Other*</del>  |                      |         |      |      |      |      |      |      |      |
| <b>Total Expenditures: Grantee Level</b>                                       |                      |         |      |      |      |      |      |      |      |
| <b>PLANNED PROJECT OPERATOR EXPENDITURES</b>                                   |                      |         |      |      |      |      |      |      |      |
| Participant Wages  |                      |         |      |      |      |      |      |      |      |
| Participant Fringe Benefits  |                      |         |      |      |      |      |      |      |      |
| <del>Career Services</del>   |                      |         |      |      |      |      |      |      |      |
| Supportive Services  |                      |         |      |      |      |      |      |      |      |
| Other  |                      |         |      |      |      |      |      |      |      |
| Administrative   |                      |         |      |      |      |      |      |      |      |
| NRP Processing   |                      |         |      |      |      |      |      |      |      |
| <del>Other*</del>  |                      |         |      |      |      |      |      |      |      |
| Total: Program Management and Oversight  |                      |         |      |      |      |      |      |      |      |
| <b>Total: Expenditures: Project Operator Level</b>                             |                      |         |      |      |      |      |      |      |      |
| <b>Total: Expenditures: Grantee and Project Operator Level</b>                 |                      |         |      |      |      |      |      |      |      |

**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

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~~Previous versions usable~~