

Project Synopsis Form

OMB Approval No. 1205-0439

Expiration date:

01/31/07

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 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 Non-pool <input type="checkbox"/> Joint State-Private Pool <input type="checkbox"/> Non-federally 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:		