

## 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:Employment RecoveryDisaster RecoveryTrade Dual Enrollment  |                              |               |                                |
| Application Type:FullEmergency<br>(If Emergency – reason :)   |                              |               |                                |
| For <b>Employment Recovery</b> Project Application ONLY:  |                              |               |                                |
| Description/Type of Eligible Dislocation Event :Plant Closure/Mass LayoffCommunity Impact LayoffsMilitary InstallationIndustry WideDislocated 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):      Unemployed Due to DisasterLong-Term UnemployedDislocated Workers        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 Pa  | articipants:                 | Planned Enter | red Employment Rate:%          |
| Planned Cost Per Part   | ticipant: \$                 | Actual Cost P | er Participant in Prior PY: \$ |
| % of Planned Participants Receiving NRPs: Plan  |                              | Planned Earn  | ings:%                         |
| 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).