

B.

OMB Approval No. 1205-0439  
Expiration date: 05/31/2003

*Project Synopsis Form*

State of _____	Amount of Funding Request \$ _____	Amount Approved by DOL \$ _____
Project Name: _____		
Project Type: <input type="checkbox"/> Regular <input type="checkbox"/> Disaster <input type="checkbox"/> Trade Dual Enrollment <input type="checkbox"/> Trade Act Health Insurance		
Eligible Event: <input type="checkbox"/> Plant Closure <input type="checkbox"/> Mass Layoff <input type="checkbox"/> Community Impact Layoffs <input type="checkbox"/> Disaster <input type="checkbox"/> Military Installation		
Application Type: <input type="checkbox"/> Full Funding <input type="checkbox"/> Partial (reason: _____)		
For Disaster Project Application ONLY: Name/Description of Disaster Event: _____ Date of FEMA Declaration of Eligibility for Public Assistance: _____ Target Groups (check all that apply): <input type="checkbox"/> Unemployed due to Disaster <input type="checkbox"/> Long-Term Unemployed <input type="checkbox"/> Dislocated Workers		
For Trade Act Health Coverage Project Application ONLY: State-based Qualified Health Insurance Coverage Programs Selected by State <input type="checkbox"/> Continuation Provision <input type="checkbox"/> High-Risk Pool <input type="checkbox"/> State Employees <input type="checkbox"/> State Employee-Comparable <input type="checkbox"/> Joint State-Private Nonpool <input type="checkbox"/> Joint State-Private Pool <input type="checkbox"/> Nonfederally Financed		
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: \$ _____	Planned Wage Replacement Rate: _____ %	
% of Planned Participants Receiving NRPs: _____ %		
Counties included in Project Service Area: _____		
Requested Funds Needed because: _____		
Project Operator Listing: _____		

ETA 9106  
(January  
2003)

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at one hour.  
Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).