

Appendix A – e-Application and Reporting Forms

A. *Application for Federal Assistance Form (SF 424)*

B.

OMB Approval No. 1205-0439
Expiration date: 05/31/2003

Project Synopsis Form

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 Act Health		
Application Type: <input type="checkbox"/> Full <input type="checkbox"/> Partial (reason: _____)		
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 Cost per Participant: \$ _____		
% of Planned Participants Receiving NRPs: _____%		

ETA 9106
(January 2003)

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

C.

OMB Approval No. 1205-0439
 Expiration date: 05/31/2003

Planning Form

All quarterly entries are CUMULATIVE over all previous quarters.

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER							
IMPLEMENTATION SCHEDULE								
TOTAL PARTICIPANTS								
Receiving Support Services								
Rec. Needs-Related Payments								
Rec. Health Premium Payments								
EXPENDITURE SCHEDULE								
TOTAL EXPENDITURES								
NRPs								
Support Services								
Other								
Health Premiums								
Total Admin. excl. NRPs/Health Premiums								
- Indirect								
NRP Admin.								
Health Premium Admin.								

ETA 9103
 (January 2003)

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 90 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).

D.

OMB Approval No. 1205-0439
Expiration date: 05/31/2003

Quarterly Report Form

Grantee:

Project:

Performance Period Covered by this Report: _____ through _____

PERFORMANCE FACTOR	TRADE ACT HEALTH
TOTAL PARTICIPANTS	
Receiving Support Services	
Rec. Needs-Related Payments	
Rec. Health Premium Payments	
TOTAL EXPENDITURES	
NRPs	
Support Services	
Health Premiums	
Other	
Total Admin., excl. NRPs/Health Premiums	
- Indirect	
NRP Admin.	
Health Premium Admin.	

ETA 9104
(January 2003)

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 30 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 Project1205-0439).