

BUREAU of LABOR STATISTICS BUDGET INFORMATION FORM U.S. DEPARTMENT OF LABOR

See complete instructions in LMI Cooperative Agreement, Part II, Application Instructions.

We estimate that it will take an average of 4.07 hours to complete this form including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments, on the estimates or the form, send them to BLS, Division of Financial Planning Management, 2 Massachusetts Avenue, NE, Washington, DC 20212-0001.

* State Abbreviation: * Title of Submitting Official:

* Name of Submitting Official: Prefix: * First Name: Middle Name:

* Last Name: Suffix: * Phone:

* CA No.: * Fiscal Year: * CA Duration: - * Date Completed:

Col. A	Col. B	Col. C		Col. D		Col. E		Col. F		Col. G		
Line Number	Program and Cost Category	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		* TOTAL	FY	AAMC
		Staff Years	Dollars (\$)	Staff Years	Dollars (\$)	Staff Years	Dollars (\$)	Staff Years	Dollars (\$)	Staff Years	Dollars (\$)	

* Program: * FLC: * Activity Title:

1	Program Staff											
2	AS & T Staff											
3	Nonpersonal Services											
4	* Total Resources											

* Program: * FLC: Activity Title:

5	Program Staff											
6	AS & T Staff											
7	Nonpersonal Services											
8	* Total Resources											

* Program: * FLC: Activity Title:

9	Program Staff											
10	AS & T Staff											
11	Nonpersonal Services											
12	* Total Resources											

* Program: * FLC: Activity Title:

13	Program Staff											
14	AS & T Staff											
15	Nonpersonal Services											
16	* Total Resources											

* Program: * FLC: Activity Title:

17	Program Staff											
18	AS & T Staff											
19	Nonpersonal Services											
20	* Total Resources											
21	* Total LMI AAMCs											