## SAMPLE NEG Project Synopsis for BRAC Planning Grant Applications

## **Project Synopsis Form**

\* complete as appropriate

State of *_	Amount of Funding Request \$*		Amount Approved by DOL \$
Project Name: BRAC Planning Grant (Phase I)			
Project Type: X RegularDisaster Trade Dual Enrollment Trade Health Insurance Coverage			
Application Type:Full _X Emergency (If Emergency, reason:BRAC)			
(If Emergency, 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):Unemployed due to DisasterLong-Term UnemployedDislocated Workers			
For Trade Health Insurance Coverage Project Application ONLY:			
State-based Qualified Health Insurance Coverage Programs Selected by State Continuation Provision			
Joint State-Private Non-poolJoint State-Private PoolNon-federally Financed			
*Applicant Contact Person:			
*Street Address 1:			
*Street Address 2:			
*City:		*State: _	*Zip Code:
*Telephone:			
*FAX:			
*Email:			
Planned Number of Participants:0			Planned Entered Employment Rate: %
Planned Cost per Participant: \$0			ual Cost per Participant in Prior PY: \$
% of Plann	ned Participants Receiving NRPs:		Planned Wage Replacement Rate: %
*Counties included in Project Service Area:			
List counties in impact area(s), including adjoining state, if applicable.			
Project Operator Listing: N/A			

ETA 9106 (January 2003)

OMB Approval No. 1205-0439

Expiration date: 01/31/07