

E. PLANNING FORM* 4 – Trade Health Insurance Coverage Assistance

All quarterly entries are CUMULATIVE over all previous quarters

OMB Approval No. 1205-0439

Expiration Date: 01/31/07

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER													
	Admin	Program	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	Qtr 10	Qtr 11	Qtr 12
Implementation Schedule														
TOTAL PLANNED PARTICIPANTS														
RECEIVING SUPPORTIVE SERVICES														
RECEIVING HEALTH COVERAGE PAYMENTS														
Total Expenditures														
SUPPORTIVE SERVICES														
HEALTH COVERAGE PAYMENTS														
PROGRAM MANAGEMENT AND OVERSIGHT														
• ADMIN., EXCLUDING PREMIUM PAYMENT PROCESSING*														
• PREMIUM PAYMENT PROCESSING														
• OTHER *														
INDIRECT														
OTHER*														

*This form must be accompanied by an appropriate budget narrative which lists, for each *ed line item, components of the costs, e.g. staff salaries, fringe benefits, equipment, travel, facilities, and the estimated cost amounts for each.