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About

OMB Number: 1220-0079 Expiration Date: 5/31/2009

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. * Title of Submitting Official: * State Abbreviation: Name of Submitting Official: Prefix: * First Name: Middle Name: * Last Name: Suffix: Phone: CA No.: * Fiscal Year: * CA Duration: Date Completed: Completed by Grants.gov upon submission Col. A Col. B Col. C Col. D Col. E Col. F Col. G FIRST QUARTER SECOND QUARTER THIRD QUARTER FOURTH QUARTER FISCAL YEAR TOTAL Staff Staff Line Staff Staff Staff Dollars (\$) Dollars (\$) Dollars (\$) Dollars (\$) Dollars (\$) Number Program and Cost Category Years Years Years Years Years Current Employment Statistics (CES) Program Staff 2 A S & T Staff Nonpersonal Services **Total Resources** Local Area Unemployment Statistics (LAUS) Program Staff 6 A S & T Staff Nonpersonal Services 8 **Total Resources** Occupational Employment Statistics (OES) Program Staff 10 A S & T Staff 11 Nonpersonal Services 12 **Total Resources** Quarterly Census of Employment and Wages (QCEW) Program Staff 14 A S & T Staff 15 Nonpersonal Services 16 **Total Resources** Mass Layoff Statistics (MLS) Program Staff 18 AS&TStaff 19 Nonpersonal Services **Total Resources** 20 * Total LMI Base Programs