

PLANNING FORM* 4 – Trade Health Insurance Coverage Assistance

OMB Approval No. 1205-0439

All quarterly entries are CUMULATIVE over all previous quarters

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.

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 **15** minutes. Send comments regarding the burden estimate or any other aspect of this collection, including suggestions for reducing this burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington D.C. 20210. (Paperwork Reduction Project 1205-0439).

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