

B.

### Project Synopsis Form

State of	Amount of Funding Request \$	Amount Approved by DOL \$
Project Name:		
Project Type: Regular Disaster Trade Dual Enrollment Trade Health Insurance Coverage		
Application Type: <input type="checkbox"/> Full <input type="checkbox"/> Emergency		
(If Emergency, reason: _____)		
For Regular Project ONLY, 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"/> <input type="checkbox"/> <input type="checkbox"/> NAIC Code		
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 Health Insurance 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: \$ _____	Actual Cost per Participant in Prior PY: \$ _____	
% of Planned Participants Receiving NRPs: _____ %	Planned Wage Replacement Rate: _____ %	
Counties included in Project Service Area:		
Project Operator Listing:		

ETA 9106 (January 2003)