
2010
LABOR MARKET INFORMATION
COOPERATIVE AGREEMENT

PART I. ADMINISTRATIVE REQUIREMENTS

PART II. APPLICATION INSTRUCTIONS

PART III. APPLICATION MATERIALS

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I. ADMINISTRATIVE REQUIREMENTS

A. INTRODUCTION

The Bureau of Labor Statistics (BLS) is the Federal agency responsible for conducting research related to labor economics and for collecting and analyzing employment and occupational statistics. Since 1917, the BLS has engaged in cooperative arrangements with States to use employment statistics collected by the States in a national-State network of data. This network of statistical programs now extends to more than 50 political jurisdictions and includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, and selected programs in Guam and the Virgin Islands.

In conducting the BLS-State cooperative statistical programs, it frequently becomes necessary to make inquiries to State agency contacts on a variety of program-related matters. The BLS has received approval from the Office of Management and Budget to make such inquiries under OMB Number 1220-0168, "General Inquiries to State Agency Contacts."

Some of the statistics and their common uses are highlighted below.

1. Current Employment Statistics (CES)

Employment estimates, average weekly and hourly earnings, and average hours worked in nonagricultural industries, based on payroll records for non-supervisory workers: a major economic indicator of the business cycle; used by Federal and State governments to generate unemployment statistics, by States as an indicator of economic health, and by business for site location planning and labor contract escalations.

2. Local Area Unemployment Statistics (LAUS)

Total employment, labor force, unemployment, and the unemployment rate: used in part to allocate funds to State and local areas for such Federal programs as those of the Workforce Investment Act; also used by the Federal Government to identify labor surplus areas, by the military to focus recruitment efforts, and by State and local governments and private firms for labor market analysis.

3. Occupational Employment Statistics (OES)

Estimates of the number of workers and wage ranges by occupation in nonagricultural industries are used for analysis of the occupational composition of different industries, for determining national policy related to structural unemployment, and for other purposes, such as training and employment planning, and foreign labor certification, at State and local levels.

4. Quarterly Census of Employment and Wages (QCEW)

County level employment and wage data, including monthly employment, total quarterly wages, taxable wages, and contributions: used by the Bureau of Economic Analysis, Department of Commerce, in developing the wage and salary component of the National Personal Income and Gross Domestic Product statistics; by the BLS as a source of employment benchmarks for the CES Program and a sampling frame for most of the BLS establishment surveys; and by the Employment and Training Administration (ETA) for solvency and actuarial studies of Unemployment Insurance (UI).

5. Mass Layoff Statistics (MLS)

Detailed information on potential and permanent job cutbacks, including the resultant unemployment registered at the State and area levels. The monthly component uses administrative data to identify layoffs that involve fifty or more persons filing unemployment insurance claims against the same

establishment and covers the total economy. The extended mass layoff component is the result of contact with employers to identify those situations in the private nonfarm sector where at least fifty workers have been laid off for more than 30 days. Additional information relates to reason for layoff, movement of work geographically and within or outside of the company, selected socioeconomic characteristics of claimants, status of the worksite having the layoff, and recall expectations of the employers.

B. AUTHORIZING LEGISLATION

The BLS is authorized to collect labor market information pursuant to the 1884 statute (29 USC 1), an Act to Establish the Bureau of Labor, as amended. Section 14 of the Wagner-Peyser Act (29 USC 49f(a)(3)(D)) authorizes the Secretary of Labor to reimburse the States to provide data for national statistical programs. The Workforce Investment Act of 1998 amended the Wagner-Peyser Act by adding a new section 15, "Employment Statistics," which authorizes the Secretary to "...oversee the development, maintenance, and continuous improvement of a nationwide statistics system of economic statistics..."

The BLS uses a cooperative agreement (CA) to fund cooperative statistical programs because of the agency's ongoing involvement in the programs, pursuant to the Federal Grant and Cooperative Agreement Act of 1977 (31 USC 6301-08). The specific statistical programs funded through the LMI cooperative agreement are described in more detail in the work statements in Part III, Application Materials.

C. ELIGIBLE APPLICANTS

Eligible applicants are State agencies designated by the Governor pursuant to the Workforce Investment Act of 1998, or their equivalents in non-State jurisdictions. The BLS may select an alternative applicant if a State agency declines to apply for cooperative agreement funding or otherwise substantially fails to meet BLS application and performance requirements.

D. REGULATIONS AND REFERENCE DOCUMENTS

The LMI programs are administered in accordance with the program operating manuals cited in the work statements, and with:

- Title 29 Part 93 of the Code of Federal Regulations (hereinafter cited as 29 CFR 93), New Restrictions on Lobbying;
- Title 29 Part 96 and 99 of the Code of Federal Regulations (hereinafter cited as 29 CFR 96 and 99), Audit Requirements for Grants, Contracts and Other Agreements;
- Title 29 Part 97 of the Code of Federal Regulations (hereinafter cited as 29 CFR 97), Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments;
- Title 29 Part 98 of the Code of Federal Regulations (hereinafter cited as 29 CFR 98) and 2 CFR Chapter 1, part 180, Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants); and
- OMB Circular A-87 and Title 2 Subtitle A of the Code of Federal Regulations, Cost Principles for State and Local and Indian Tribal Governments.

E. PROGRAM FUNDING

Program funding is subject to the availability of funds. Funds are made available through enactment of a Department of Labor appropriation, or another action such as a continuing resolution. Program funding levels are based on the President's Budget submitted to Congress in February. If the appropriation differs from the President's Budget, then the cooperative agreement may be renegotiated.

As long as the BLS is operating under a full year appropriation, the BLS will issue obligational authority (OA) to a State agency based on the State agency's annual obligation plan. If the BLS is operating under a continuing resolution, OA will be issued based on a proportion of the State agency's annual obligation plan.

The Federal financial assistance awarded under this Agreement is available for obligation by a State agency during the Federal fiscal year beginning October 1 and ending September 30, unless the BLS specifically approves an extension of the Agreement period for particular additional activities to maintain currency.

F. CASH MANAGEMENT

Cash advances to qualified State agencies will be made under the automated clearinghouse method of financing, using the Department of Health and Human Services Payment Management System (HHS-PMS). The HHS-PMS is designed to make Federal funds available to a recipient organization on the first workday following receipt of a request for funds. The amount requested, therefore, should be based on actual disbursement requirements whenever possible and should be disbursed by the recipient organization as soon after receipt as possible. For this purpose, a disbursement is considered to be the time of the actual release of checks or transfer of funds electronically by the recipient organization to the payees.

The State agency will include with a request for funds a breakdown of the total request by fund ledger code. If a State agency's drawdown request exceeds available OA for a fund ledger code and disapproval of the request will result in an immediate hardship, the BLS will consider approval of the payment on a case-by-case basis.

If a State agency receiving advance payments demonstrates an unwillingness or inability to establish procedures that minimize the time elapsing between receipt and disbursement of cash advances, the BLS may, after notifying the State agency, discontinue the advance payment method and make payments by reimbursement.

G. COST GUIDELINES

1. ALLOWABLE COSTS

Allowable costs are determined in accordance with the provisions of OMB Circular A-87. A request for prior approval of certain costs, under the cost principles of OMB Circular A-87, may be made by means of a letter from the recipient organization to the BLS.

Indirect costs are defined as all costs benefiting more than one project, activity, or other cost objective. In order for a State Workforce Agency (SWA) to claim indirect costs under this cooperative agreement, the indirect costs must be contained in a cost allocation plan and/or indirect cost rate proposal developed in accordance with the requirements of OMB Circular A-87 and approved by the SWA's cognizant Federal agency.

SWAs claiming indirect costs incurred under this cooperative agreement are required to develop and submit cost allocation plans and/or indirect cost rate proposals to the Division of Cost Determination (DCD) or other cognizant Federal agency in accordance with OMB Circular A-87. Required documentation for cost allocation plans and indirect cost rate proposals is described in Circular A-87. SWAs should pay special attention to Attachments C (State/Local Wide Central Service Cost Allocation Plans) and E (State and Local Indirect Cost Rate Proposals) of Circular A-87. OMB Circular A-87 is available on the internet at <http://www.whitehouse.gov/omb/circulars/a087/a087-all.html>.

If the Department of Labor (DOL) is the cognizant agency for SWA indirect costs, the approving office is the Division of Cost Determination (DCD), currently within the Office of Acquisition Management Services, Business Operations Center, Office of the Assistant Secretary for Administration and Management. The SWA shall prepare and submit indirect cost/cost allocation

proposals to DCD annually. OMB Circular A-87 (Attachment E) specifies that proposals be submitted within six months after the close of the government unit's fiscal year. However, if a SWA expects to be unable to prepare and negotiate an indirect cost agreement by this deadline, they can receive an extension from DCD by submitting a written request that explains the need for an extension. DCD may grant an extension to the beginning of the State's next fiscal year. If the DOL is not the cognizant agency, the SWA shall request instructions for the preparation of indirect cost proposal(s) from its identified cognizant Federal agency.

Any State that uses an indirect cost rate, regardless of the cost allocation methodology employed, must annually obtain approval of its indirect cost rate from the cognizant agency. A State cannot recover indirect costs from the BLS without prior approval of its indirect cost rate.

2. RETENTION OF PROGRAM INCOME

Federal regulations at 29 CFR 97.25(g)(1) specify that "...program income [defined as gross income received by the grantee...directly generated by a grant supported activity, or earned only as a result of the grant agreement during the grant period] will be deducted from total allowable costs to determine the net allowable costs...[and]...be used for current costs unless the Federal agency authorizes otherwise..." Accordingly, the BLS hereby authorizes State agencies to retain program income generated by the sale of data produced using funds provided by the BLS.

3. CHARGING COSTS

Only actual costs involved in operating the LMI cooperative statistical programs are allowable. Cost estimation and reporting requirements are based on the State Employment Security Agency (SESA) Cost Accounting System (CAS) and the BLS-developed LMI Cooperative Statistics Financial Report (BLS LMI-2A), and are compatible with the Financial Accounting and Reporting System (FARS). The BLS expects that State agencies will use automated systems to distribute costs; however, all recipients must be able to budget staff time and costs for the programs on a monthly and quarterly basis and report actual staff time and costs quarterly. No base-program costs (personnel, travel, equipment, etc.) may be charged to an additional activity to maintain currency (AAMC), whether or not the AAMC is related to the base program.

Additionally, if an employee's time charges are levied solely against a single Federal award or cost objective (i.e., any or all of the LMI programs covered under this cooperative agreement), the State grantee must certify at least semi-annually that the work being charged for relates exclusively to that award. OMB Circular A-87, Attachment B (Selected Items of Cost), provides full guidance regarding this requirement. Note that States with time and attendance systems that account for employees' time at the project code level on a weekly, bi-weekly, or monthly basis are already in compliance with this requirement.

H. REPORTING

The reporting requirements described below supersede those cited at 29 CFR 97.41.

Monthly, State agencies must report for each regular, ongoing program:

- o Total accrued expenditures (the cost of goods received, services rendered, expenses incurred, and assets acquired) for the month and cumulatively for the current fiscal year;
- o Total obligations (the sum of accrued expenditures to date plus resources on order [i.e., the dollar amount of orders placed for goods or services that have not as yet been delivered by the vendor]) for the month and cumulatively for the current fiscal year; and
- o Total cash received for the month and cumulatively for the current fiscal year.

Quarterly, State agencies must report for each regular, ongoing program, in addition to the above items:

- o Total cumulative obligations by cost category (program staff resources, AS&T staff resources, and nonpersonal services);
- o Staff years paid by cost category (program staff resources and AS&T staff resources); and
- o If the BLS LMI Cooperative Statistics Financial Report is used, total automated data processing (ADP) obligations must also be reported.

If an automated accounting system, such as the SESA CAS or FARS is used, the time distribution system should incorporate the function code “561” for the LMI programs, in addition to any function codes used to reflect general management and supervision activities.

State agencies will submit the following CAS reports, or their equivalents under FARS or other approved automated system:

| <u>Report #</u> | <u>Report Name</u> | <u>Frequency</u> |
|--------------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| CAS 65 | Summary Appropriation Status | Monthly |
| CAS 61 | Status of Obligational Authority | Quarterly |
| CAS 94B | Program Activity Positions and Costs | Quarterly |
| or | | |
| FARS GA-11 | Summary Status of Obligational Authority | Monthly |
| FARS GA-17 | Status of Obligational Authority | Quarterly |
| FARS GA-12a | Program Activity Positions and Costs (CAS 94B equivalent) | Quarterly |
| | or, if the GA-12a is not available, | |
| FARS GA-12 | Activity Positions and Costs by Fund Ledger | Quarterly |
| FARS GA-14a | Fund Ledger Allocation Report (Cumulative) | Quarterly |
| FARS GA-15 | U.S. Department of Labor-Employment Service Programs Quarterly Report | Quarterly |
| or | | |
| BLS LMI-2A (Not Applicable) | LMI Cooperative Statistics Financial Report CAS Report 94B Equivalent (if available) | Monthly/Quarterly Quarterly |

State agencies using approved automated accounting systems such as the CAS or FARS should submit the reports generated by those systems. Others should use the BLS LMI Cooperative Statistics Financial Report (BLS LMI-2A) and the equivalent of CAS Report 94B if one is produced by the State agency’s accounting system to account for their costs under the Cooperative Agreement. A copy of the BLS LMI Cooperative Statistics Financial Report is attached at the end of this Part (Part I).

Unless otherwise specified by the BLS in the appropriate work statement, in reporting on AAMCs, State agencies will include quarterly bottom-line financial data (e.g., CAS Report 61 or FARS GA-17 data) and a BLS Quarterly Status Report (BLS LMI-2B), a copy of which is attached at the end of this Part (Part I). For AAMCs that cross fiscal years, cumulative expenditures and obligations should reflect the entire period of the AAMC to date, rather than the current fiscal year to date.

A fund ledger code (FLC) has been assigned to each of the LMI statistical programs to enable the BLS to monitor costs on a by-program basis, or, in the case of AAMCs, on a funding source basis. The codes for the programs covered by this Agreement are cited in the LMI Administrative Memorandum transmitting the Cooperative Agreement to the State agencies.

The financial reports and BLS Quarterly Status Reports must be submitted to the BLS regional office within 30 days of the end of the reporting period. The BLS reserves the right to withhold payment to a State agency if financial reports are delinquent.

Beginning in fiscal year 2010, State agencies also must complete the Federal Financial report (SF-425) each quarter. This form replaces the PSC-272. State agencies must complete the SF-425 and submit the completed form to the BLS regional office within 45 days from the end of the fiscal quarter. The BLS regional office will then enter the SF-425 data into the DOL eGrants system.

I. MONITORING

The BLS will review the financial reports from State agencies to monitor fund utilization and identify potential over- or under-obligations. The primary objectives of financial monitoring are: 1) to ensure that program objectives are met; 2) to prevent significant over- or under-utilization of funds at the end of the fiscal year; and 3) to identify instances where it may be necessary to provide Federal administrative assistance to State agencies. LMI Administrative Memorandum No. S-08-06 details the Bureau's policies on financial monitoring and administrative assistance procedures.

Per 29 CFR 97.20(c), the BLS may, either as part of a pre-award or at any time subsequent to an award, conduct periodic onsite reviews to evaluate the adequacy of the financial management system employed by a SWA.

In accordance with 29 CFR 97.40(a), the State agency is responsible for managing the day-to-day operations of agreement activities. The State agency will monitor agreement activities to ensure there is compliance with applicable Federal requirements and that performance goals are being achieved. Monitoring must cover each program, function, or activity.

J. DEOBLIGATION OF UNDERUTILIZED FUNDS

The Budget Information Form (BIF) is a State agency's obligation plan for the CA. For each program in the CA, the BIF breaks down costs by quarter and by cost category (Program Staff, Administrative, Support & Technical Staff, and Nonpersonal Services). (The BIF is described further in Parts II and III.)

The BIF establishes the level of planned obligations during a program year and States should strive to make actual obligations match planned levels. If, however, financial reports reveal a State is under-spent, relative to its total planned obligations, the BLS may deobligate some of the State's funds. When the planned-to-actual difference of obligations exceeds 5 percent of total planned obligations, and is greater than \$10,000, the BLS may unilaterally deobligate up to 90 percent of this difference.

K. BUDGET VARIANCES

At the end of the first fiscal year of the CA, after the funded base program activities are complete but before a partial closeout of the base programs is conducted, a State agency may request a budget variance from the BLS. Budget variances permit States to move a limited amount of funds between base programs and AAMCs to help minimize over- or under-obligation of funds to any single program. Current BLS policy regarding budget variances is stated in LMI Administrative Memorandum S-08-06, dated August 5, 2008. Some of the more significant points from this memo are summarized below.

- The total amount to be moved cannot exceed 4 percent of a State's total fiscal year CA funding for base programs and their associated AAMCs.
- Budget variance actions will be limited to:
 - 20 percent for base programs funded at \$300,000 or more;

- 25 percent (up to \$60,000) or \$10,000, whichever is greater, for base programs funded at less than \$300,000; and
- 33 percent or \$10,000, whichever is lesser, of the total annual project amount for any individual AAMC.

Moving funds from AAMCs to base programs is not permitted.

States should refer to the full memorandum to ensure their budget variance requests meet all other applicable conditions.

State agencies should submit their requests for budget variances to the appropriate regional office no later than 60 days after the end of the fiscal year. State agencies should use the BLS LMI Cooperative Agreement Budget Variance Request Form to request the budget variance. (A copy of this form is attached to the end of Part I.)

L. PROGRAM VARIANCES

A program variance is required if a State does not intend to comply fully with all performance requirements for the entire period of the CA. If a program variance is requested, the State agency must submit a Variance Request Form to the BLS regional office for review before it is sent to the BLS national office for approval. All program variances must be approved by the BLS national office prior to the CA being signed. The approved program variance is to be referenced in the space provided at the end of the work statement.

M. CHANGES TO THE COOPERATIVE AGREEMENT

1. BUDGET CHANGES

Budget changes that require a State agency to obtain prior written approval from the BLS include:

- Any revision that would result in the need for additional funding; and
- Cumulative transfers between cost categories that exceed or are expected to exceed 10 percent of the current total approved program budget, whenever the total BLS funding is greater than \$100,000.

2. PROGRAMMATIC CHANGES

Programmatic changes that require a State agency to obtain prior written approval from the BLS include:

- Any revision of the scope or objectives of the CA; or
- Need to extend the period of availability of funds.

3. ADDITIONAL ACTIVITIES TO MAINTAIN CURRENCY

Additional activities to maintain currency (AAMCs) that entail both budget and programmatic changes to the base CA require prior written approval from the BLS.

All AAMCs must be planned to start in the fiscal year in which they are funded and be completed no later than the end of the fiscal year following their initiation. All extensions to the end date of the CA due to the AAMC must be requested in writing and approved by the BLS Grant Officer in writing. If granted a time extension, the State agency and the BLS must be clear about which work statement deliverables from the CA still apply.

Either the BLS or a State agency may initiate AAMCs. For the former, the BLS will invite eligible State agencies to apply for AAMCs once the Bureau knows available funding levels. States that elect to participate will then provide completed work statements and cost information. (Detailed procedures for responding to a BLS-initiated AAMC are found later in Part II, Section 7b.)

For a State agency to initiate an AAMC it must send a letter to the appropriate BLS Regional Commissioner requesting funding for the proposed activity. (Detailed instructions for what kind of information to include in the request letter is contained later in Part II, Section 7b.) If funds become available during the CA period, and the BLS has given its approval to the project, then the State will receive notice from BLS to submit the necessary paperwork to change its CA.

4. OBTAINING BLS APPROVAL OF CHANGES TO THE COOPERATIVE AGREEMENT

To obtain written approval from the BLS for budget changes to the CA, a State agency will submit the following:

- An Application for Federal Assistance, SF-424, reflecting the change in the Federal funding for the CA;
- A revised BIF, annotated to reflect the modified budget elements;
- All relevant pages of the appropriate work statement, and;
- A narrative justification for the revision, included in the transmittal letter.

To obtain written approval from the BLS for programmatic changes to the CA or AAMCs, a State agency will submit the following:

- An Application for Federal Assistance, SF-424, reflecting the program change or AAMC, as appropriate;
- A BIF, revised and annotated to reflect a change, or new, if for an AAMC for which funding has been agreed upon;
- A work statement either annotated to reflect a change to the scope or duration of work originally agreed upon, or new if for an AAMC for which funding has been approved, and;
- A narrative justification for the revision, included in the transmittal letter.

A request for prior approval of a change must be received in the regional office 30 calendar days before the beginning of the quarter in which the change will take effect.

5. BLS-INITIATED BUDGET CHANGES

In the event of a legislative mandate to reduce appropriated funds, requiring the BLS to decrease the amount originally awarded by the CA, the CA will be modified. The BLS prefers to work bilaterally with its State agencies to effect these budget reductions. However, when this is not possible, because, for example, the workload and time involved to obtain State-required review and signature of a bilateral modification are too great, the BLS is prepared to initiate and execute unilateral modifications. If the BLS initiates a unilateral modification, it will promptly notify the affected State agency, in writing, of the change(s) made to the CA. The notification will be specific as to what was done to/for the State.

In addition, in the event that funds are restored in the same fiscal year as they were cut, the BLS will use a unilateral modification to put the funds back if: (a) the State prefers a unilateral modification

over a bilateral modification; and (b) the State either did not take any variances when the cut was made so there is no change in work load, or the amount of funding restored matches the amount taken away so that the work load reverts to what was agreed to in the original CA.

6. TIME EXTENSIONS

Where the sole purpose of a change to the CA is to provide additional time to complete deliverables that relate to AAMCs, a unilateral modification may also be used. Again, the BLS prefers the use of a bilateral modification, but will initiate a unilateral modification to effect the change so as to reduce the State's workload and paperwork. As noted above, any modification to extend the period of performance must clearly state what work is still being done.

N. PROGRAM REVISIONS

The BLS may make periodic revisions to the program manuals. The BLS will attempt to coordinate the timing of these revisions so State agencies do not experience increased workloads during the CA period. If, however, revisions are made that require a substantial change in workload, the BLS or a State agency may initiate a modification to the CA.

O. PROPERTY AND EQUIPMENT

A State agency will follow the requirements related to title, use, and disposition of real property found at 29 CFR 97.31. The State agency will use, manage, and dispose of equipment acquired under the Agreement in accordance with State laws and procedures. Title to equipment purchased with CA funds will vest upon acquisition in the State agency. However, the BLS, per 29 CFR 97.32(g), reserves the right to transfer title to the Federal Government or a third party named by the BLS when such a third party is otherwise eligible under existing statutes. Such transfers are subject to the standards appearing at 29 CFR 97.32(g)(1)-(3). Pursuant to those standards, specifically, 29 CFR 97.32(g)(1), the BLS reserves the right to transfer title of any ADP equipment, purchased with CA funds, upon termination of financial assistance or when the equipment is no longer needed by the State agency.

P. PROCUREMENT

Except as noted below, when procuring property and services under the CA, a State agency will follow the same policies and procedures it uses for procurements from its non-Federal funds. The State agency will ensure that every purchase order or other contract includes any clauses required by Federal statutes and executive orders and their implementing regulations [29 CFR 97.36(a)].

- Pursuant to the provisions of OMB Circular A-87, a State agency will request BLS approval prior to the procurement of information technology equipment with a unit cost of \$5,000 or more.
- A State agency will not subgrant or contract substantive program work under the CA without the permission of the BLS. Substantive program work includes, but is not limited to, the sampling, data collection, estimation, and validation activities under the CA.

Q. CLOSEOUTS AND AUDITS

Appropriate LMI Memoranda on closeouts and audits will provide specific guidance on the requirements of 29 CFR 97.50, regarding closeout, and 29 CFR 96 and 29 CFR 99, regarding the Single Audit Act.

If, by virtue of an AAMC, a CA extends beyond the end of the fiscal year of funding, a two-step closeout process is required. A State agency will perform a partial closeout (i.e., financial reconciliation) of the base programs (CES, LAUS, OES, QCEW, and MLS) at the end of the fiscal year of funding. A State agency will perform a final closeout of all base programs and AAMCs 90 days after the last AAMC ends, or; 90 days after the end of the fiscal year in which the last AAMC ends.

The State agency has the option of deciding when the final closeout is to be performed; however, the State agency must notify the regional office before the end of the fiscal year of funding which option it has selected. Regardless of timing, for financial reporting purposes, final closeouts must reflect that there are not any outstanding resources on order or accruals remaining at the time of submission. In addition, cash drawdowns in HHS-PMS should equal total expenses for the fiscal year within 90 days of the end of the fiscal year.

R. RECORDS

1. RETENTION

A State agency will retain records in accordance with 29 CFR 97.42, Retention and Access Requirements for Records. Subject to the qualifications set forth in 29 CFR 97.42(b), a State agency will retain all records pertinent to the Agreement, including financial and statistical records and supporting documents, for a period of three years after the close of the Agreement period. Special retention requirements pursuant to 29 CFR 97.42 (b)(3) are found in program manuals and technical memoranda.

2. DISPOSAL

The Cooperating Representative (see below) is responsible for ensuring that appropriate precautions are taken in disposing of records after the required retention period to ensure that confidentiality is protected. State agencies may follow their own records-disposal policies and procedures, provided they contain safeguards for protecting confidentiality.

S. CONFIDENTIALITY

1. FEDERAL GUIDELINES

The Confidential Information Protection and Statistical Efficiency Act (CIPSEA) of 2002 (Title 5 of Public Law 107-347) safeguards the confidentiality of individually identifiable information acquired for exclusively statistical purposes under a pledge of confidentiality by controlling access to and uses of such information. BLS officers, employees, and agents are subject to CIPSEA and other Federal laws governing confidentiality.

In addition, the BLS policy on confidentiality is stated in Commissioner's Order No. 1-06, dated September 21, 2006, and titled "Confidential Nature of BLS Statistical Data." This Order applies to the State agency and the State agency's employees and agents. The majority of data collected by the BLS is provided on a voluntary basis by respondents who have agreed to provide the information for the purpose(s) specified by the BLS. A violation of the confidence that respondents place in the BLS would endanger the Bureau's ability to carry out its duties.

2. DESCRIPTION OF CONFIDENTIAL INFORMATION

For the purposes of this cooperative agreement:

- a. "Confidential information" includes all data collected as part of the LMI programs under sole BLS authority or joint BLS/State authority, with the exceptions described in the following paragraphs 2b and 2c. Some examples of "confidential information" include:
 - i. The names, addresses, and other information for units from which data are requested
 - ii. All identifiable respondent submissions

- iii. Information in administrative files that has been commingled with confidential information
 - iv. Any other information in any medium or format that would reasonably disclose the identity by either direct or indirect means of any participant in a statistical program under the auspices of the BLS
- b. At the State level, Unemployment Insurance (UI) information included in the Quarterly Census of Employment and Wages (QCEW) files is considered the State's data and is subject to State confidentiality provisions and is not subject to the BLS confidentiality provisions of this cooperative agreement. However, QCEW files maintained by the States that have been commingled with confidential information are considered confidential and must be handled by the States in accordance with CIPSEA and the confidentiality provisions of this cooperative agreement. State data sharing activities involving confidential information must be conducted in accordance with the data sharing restrictions specified below (Section 5). State data sharing with any person who is not a BLS designated agent must use files that have been cleared of any confidential information.
 - c. Upon receipt by the BLS of the QCEW files, the BLS considers this information confidential. The BLS will use the QCEW data for exclusively statistical purposes and will hold this information in confidence to the full extent permitted by law.
 - d. Further, at the State level, information from the State's UI database that is used for the Mass Layoff Statistics (MLS) program is considered the State's data and is subject to State confidentiality provisions and is not subject to BLS confidentiality provisions of this cooperative agreement. The UI data received from the States for the MLS program will be used by the BLS, its employees, agents, and partner statistical agencies, for statistical purposes only and will be held in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, information from the State-provided files will not be disclosed in identifiable form without the State's informed consent.
 - e. In the case of MLS data collected directly from establishments, a pledge is provided to establishments that the BLS will use the information for statistical purposes only and will hold it in confidence to the full extent permitted by law. This means that once MLS data comes to the BLS they must be handled in accordance with CIPSEA and can be accessed by employees and agents of the BLS for exclusively statistical purposes. Further, a pledge is provided to establishments that the data will be used by the State for statistical and Workforce Investment Act (WIA) purposes. This means that once the data from the State's UI database and the data collected directly from establishments are linked, the use of the linked file must be limited to statistical and WIA purposes. Beyond these stated purposes, the State MLS file must be maintained in confidence in accordance with the provisions of this cooperative agreement.
 - f. "Confidential information" does not include information on Federal government units and employment and wages information on Federal employees covered under the Unemployment Compensation for Federal Employees (UCFE) program. Such information is fully disclosable under provisions of the Freedom of Information Act.

3. STATE'S CONFIDENTIALITY RESPONSIBILITY

The State agency agrees to use CIPSEA-covered data for statistical purposes only. Furthermore, the State agency agrees to use MLS and QCEW data pursuant to the confidentiality statement provided to respondents at the time of data collection.

4. ACCESS TO CONFIDENTIAL INFORMATION

- a. The State agency agrees to assign a BLS-State Cooperating Representative in accordance with BLS requirements. The Cooperating Representative will be designated an agent by the BLS and must sign a BLS Agent Agreement each year a cooperative agreement is executed. A copy of this form is included as part of the application materials in Part III.
- b. State employees may not have access to data collected on behalf of the BLS for exclusively statistical purposes, unless they are designated as "authorized agents" of the BLS. For the purposes of this cooperative agreement, "authorized agents" are defined as individuals who have been designated by the BLS to work directly on the activities covered by this cooperative agreement and who have signed a BLS Agent Agreement.
- c. The State agency agrees to administer annual confidentiality training as provided by the BLS to all State employees designated as agents to carry out work under this cooperative agreement.
- d. The State agency will assure that there will be no access to confidential information by any person other than an agent designated pursuant to this agreement. Neither the State agency nor any agent designated pursuant to this agreement will use confidential information for any purpose other than a BLS-approved statistical purpose. The BLS may require the submission of any output(s) produced from confidential information intended for release or publication for review and approval to ensure adherence to the terms and provisions of this cooperative agreement. The State agency and designated agents will be bound by the determinations of the BLS.
- e. State agencies agree to prohibit remote access to confidential BLS program data from offsite locations without prior written approval from the Grant Officer.

5. DATA SHARING

Intrastate and Interstate Data Sharing Restrictions:

- a. In order to produce BLS survey estimates or facilitate BLS-funded statistical research provided for under this CA, a State's BLS Cooperating Representative is authorized to share confidential information within the State agency with other units under the control of the State Cooperating Representative or with another State's BLS Cooperating Representative.
- b. The State agency agrees to obtain BLS approval prior to using the confidential information for any statistical activity not funded under this cooperative agreement. For activities approved by the BLS, the State agency agrees to enter into a Memorandum of Understanding with the BLS authorizing that work and stating the terms of access to the confidential information.
- c. The State agency may share MLS data with other government agencies under formal agreements limiting use of the data to strictly statistical and Workforce Investment Act purposes. Such agreements also shall include adequate and appropriate confidentiality provisions. Copies of all signed agreements shall be provided to the BLS National Office.

- d. The State agency agrees not to divulge, publish, reproduce, or otherwise disclose, orally or in writing, the confidential information, in whole or in part, to any individual other than authorized agents unless the State agency has obtained the approval of the Associate Commissioner of Field Operations and written consent has been obtained from the respondent prior to disclosure in conformance with BLS policies regarding informed consent procedures.
 - e. Upon receipt of any legal, investigatory, or other demand for access to the confidential information in any form, the State agency agrees:
 - i. Not to disclose the confidential information in any form to anyone who is not an authorized agent or employee of the BLS.
 - ii. To immediately notify the BLS regional office upon receipt of any demand for access to the confidential information.
 - iii. To refer the demand for confidential information to the BLS to be handled under Federal law.
6. USE OF CONTRACTORS

The State agency agrees to include adequate and appropriate confidentiality provisions in all contracts awarded, pursuant to this CA, that involve the disclosure of any confidential information orally, in writing, or in any other form, in whole or in part, to the contractor. In particular, provisions for the following must be included:

- a. contractor officers and employees must adhere to CIPSEA and all applicable Federal laws regarding the handling of all confidential statistical data and also must adhere to the BLS confidentiality policy as stated in Commissioner's Order 1-06;
- b. access to the confidential information must be limited to contractor officers and employees who have been designated as agents by the BLS to work directly on the contract and who have signed a BLS Agent Agreement in advance;
- c. reliability of personnel;
- d. no subcontracting permitted;
- e. right of inspection of contractor facilities;
- f. physically secure worksite and computer/communications environment;
- g. exclusive storage facilities for confidential information;
- h. immediate notification by the contractor to the State and the BLS upon discovering any breach or suspected breach of security; any disclosure of the confidential information not authorized by the contract; or upon receipt of any legal, investigatory, or other demand for access to the confidential information in any form;
- i. right of termination for failure to comply with security requirements;
- j. right to review outputs produced from confidential information prior to release or publication;
- k. return or destruction of the confidential information upon termination of the contract; and

- I. contractor shall not, by action or inaction, cause the State to violate the terms of this cooperative agreement.

T. DATA AND COMMUNICATIONS SAFEGUARDS

1. BACKGROUND

This cooperative agreement has been developed to establish a management agreement between the Bureau of Labor Statistics and State offices. The Bureau of Labor Statistics and State offices, when referred to collectively in this section, will be described as the “parties.” The systems that are the subject of this agreement are the BLS LAN/WAN system owned by the Bureau of Labor Statistics and State networks, owned by each State. When referred to collectively in this section of the agreement, these systems will be referred to as the “connected systems.”

2. AUTHORITY

For security purposes, this agreement is entered into under the authority of the Federal Information Security Management Act (FISMA, Public Law 107–347, December, 17 2002 (as amended)) as part of the E-Government Act of 2002, 44 U.S.C.A. § 101 note.

3. PURPOSE

This agreement between the parties allows for exchanges of information between State offices and information systems owned, operated, and processed at the Bureau of Labor Statistics as required or allowed by *The Department of Labor Computer Security Handbook (CSH)*, *The DOL Security Technical Security Standards Manual* and *The Department of Labor Manual Series-9* as well as other federal statutes, regulations, and policies that may apply. This section describes the agreement between the parties for the purpose of securing the data on the connected systems. It is the intent of the parties that they will be bound by this cooperative agreement once it is signed by each authorizing official for the connected systems.

The BLS established and maintains a separate network for the State partners to access via dedicated communications lines for the purposes of processing surveys per the cooperative agreement. To assist in this work, State-accessible intranets are maintained to provide information on program operations and to access files needed to process the surveys. Files are shared for policy councils and the BLS-State teams. This connectivity also provides for training and email communications. The BLS network provides only the capabilities, access, and information needed to execute the tenets of the cooperative agreement. The BLS-provided logical and physical security controls isolate the State-accessible network from the BLS network so that State personnel can not connect to internal BLS resources.

Identification and authentication security controls for connection to the State-accessible network are provided exclusively by BLS and no trust is assumed for credentials issued by the States.

The BLS exclusively provides for the encryption of confidential data to/from State partners. No State-provided security controls are assumed or used in protecting the confidentiality or integrity of these transmissions.

The BLS-State network architecture was designed and implemented with no expectation of security provided by the State agencies or networks.

4. CONNECTION TYPE

The BLS LAN/WAN and the State office networks are connected to one another using dedicated T1 lines. This connection is classified as a General Support System (GSS) to GSS connection.

5. LOCATIONS

The core of the BLS network resides on the ground floor of the Postal Square Building (2 Massachusetts Avenue, NE, Washington, DC) however; it extends to several regional offices, Regional Outstation Collection Center's (ROCC) and State offices throughout the country.

The State agency office location information is maintained by the BLS regional offices.

6. DATA CLASSIFICATION

The sensitivity and criticality of BLS LAN/WAN was assessed using the DOL OCIO Security Categorization Aid. The aid is compliant with NIST SP 800-60, which provides guidance on implementing Federal Information Processing Standard (FIPS) 199. BLS LAN/WAN has been evaluated for confidentiality, integrity and availability requirements. The results for each security objective are as follows:

a. Confidentiality

The system contains information that requires protection from unauthorized disclosure, such as confidential respondent data provided on a voluntary basis and data subject to sensitive system data such as usernames and passwords. Confidentiality is considered Moderate.

b. Integrity

The BLS economic estimates that rely on this system are released on stringent timetables, some of which are mandated by Congress. They are eagerly awaited and heavily used by public policy makers and the investment community. Thus, erroneous data could affect the Bureau's standing as a reliable statistical agency and could have a serious impact on government economic decisions and the financial markets. Integrity is considered Moderate.

c. Availability

As stated above, the BLS economic estimates that rely on this system are released on stringent timetables, some of which are mandated by Congress. They are eagerly awaited and heavily used by public policy makers and the investment community. Thus, a significant delay in the release of data could affect the Bureau's standing as a reliable statistical agency and could have a serious impact on government economic decisions and the financial markets. In the event of loss of availability, the system must be restored in a timely manner as outlined in the applicable IT Contingency Plan or Continuity of Operations Plan. Availability is considered Moderate.

d. Overall Security Categorization

According to FIPS 199, a system's overall security categorization, also known as the high water mark, is determined by highest individual sensitivity level for all three of the security objectives. The overall Security Categorization of BLS LAN/WAN is Moderate.

The most sensitive data exchanged via the systems' interconnections are considered sensitive but unclassified (SBU).

7. ESSENTIAL COMMUNICATIONS REQUIRED BETWEEN THE PARTIES TO THIS AGREEMENT

The parties agree to maintain open lines of communication between designated staff at both the managerial and technical levels. The parties agree to each designate an authorizing official for information security. The authorizing official, or designee, will be familiar with the security posture of the system.

The BLS regional office staff will coordinate all communications between the BLS national office and State partners, except for when technical staff needs to communicate directly with each other to resolve security or connectivity issues.

The parties agree to designate and provide contact information for technical leads for their respective systems, and to facilitate contact between technical leads to support the management and operation of the connection. To safeguard the confidentiality, integrity, and availability of the data stored, processed, and transmitted on or between the connected systems, the parties agree to provide notice of specific events within the time indicated in this section.

The BLS point of contact for security or connectivity emergencies is:

LANWAN Support Staff

202-691-5950

LANHELP@bls.gov

8. SECURITY INCIDENTS

Technical staff will immediately notify their designated counterparts, via the BLS regional office contacts, when a security incident(s) is suspected or verifiably detected, so the other party may take steps to determine whether its system has been compromised and to take appropriate security precautions. Technical staff will provide reasonable support to their counterparts in support of analysis and/or investigation into any security incidents.

9. DISASTERS AND CONTINGENCY

In the event of a disaster, technical staff for the system experiencing the disaster will immediately notify their designated counterparts, via the BLS regional office contacts, that a disaster has occurred and describe the contingency operations undertaken or to be undertaken to avoid a disruption of the interconnected systems.

10. REPORTING SECURITY INCIDENTS AND DISASTERS

In the event of a security incident or disaster, the owner of the system experiencing the incident or disaster will, in addition to the immediate notice provisions stated above, via the BLS regional office contacts, send formal written notification to the authorizing official for the other interconnected system within three days after detection of the incident(s). This written notification will describe the security incident or disaster in detail and state the measures taken to protect the confidentiality, integrity and availability of information on the interconnected systems.

11. MATERIAL CHANGES TO SYSTEM CONFIGURATION

Planned technical changes to the system architecture that may affect security with the other party will be reported, via the BLS regional office contacts, to technical staff before such changes are implemented. The initiating party agrees to conduct a risk assessment based on the new system architecture. In the event of material changes to the system's configuration, the parties agree to modify this document as necessary.

12. NEW CONNECTIONS

Connections to other information systems outside of either party may affect the security of the connection between State offices and the BLS. Therefore, prior to connecting their systems to any other information system (including systems that are owned and operated by third parties) that is not the subject of this agreement, the State or the BLS office involved with the new connection will determine whether the new connection may affect the security of the connection between the State and the BLS, and if so determined will, via the BLS regional office contacts, provide written notice to the other party at least one month before connecting to the new system. This written notice must contain a detailed description of the new system, including the operational and management security controls for the new system. Within five days of receiving such notice, either party may submit a written request for other relevant information or documentation regarding the connection and/or the system to which the connection is being made. Written responses to such requests must be provided within five days of receipt.

13. POINT OF DEMARCATION

The logical components within each system at which control over and protection of the data becomes responsibility of the other system is documented in the BLS LAN/WAN System Security Plan (SSP), which is available to authorized parties on request.

14. ACCREDITATION BOUNDARY

The boundary between these two systems is as described in the BLS LAN/WAN SSP. The date of expiration of certification and accreditation for the BLS LAN/WAN is July 15, 2011.

15. TOPOLOGY DRAWING

A drawing showing systems and boundaries, which emphasizes where data of one system is placed in the other system or transported between access points is included in the BLS LAN/WAN SSP.

16. CONNECTION SAFEGUARDS

Both parties agree that the safeguards implemented on their systems are in place and operating effectively as described in their respective system's certification and accreditation or equivalent documentation. Technical safeguards are to be implemented prior to, and as a condition of, establishing and maintaining a secure connection between and within the domain of the sites. The controls listed in the BLS LAN/WAN SSP include the technical controls required of Federal systems by Federal Information Processing Standards (FIPS) 200, and described in detail in NIST SP 800-53 and NIST SP 800-53A. The BLS recommends that State agencies evaluate their technical security controls against the controls listed in NIST SP 800-53 and NIST SP 800-53A, or equivalent guidance, where applicable.

17. PERSONNEL CHANGES

The parties agree to provide notification, via the BLS regional office contacts, of the separation or long-term absence of the system owner or technical lead. In addition, both parties will provide notification of any changes in point-of-contact information.

18. SECURITY

Both parties agree to work together to ensure the joint security of the connected systems and the data they store, process, and transmit. Each party certifies that its respective system is designed, managed, and operated in compliance with all relevant laws, regulations, and policies.

19. COST CONSIDERATIONS

Both parties agree to negotiate the costs of the connecting mechanism and/or media, but no such expenditures or financial commitments shall be made without the written concurrence of both parties. Modifications to either system that are necessary to support the connection are the responsibility of the respective system owners' organization.

20. EFFECT OF AGREEMENT

This agreement is an internal Government agreement and is not intended to confer any right upon any private person.

Nothing in this agreement shall be interpreted as limiting, superseding, or otherwise affecting either agency's normal operations or decisions in carrying out its statutory or regulatory duties.

This agreement does not limit or restrict the parties from participating in similar activities or arrangement with other entities.

This agreement will be executed in full compliance with the Privacy Act of 1974.

21. RESOLUTION MECHANISM

In the event of any disagreement arising under this agreement, the parties shall attempt to resolve the disagreement through negotiations in good faith.

22. AUTHORIZING OFFICIAL RESOLUTION AND CONSENT TO MONITORING

In the event of suspected fraud, abuse, or security infraction, the authorizing official for either connected system may, via the BLS regional office contacts, conduct an analysis and investigation. After the initial phases of the incident response plan have been executed, more specifically, the response and containment, and subsequent triage for the connected systems, the authorizing official or point of contact should be notified and provided with at least the basic knowledge that is known as of that point in time. Within five days of receipt of a written request for information, the authorizing official for the system that is the subject of the investigation shall provide all relevant documentation and other evidence or information necessary to support the investigation.

23. Both parties agree to implement safeguards to prevent unauthorized access by electronic or physical means to confidential information.

24. Both parties reserve the right to review, and approve or disapprove, all the security safeguards instituted to comply with the requirements of this agreement. Both parties also reserve the right to make unannounced inspections of each others' facilities to determine compliance with the requirements.

25. In the event of grant termination, or at an earlier time if required by the BLS, all confidential information provided to the State agency by the BLS and any documents or other media created by the State agency that contain confidential information must be returned to the BLS or, with BLS permission, be destroyed. The State agency's failure to surrender or destroy such materials promptly or

the State agency's conversion of such materials to a use not authorized by this CA may be a violation of 18 USC Section 641.

26. The State agency agrees to notify the BLS regional office immediately upon discovering:
 - i. Any breach or suspected breach of security, or
 - ii. any disclosure of the confidential information not authorized by this cooperative agreement.
27. Transmission of confidential LMI data will be restricted to BLS-maintained T1 lines.
28. Unless prevented by technical constraints, all LMI-related electronic communications (email) that contain confidential information will be transmitted using the BLS ("bls.gov") mail server.
29. The Authorizing Official, or designee, must sign a Statement of Assurance for Information Security each year a cooperative agreement is executed. A copy of this form is included as part of the application materials in Part III.

U. DATA COLLECTION INTEGRITY

To maintain the integrity of the data collection process, State agencies must comply with the BLS Commissioner's Order 3-91, "Bureau Policy on Data Collection Integrity," July 29, 1991. "The integrity of the Bureau of Labor Statistics data collection process requires that all survey information be sound, complete, and of the highest possible quality. Data must be obtained from the appropriate company official or respondent and the data entries must accurately report data and responses they provided."

Commissioner's Order 3-91 covers "all aspects of data collection, reconciliation and processing including, but not limited to, the following: personal visits, telephone collection, telephone clarification, mail, tape reformatting, computer assisted telephone interviews (CATI), computer assisted personal interviews (CAPI), telephone data entry (TDE), voice recognition and computer assisted data collection and processing (CADCAP)."

The State agency agrees to acquaint all employees involved in data collection for LMI programs with the data collection integrity policy, and to ensure that they understand that the source of the data, the method of data collection, and the data received from respondents must not be deliberately misrepresented.

V. PUBLICATION OF DATA

Publication of data produced under the Agreement will be limited to BLS-validated or approved data. Funds may be budgeted in the CA to cover the cost of this activity. State agency publication of employment data, occupational data, and labor force and unemployment statistics, including data or deriving from data developed under the CA, must contain the BLS-validated or approved series, and be identified as such.

In the past, BLS paid postage costs for mailing State publications in proportion to the content of BLS data contained therein. Beginning in FY 2008, BLS did not include funds for mailing publications in mail cost estimates. The cost of mailing publications is an allowable cost, but BLS will not provide additional funding for this purpose. One copy of any publication produced by the State agency with CA funds will be provided to the Grant Officer, except as otherwise indicated in the LMI statistical program manuals.

W. MAIL MANAGEMENT

Beginning in FY 2008, the BLS policy on LMI program outgoing and return mail changed. In keeping with United States Postal Service and General Services Administration mandates, direct accountability of mail now relies on commercial mail and no longer uses penalty meters. Changes to mail practices and mail

reporting requirements are described in LMI Administrative Memoranda S-07-9, "Transitioning State Labor Market Information Mail to Commercial Accountability and Practices" and S-07-3, "Supplemental Guidance for State Labor Market Information Commercial Mail Accounts."

States may not use ETA or BLS penalty meter heads for outgoing mail. States have converted to commercial mail payment of metered mail, permit imprint mail, and stamps and stationary in all locations. States should base their mail costs estimate on their postal statements, and use this estimate during CA negotiations with regional offices. The CA award includes funds to pay for commercial mail. Costs for program return mail (e.g., postage due and address correction mail) will continue to be funded directly by BLS with the exception of a few States that are not connected to the United States Postal Service Centralized Account Processing System (CAPS).

In the past, BLS paid postage costs for mailing State publications in proportion to the content of BLS data contained therein. In FY 2010 BLS did not include funds for mailing publications in mail cost estimates. The cost of mailing publications is an allowable cost, but BLS will not provide additional funding for this purpose.

X. CERTIFICATIONS

1. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

Under the Government-wide system for nonprocurement debarment and suspension, any party who is debarred or suspended will be excluded from Federal financial and non-financial assistance and benefits under Federal programs and activities. [29 CFR 98.100(a)] Accordingly, before being awarded funding, each State agency will submit, as part of its application for funding, the Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions. In addition, each State agency will require participants in lower-tier covered transactions to submit the Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Lower-Tier Covered Transactions. [29 CFR 98.510(a) and 29 CFR 98.510(b)] These certifications and instructions for their completion are found in Part II, Application Instructions.

2. DRUG-FREE WORKPLACE REQUIREMENTS

29 CFR 98.630(a) requires that all grantees receiving grants (and cooperative agreements) from any Federal agency certify to that agency that they will maintain a drug-free workplace. Making the required certification is a precondition for receiving a grant from a Federal agency. Accordingly, before being awarded funding, each State agency will certify as instructed in Part II, Application Instructions, that it is maintaining a drug-free workplace.

3. LOBBYING ACTIVITIES

Pursuant to 29 CFR 93, each applicant for a cooperative agreement must certify that the applicant will not use the funds awarded under the cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered Federal actions: the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. Making the required certification is a precondition for receiving a grant from a Federal agency. Accordingly, before being awarded funding, each State agency will certify as instructed in Part II, Application Instructions.

29 CFR 93 also requires that each applicant for a cooperative agreement with a Federal agency file with that agency a disclosure form if the applicant has made or has agreed to make any payment using

nonappropriated funds (to include profits from any covered Federal action), which would be prohibited if paid for with appropriated funds.

Y. ASSURANCES

The standard assurances that follow specify terms and conditions with which State agency must comply, as prescribed by OMB Circular A-102, Standard Form 424B, Standard Assurances. Pursuant to SF-424B, certain assurances (Nos. 7, and 9 through 16 of SF-424B) are not applicable to this Agreement and have been deleted from the list below.

By placing an "X" or check mark in the "Agree to Comply" box next to the requirement concerning the assurances in the Work Statement: Requirements for All Programs, the State agency assures and certifies that it will comply with all guidelines and requirements that apply to the application for, and the acceptance and use of Federal funds for this federally-assisted program. Specifically, the State agency assures and certifies that it:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 USC 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 USC 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 USC 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 USC 290 dd-3 and 290 ee-3), as amended relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) that may apply to the application.

7. Will comply with the provisions of the Hatch Act (5 USC 1501-1508 and 7324-7328), which limits the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
8. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audit of States, Local Governments, and Non-Profit Organizations."
9. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

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**BUREAU OF LABOR STATISTICS
LMI COOPERATIVE STATISTICS FINANCIAL REPORT**



U.S. DEPARTMENT OF LABOR

We estimate that it will take an average of 3.04 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. Your response is required to obtain or retain benefits under 29 USC 49f(a)(3)(D). If you have any comments regarding these estimates or any other aspect of this form, including suggestions for reducing this burden, send them to the Bureau of Labor Statistics, Division of Financial Planning and Management (1220-0079), 2 Massachusetts Avenue, NE, Room 4135, Washington, DC 20212-0001. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Form Approved
OMB No. 1220-0079
Approval Expires XX-XX-XXXX

| | | |
|---------------------|-------------------------------|----------------------|
| State Abbreviation: | State Agency Name: | Fiscal Year: |
| FIPS Code: | Name of Submitting Official: | Quarter: |
| CA Number: | Title of Submitting Official: | Month: |
| Date Executed: | Phone: | Final Report? Yes No |

| Line No. | Cost Category | C E S FLC: | | L A U S FLC: | | O E S FLC: | | Q C E W FLC: | | M L S FLC: | | | |
|----------|---------------|---------------|------------|-----------------|------------|---------------|------------|-----------------|------------|---------------|------------|------------|------------|
| | | A | B | C | D | E | F | G | H | I | J | K | L |
| | | This Month | Cumulative | This Month | Cumulative | This Month | Cumulative | This Month | Cumulative | This Month | Cumulative | This Month | Cumulative |

Obligations

| | | | | | | | | | | | | | |
|----|-------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | Program Staff (PS/PB) Resources Obligated | | | | | | | | | | | | |
| 2. | AS & T Staff (PS/PB) Resources Obligated | | | | | | | | | | | | |
| 3. | Nonpersonal Services Obligated | | | | | | | | | | | | |
| 4. | Total Obligations | | | | | | | | | | | | |

Comparative Data

| | | | | | | | | | | | | | |
|----|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 5. | Total Cash Received | | | | | | | | | | | | |
| 6. | Total Expenditures | | | | | | | | | | | | |
| 7. | Total ADP Obligations | | | | | | | | | | | | |

Staff Years

| | | | | | | | | | | | | | |
|----|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 8. | Staff Years—Program Staff | | | | | | | | | | | | |
| 9. | Staff Years—AS & T Staff | | | | | | | | | | | | |

Certification: I certify to the best of my knowledge and belief that the information provided herein is accurate and complete, and was obtained from agency accounting records.

Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE LMI COOPERATIVE STATISTICS FINANCIAL REPORT

The LMI cooperative Statistics Financial Report displays cumulative actual dollar obligations by program, cost category, total ADP obligations, and staff years for program and AS&T staff. Cumulative is defined as the beginning of the cooperative agreement period to the end of report period regardless of the fiscal year in which the cooperative agreement began. This report also requests information on total expenditures by month and cumulative.

Frequency: Only bottom-line data must be submitted monthly; therefore, lines 1, 5, and 6 of columns C, E, G, I, and K (if appropriate) will be completed and submitted to the BLS within 30 calendar days after the end of each month. Cumulative data for all lines must be completed and submitted to the BLS 30 calendar days after the end of the Federal fiscal year quarter.

Identifying Information: Enter the appropriate Federal fiscal year, quarter (1st, 2nd, 3rd or 4th) and/or name of month (Oct., Nov., Jan., Feb., April, May, July, Aug.) report is covering. Enter a check to indicate if this is the final report of the agreement. Enter the State's two letter postal abbreviation, the FIPS code, the appropriate cooperative agreement number and date agreement was executed. Enter the State agency's name. Enter the following information for the submitting official: name, title, and telephone number.

Columns C through L: Enter the appropriate fund ledger code in the space provided under the program name. In columns C, E, G, I, and K, enter the noncumulative data for this month (the month of the report) for total expenditures, total obligations and total cash received. In columns D, F, H, J, and L, the cumulative data should reflect the cumulative information from the beginning of the cooperative agreement period through the end of the current report period.

Line 1, Program Staff Resources Obligated: Enter actual obligations for personal services and personnel benefits for program staff for each program under the cooperative agreement. Program staff includes all staff charges directly under the cooperative agreement.

Line 2, Administrative, Support and Technical Services Staff Resources Obligated: Enter actual obligations for personal services and personnel benefits for AS&T staff being charged to the cooperative agreement. This line includes all personnel costs, direct, indirect or allocated, for staff work in an administrative capacity that benefits multiple programs administered by the State agency.

Line 3, Nonpersonal Services Obligated: Enter obligations for nonpersonal services for each program. This line includes all goods and services other than personal services benefits used by the program and AS&T staff under the cooperative agreement. These include supplies, communications, travel, rental of equipment, utilities, etc.

Line 4, Total Obligations: Enter total actual obligations for each program. This should equal the sum of lines 2 through 4. This line must be completed monthly and quarterly.

Line 5, Total Cash Received: Enter the amount of funds received for the month, and cumulatively, through electronic funds transfers or check payments.

Line 6, Total Expenditures: Enter the total actual expenditures (i.e., total obligations less resources on order) for each program for the month and cumulatively.

Line 7, Total ADP Obligated: Enter the sum of all direct ADP-related obligations. Direct ADP-related obligations include ADP PS & PB and NPS. The term, ADP PS & PB, is defined as all staff obligations directly related to the operation of the LMI programs. Included is staff involved in data entry, computer operations, system design and programming, telecommunications, and system maintenance. These costs can occur in the R&A unit or outside the R&A unit. Indirect AS&T/ADP staff costs contributing to the overall operation of the agency are allowable costs under the cooperative agreement but should not be included here. The ADP NPS is defined as all NPS costs, either direct charged or allocated, that directly support the ADP operation of the LMI programs. Included are equipment rental, equipment maintenance, services, communications, payments on contracts, LMI related ADP travel, and any other significant NPS costs. Examples of ADP NPS costs include CPU times charges (computer costs), storage medium costs (disk/tape), prorated share of modem and communication line charges, and if appropriate, terminal costs specifically used for the LMI programs. (Note: ADP related obligations also are included in figures for 2 through 5; line 7 should contain the total ADP obligations included in line 5 and the portion reflected in lines 2 through 4.)

Line 8, Program Staff Years: Enter the actual annualized staff years paid for program staff as defined in line 2. Actual staff years can be computed by taking the actual hours charged, including leave chargeable to the programs, and dividing by the hours available in the report period.

Line 9, AS&T Staff Years: Enter the actual annualized staff years paid (as defined above) for AS&T staff as defined in line 3.

Certification: Self-explanatory.

**BUREAU OF LABOR STATISTICS
QUARTERLY STATUS REPORT**

U.S. DEPARTMENT OF LABOR



We estimate that it will take an average of 1.00 hour 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. Your response is required to obtain or retain benefits under 29 USC 49f(a)(3)(D). If you have any comments regarding these estimates or any other aspect of this form, including suggestions for reducing this burden, send them to the Bureau of Labor Statistics, Division of Financial Planning and Management (1220-0079), 2 Massachusetts Avenue, NE, Room 4135, Washington, DC 20212-0001. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Form Approved
OMB No. 1220-0079
Approval Expires XX-XX-XXXX

| | |
|---------------------|-------------------|
| State Abbreviation: | Program/Activity: |
|---------------------|-------------------|

| | |
|------------|-------------------|
| CA Number: | Reference Period: |
|------------|-------------------|

| | |
|-----------------|----------------------------------------------------------------|
| Funding Amount: | This report indicates 75% completion of work? Yes No |
|-----------------|----------------------------------------------------------------|

| | |
|---------------|-----------------------------------|
| Today's Date: | Program/Activity Completion Date: |
|---------------|-----------------------------------|

| Milestone (from Work Statement) | Start/Completion Dates (from Work Statement) | Status (If completed, show date) | Comments (Describe variation from plan.) |
|--------------------------------------------|---------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| | | | |
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| |
|-----------------------------|
| Comments (optional): |
| |
| |
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| | |
|------------------------------|--------|
| State Agency Representative: | Phone: |
|------------------------------|--------|

| | |
|---------------------|-----------------|
| BLS Representative: | Date of Review: |
|---------------------|-----------------|

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LMI COOPERATIVE AGREEMENT BUDGET VARIANCE REQUEST FORM

1. Fill in the "FY TOTAL" column of this form from Column G of the current BIF in the Cooperative Agreement (CA).
2. Insert the revised budget figures in the "REVISED FY TOTAL" column. The total amount of the revision cannot exceed 4.0% of the total CA amount. **All amounts should be entered in dollars and cents.**
3. Enter the payments received to date for each program for which a variance is requested (no total is needed). No single program's "REVISED FY TOTAL" can be lower than the total payments received to date ("PAYMENTS TO DATE") for the program.
4. Forward the form to the regional office for review no later than 60 days after the end of the fiscal year. Regional offices will send Budget Variance Requests to the national office no later than 15 days after receipt from State agencies. Variance requests must be processed prior to the submission of closeout materials.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <p>We estimate that it will take an average of 5-25 minutes 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. Your response is required to obtain or retain benefits under 29 USC 49f(a)(3)(D). If you have any comments regarding these estimates or any other aspect of this form, including suggestions for reducing this burden, send them to the Bureau of Labor Statistics, Division of Financial Planning and Management (1220-0079), 2 Massachusetts Avenue, NE, Room 4135, Washington, DC 20212-0001. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.</p> | <p>Form Approved OMB No. 1220-0079 Approval Expires XX-XX-XXXX</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

| PROGRAM | FY TOTAL | REVISED FY TOTAL | PAYMENTS TO DATE | VARIANCE |
|-----------|----------|------------------|------------------|----------|
| CES | | | | |
| LAUS | | | | |
| OES | | | | |
| QCEW | | | | |
| MLS | | | | |
| Subtotal | | | | |
| CES-AAMC | | | | |
| LAUS-AAMC | | | | |
| OES-AAMC | | | | |
| QCEW-AAMC | | | | |
| MLS AAMC | | | | |
| Subtotal | | | | |
| TOTAL | | | | |

| | |
|------------------------|----------------------|
| State Agency Name: | LMI CA No.: |
| Requested by: | |
| Signature: | Date: |
| Regional Office Review | |
| Variance Requested: | Percent of Total CA: |
| Reviewed by: | Date: |
| Approved by: | Date: |

BLS LMI-BV

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II. APPLICATION INSTRUCTIONS

A. ROLES

The State agency will complete application materials completely and correctly according to the instructions provided below and those that accompany the forms. The State agency will submit draft and final applications to the BLS Regional Commissioner, who is the Grant Officer for the cooperative agreement (CA), according to the schedule provided in the transmittal memorandum.

The BLS will work closely with the State agency throughout the application process to discuss deliverables and funding levels. The BLS will review applications for completeness, conformance with specified deliverables, and cost. Once the final application, which reflects agreed-upon work statements and costs, has been reviewed and approved, the BLS Regional Commissioner will execute the CA by signing and dating the face sheet (SF-424), which has been modified by the BLS to provide space for this purpose.

B. SUBMISSION AND REVIEW

A schedule of due dates for submission of draft and final cooperative agreement applications is provided in the LMI Administrative Memorandum transmitting the LMI CA to the State Workforce Agencies. State Workforce Agencies must submit a draft application, which does not need the signature of the State agency administrator, to the regional office for review prior to submission of the formal application.

The formal application must include one original signed by the State agency administrator or other authorized representative and two photocopies of the original. The BLS will return one of the two copies of the CA with the Regional Commissioner's original signature to the State agency for its official file. Applicants are encouraged to submit draft and formal applications as early as possible to facilitate the review and approval process.

Each application must include the documents listed below. State agencies are requested to submit them in the following order:

- Application for Federal Assistance, Standard Form 424 (SF-424), as modified by the BLS
- Drug-Free Workplace Certification, if appropriate (see Section 3.B.2. for details)
- Disclosure of Lobbying Activities (SF-LLL), if applicable
- BLS Agent Agreement
- Statement of Assurance for Information Security
- Work Statements
- Budget Information Form(s) (BIFs)

The application should not include any of the following documents:

- Administrative Requirements
- Assurances
- Application Instructions
- Work statements or BIFs for any programs or activities for which funding is not being requested

INSTRUCTIONS

1. APPLICATION FOR FEDERAL ASSISTANCE (SF-424)

a. *General Guidelines*

The SF-424 is an OMB-approved standard form and is required as a face sheet for applications submitted for Federal assistance. The SF-424 requests important information, including total estimated funding and the time period of the funded activities. The highlights below are followed by step-by-step instructions for completing the form. Please ensure that the SF-424 is filled out completely and accurately and that it is signed and dated by the State agency's authorized representative. Failure to do so may result in delayed processing of the CA.

Item 2: Date Submitted – Filled in by the State agency; dated to reflect when the application is signed by the State agency's authorized representative.

Item 8: Type of Application – Must be completed. The initial application for funding should be treated as a "New" (A) agreement; any modification to the CA after the beginning of the period of activity should be treated as a "Revision" (C).

Item 13: Proposed Project – Project start and ending dates must be consistent with the dates entered on the BIF and in the work statements. The start and ending dates for base programs will always be October 1 and September 30, respectively; but the ending date may change during the fiscal year if the CA is modified to fund an additional activity to maintain currency.

Items 18d & 18e: Only the State agency's authorized representative(s) may sign and date the form.

b. *Instructions for SF-424, Application for Federal Assistance*

State agencies will follow the instructions below in completing the SF-424. Please note that the shaded boxes on the form are optional. Instructions are organized by and refer to the Item No. on the SF-424.

1. *Type of Submission*—Check the box labeled “Application / Non-Construction.”

2. *Date Submitted*—Enter the date application is signed by State agency's authorized representative.

(X) *Application Identifier*—This box is optional.

3. *Date Received by State*—This box is optional.

(X) *State Application Identifier*—This box is optional.

4. *Date Received by Federal Agency*—Leave blank. The appropriate regional office will complete this.

(X) *Federal Identifier* (i.e., Cooperate Agreement Number)—Enter the ten digit CA number as follows:

1st through 2nd digits – Program identifier; “LM” is used for LMI

3rd through 7th digits – Each fiscal year the DOL eGrants system randomly selects and assigns a sequence of 5 digits for each State Agency. (See attachment--2010 Labor Market Information Cooperative Agreement Document Numbers for assigned State Agency DOL eGrants system number.)

8th through 9th digits – Represents the fiscal year “10” for 2010.

10th through 11th digits – Type of Federal assistance document; “75” denotes CA.

12th digit – Is a Federal agency identifier. “J” is used for the Bureau of Labor Statistics.

13th through 14th digits – Applicable FIPS code for the State, e.g., “01”Alabama, “23” for Maine, and “48” for Texas, etc.

5. *Applicant Information*—Enter (a) legal name of the State agency, (b) name of the primary organizational unit that will perform the funded activities (for example, “LMI Division”), (c) enter the organization’s DUNS number (received from Dun and Bradstreet), enter the complete address of the State agency, and (d) the name, telephone, fax and email of the person to contact on matters related to this application.
6. *Employer Identification Number (EIN)*—Enter the nine-digit number (also known as payroll ID number [PIN] or tax ID number [TIN]).
7. *Type of Applicant*—Enter “A” in the box provided.
8. *Type of Application*—Check the appropriate box according to the following definitions:
 - “New” means a new assistance award;
 - “Continuation” means a change in the projected completion date of an existing CA;
 - “Revision” means a change in the award amount of an existing CA.

If Continuation or Revision is checked, enter the appropriate letters in the boxes provided.

9. *Name of Federal Agency*—Enter “Department of Labor”
10. *Catalog of Federal Domestic Assistance Number*—Enter “17.002”; Title: “Labor Force Statistics”
11. *Descriptive Title of Applicant’s Project*—For the initial application, enter “LMI--The applicant will provide statistical data to the BLS for the following programs: [Enter here the names of the programs and/or AAMCs for which funding is sought].” If the State agency is submitting an application to modify an existing CA, enter only the names of the affected programs or additional activities to maintain currency, as appropriate. Please do not use the same description for AAMCs as is used for the initial CA for base programs.
12. *Areas Affected by Project*—Enter the name of the State or territory that will benefit from the project.
- 13a. *Proposed Project Start Date*—Enter “10/01/XX”, where XX is the year in which the Federal fiscal year begins.
- 13b. *Proposed Project Ending Date*—Enter the date on which the last funded activity will end. If the Cooperative Agreement funds only base programs this date will be “09/30/XX” (where XX is the Federal fiscal year), otherwise, it will be the date on which the last Additional Activity to Maintain Currency ends.
- 14a. *Congressional Districts of Applicant*—Enter a numeric code for the congressional district of the applicant. Applicants should select the district that represents their physical location, with the following exceptions: for “at large” districts, where there is a singular district for an entire jurisdiction, “1” is entered; for jurisdictions with non-voting delegates (PR, VI, GU, and DC) “98” is entered; and where more than one district might be applicable, a code of “90” may be used when a more precise notation is not available. Maps depicting congressional districts of the 110th Congress can be found online at <http://nationalatlas.gov/printable/congress.html>.
- 14b. *Congressional Districts of Program/Project*—Enter “0” to signify that the scope of the LMI programs is “at large,” or statewide.
- 15a. *Estimated Funding, Federal*—Enter the amount of Federal assistance requested. If the purpose of this application is to change an existing award (see 8, above), enter only the amount of increase or decrease. For decreases, enclose the amount in parentheses. If the

amount is the net result of several increase and/or decrease, attach a separate page to break out the amount by Fund Ledger Code.

- 15b. *Estimated Funding, Applicant*—Leave the box blank.
- 15c. *Estimated Funding, State*—Leave this box blank.
- 15d. *Estimated Funding, Local*—Leave this box blank.
- 15e. *Estimated Funding, Other*—Leave this box blank
- 15f. *Estimated Funding, Total*—Enter the amount of Federal assistance requested.
- 16. *E.O. 12372 Review*—LMI programs are not subject to review; box 16b is checked “No.”
- 17. *Is the Applicant Delinquent on any Federal Debt?*—Check Yes or No; if Yes, include an explanation on an additional page. Categories of debt include, but are not limited to, delinquent audit disallowances, loans and taxes. [Note: This question applies to the State agency applying for Federal assistance, not to the authorized representative who signs the application for the State agency.]
- 18. *Certification*—Enter the (a) name, (b) title, and (c) telephone number of the State agency’s authorized representative. This authorized representative must also (d) sign and (e) date the application. By signing, the signatory is making the certification set forth on the form.
- 19. *Grant Officer Signature*—Leave these boxes blank. The BLS Grant Officer will provide his (a) name, (b) title, (c) telephone number, (d) signature, and (e) date signed. Note that this item has been added by the BLS. It does not appear on the electronic version of this form available at the OMB website.

2. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

a. *Instructions--Primary Covered Transactions*

- (1) **By signing and submitting this application or grant agreement, the prospective primary participant is providing the certification set out below** (see Section 2.b.).
- (2) The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant will submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective participant to furnish a certification or explanation will disqualify such person from participation in this transaction.
- (3) The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
- (4) The prospective primary participant will provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(a) The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant," "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 [29 CFR 98.105 and 29 CFR 98.110]. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

- (5) The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- (6) The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- (7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, Subpart 9 debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- (8) Nothing contained in the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- (9) Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transactions with a person who is proposed for debarment under 48 CFR part 9, Subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

b. Certification--Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR 98.510, Participants' responsibilities.

- (1) The prospective participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant will attach an explanation to this proposal.

c. Instructions--Lower-Tier Covered Transactions

- (1) **By signing and submitting this submitting this application or grant agreement, the prospective lower tier participant is providing the certification set out below.**
- (2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- (3) The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- (4) The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant," "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 [29 CFR 98.105 and 29 CFR 98.110]. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- (5) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- (6) The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

- (7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- (8) Nothing contained in the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- (9) Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transactions with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

d. Certification--Lower-Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR 98.510, Participants' responsibilities.

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant will attach an explanation to this proposal.

3. DRUG-FREE WORKPLACE CERTIFICATION

a. Instructions

- (1) **By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below** (see Section b.1.); however, see also Section b.2.
- (2) The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
 - (a) Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify

all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

- (3) Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation. State employees in each local unemployment office, performers in concert halls or radio studios).
- (4) If the workplace identified to the agency changes during the performance of the grant, the grantee will inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph (3)).
- (5) Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 USC. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of *nolo contendere*) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) All "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

b. *Certification Regarding Drug-Free Workplace Requirements*

- (1) The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - The dangers of drug abuse in the workplace;
 - The grantee's policy of maintaining a drug-free workplace;
 - Any available drug counseling, rehabilitation, and employee assistance programs; and

- The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will--
 - Abide by the terms of the statement; and
 - Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notifying the agency in writing within ten calendar days after receiving notice under (d), above, from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employees was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - (f) Taking one of the following actions within 30 calendar days of receiving notice under subparagraph (d), above, with respect to any employee who is so convicted--
 - Taking appropriate personnel action against such an employee, up to and including termination; consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- (2) The grantee will:
 - (a) Insert in the spaces provided on the attached page (See Part III, Application Materials) the site(s) for the performance of work done under the agreement, if the site(s) is/are different than that listed on the SF-424 and submit the attached page as part of its application for Federal assistance; or
 - (b) Indicate in the Cooperative Agreement transmittal letter that a State-wide certification has been made and a copy is on file in the Department of Labor, Office of Acquisition Integrity, Division of Procurement and Grant Management.

4. CERTIFICATION REGARDING LOBBYING ACTIVITIES

a. *Instructions*

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below (see Section b.1.). No other certification is necessary if an authorized representative of the State agency signs this application.

b. *Certification for Contracts, Grants, Loans, and Cooperative Agreements*

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned will complete and submit Standard FORMAL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned will require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification will be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

5. DISCLOSURE OF LOBBYING ACTIVITIES (SF-LLL)

a. *General Guidelines*

The SF-LLL is an OMB-approved standard form for the disclosure of lobbying activities. If applicable, this disclosure form will be completed by the State agency upon entering into the cooperative agreement or a material change to a previous filing, pursuant to title 31 USC section 1352. The State agency must file this form each time it makes a payment or an agreement to make a payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial and material change reports. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

Please note: Submission of this form is necessary only if the State agency meets the above criteria.

b. *Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities*

- (1) Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- (2) Identify the status of the covered Federal action.

- (3) Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- (4) Enter the full name, address, city, State, and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants, and contract awards under grants.
- (5) If the organization filing the report in item 4 checks "subawardee," then enter the full name, address, city, State, and zip code of the prime Federal recipient. Include Congressional District, if known.
- (6) Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, U.S. Coast Guard.
- (7) Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- (8) Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- (9) For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- (10a) Enter the full name, address, city, State, and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
- (10b) Enter the full names of the individual(s) performing services, and include full address if different from 10a. Enter Last Name, First Name, and Middle Initial (MI).
- (11) Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
- (12) Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
- (13) Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
- (14) Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with

Federal officials. Identify the Federal officials(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

- (15) Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
- (16) The certifying official will sign and date the form, print his/her name, title, and telephone number.

6. BLS AGENT AGREEMENT

a. *General Guidelines*

The purpose of the BLS Agent Agreement is to inform persons of their responsibilities as agents of the BLS for ensuring compliance with BLS confidentiality policies within the State agencies.

b. *Instructions*

- (1) Each State Cooperating Representative should provide the BLS with a list of candidates to be designated as agents of the BLS, including the name and title of each candidate. The Cooperating Representative should include his or her own name and title on this list.
- (2) Each BLS Regional Commissioner will review the list of agent candidates provided by the Cooperating Representatives within their respective regions. Each BLS Regional Commissioner then will prepare an Agent Agreement for each approved agent candidate and will signify BLS approval by signing the Agent Agreement.
- (3) The Agent Agreements then will be forwarded to the State Cooperating Representative, who will be responsible for ensuring that each approved agent candidate signs their respective Agent Agreement.
- (4) State designees must review Commissioner's Order No. 1-06, "Confidential Nature of BLS Statistical Data," dated September 21, 2006, and the confidential information protection provisions of the Confidential Information Protection and Statistical Efficiency Act of 2002.
- (5) State designees must review the BLS Agent Agreement and sign the form.
- (6) The State Cooperating Representative is responsible for forwarding to their respective BLS regional office all signed Agent Agreements.
- (7) The BLS regional office is responsible for maintaining on file the signed original copies of all BLS Agent Agreements received from their respective SGAs.

7. STATEMENT OF ASSURANCE FOR INFORMATION SECURITY

a. *General Guidelines*

The purpose of the Statement of Assurance for Security is for each party to inform the other about its security posture. These assurances assist in the decision of approving or disapproving the interconnection between the systems by authorizing officials.

b. *Instructions*

- (1) Each State Cooperating Representative shall provide the BLS with a completed Statement of Assurance for Information Security, signed by the State Authorizing Official.
- (2) Each BLS Regional Commissioner will review the Statements submitted by the Cooperating Representatives within their respective regions.
- (3) The BLS regional office will then send the original Statements of Assurance signed by the States to the BLS national office.
- (4) The BLS national office will have the BLS Authorizing Official review the Statements and authorize the interconnections in official office memoranda. The national office will keep the original finalized documents, and then return copies to the BLS regional office.
- (5) The BLS regional office will keep a copy of the BLS interconnection authorization and send a copy to the State.

8. WORK STATEMENTS

a. *General Guidelines*

Work statements are the core documents in the application. They describe the work to be performed, list major deliverables and/or milestones, identify methods that must be used, and qualitative standards State agencies are expected to achieve. They also indicate work that may not be performed by the State agency under the Cooperative Agreement (i.e., exclusions). Some work statements also contain information specific to a particular program or particular State. Instructions for completing the work statements follow.

State Abbreviation and Cooperative Agreement Number. Enter the standard two-letter postal abbreviation for the State and the Cooperative Agreement number in the upper right-hand corner of each page of the work statement in the spaces provided. If pages are added to the work statement, enter the abbreviation and Cooperative Agreement number on each.

Agreement. Indicate agreement to comply with specified deliverables and milestones, performance requirements, and quality assurance requirements by placing an "X" in the appropriate boxes. Supply other information where requested; for example, a list of sub-State areas for which CES estimates will be made. No other changes, additions, or deletions are to be made to the work statements for the LMI cooperative statistical programs.

Explanation of Variances A program variance is required if a State does not intend to comply fully with all performance requirements for the entire period of the CA. If a program variance is requested, the State agency must submit a Variance Request Form to the BLS regional office for review before it is sent to the BLS national office for approval. All program variances must be approved by the BLS national office prior to the CA being signed. The approved program variance is to be referenced in the space provided at the end of the work statement.

Instructions for Completing Work Statements

Requirements for All Programs. The work statement, Requirements for All Programs, is to be completed only once, when the original Cooperative Agreement application is submitted. The requirements will continue in effect (as appropriate) for any modifications to the original Cooperative Agreement. If a State agency is unable to comply with any of the requirements for all programs, or failed to meet requirements in the previous period, the box should be left

blank and an explanation of variance provided. No variances will be accepted for the requirement that the State agency comply with the Assurances.

Additional Activities to Maintain Currency (AAMCs). The BLS will provide work statements for AAMCs to eligible State agencies. States that elect to participate should provide:

- A completed work statement with beginning and ending dates provided for each milestone.
- SF-424 on which the total dollars indicated in box 12 include funds for the approved activity as well as the base programs if the form is being submitted with the initial Cooperative Agreement application.
- A separate BIF (Form LMI-1B) for the AAMC.

States may also initiate AAMCs by sending to the regional office a letter that includes:

- Title of activity;
- A discussion of the need for the activity;
- The goals and objectives of the activity;
- Milestones and the time required to achieve them;
- Estimated cost;
- The total duration of the activity;
- Deliverables/outcomes; and
- Any other relevant information.

When the AAMC is approved, the regional office will advise the States to submit the materials described above if it is to be funded as part of the initial Cooperative Agreement or to submit a bilateral modification if submitted after the Cooperative Agreement has been executed.

The regional office may specify performance standards as required. State agencies should consult the regional office for more information.

9. BUDGET INFORMATION FORM (BIF)

a. *General Guidelines*

There are two pages to a Budget Information Form (BIF). The first page (Form BLS LMI-1A) requests estimated staff year, planned obligation and other information on the five base programs (CES, LAUS, OES, QCEW, and MLS). The second page (Form BLS LMI-1B) requests staff year, planned obligation and other information on any Additional Activities to Maintain Currency (AAMCs).

Applicants are requested to complete and submit the appropriate page(s) of the BIF when applying for funding--Form BLS LMI-1A for base program funding and Form BLS LMI-1B for AAMC funding. State agencies may use an electronic spreadsheet facsimile of the BIF that will be provided by the regional office upon request. Only the BLS version of the electronic spreadsheet will be accepted.

Staff years are defined as the number of staff, dedicated full-time to an activity, needed to accomplish the deliverables.

Three cost categories are specified on the BIF:

- (1) Program Staff Resources. This category includes staff years and costs for the personal services and personnel benefits for staff directly contributing to the work required to accomplish the deliverables. Personal services and personnel benefits costs for program staff should be based on the average salary of the staff needed to produce the deliverables multiplied by the number of staff years needed for each program. Cost estimates should include actual and anticipated legislated pay increases effective during the fiscal year for which funding is sought.
- (2) Administrative, Support and Technical Services (AS&T) Staff Resources. This category includes staff years, and all direct or allocated personal services and personnel benefits costs for staff who work in an administrative capacity benefiting multiple programs administered by the State agency. Personal services and personnel benefits costs for AS&T staff should be based on the average salary of AS&T staff in the State agency multiplied by the number of AS&T staff years needed for each program. Cost estimates should include actual and anticipated legislated pay increases effective during the fiscal year for which funding is sought.
- (3) Nonpersonal Services (NPS). This category includes the cost of all goods and services other than personal services and personnel benefits used by the staff in support of the activities shown in the work statements. These include supplies, communications, travel, equipment rent, and utilities. Travel costs required for attendance at BLS meetings as well as other travel required to accomplish the deliverables agreed to in the work statements are also included. NPS costs should be based on allocated charges to object class categories (supplies, communications, equipment, etc.) and any appropriate direct charges (ADP related charges, travel, etc.).

b. *Instructions for Form BLS LMI-1A (For Base Programs Only)*

The first page of the BIF (Form BLS LMI-1A) must be completed when requesting funding for the base LMI programs. Dollar figures for each quarter must represent non-cumulative planned obligations for each quarter. Dollar figures in the "Fiscal Year Total" column must represent the total planned obligations for all four quarters. The total on line 21 represents the total planned obligations for the five base programs for each quarter and the fiscal year. Complete the form as instructed below.

Identifying Information: In the spaces provided, enter the two-letter State abbreviation; Cooperative Agreement number; name, title, and telephone number of the State agency's authorized representative; the fiscal year during which the funded activities will take place; the duration of the Cooperative Agreement; and, the date the BIF is completed.

Columns C, D, E, and F: Enter staff year estimates to the nearest hundredth (e.g., 3.75) for each quarter. Enter planned obligations in whole dollar amounts (e.g., 23,706) for each quarter. Staff year estimates must relate to the non-cumulative planned obligations for the particular quarter, but should be entered such that when added together and divided by four the fiscal year total results.

Column G: Enter total estimated staff years and total planned obligations for the entire fiscal year. To compute the total staff years, add the staff years for all four quarters and divide this sum by four. To compute the total planned obligations for the fiscal year, add the planned obligations for all four quarters.

Lines 1, 5, 9, 13, and 17, Program Staff Resources (PSR): Enter staff year estimates and planned obligations for PSR for each program (CES, LAUS, OES, QCEW, and MLS). For the definition of Program Staff Resources, see the general guidelines above.

Lines 2, 6, 10, 14, and 18, Administrative, Support and Technical Services (AS&T) Staff Resources: Enter staff year estimates and planned obligations for AS&T for each program. For the definition of AS&T Staff Resources, see the general guidelines above.

Lines 3, 7, 11, 15, and 19, Nonpersonal Services (NPS): Enter only planned obligations for NPS for each program. For the definition of Nonpersonal Services, see the general guidelines above.

Lines 4, 8, 12, 16, and 20, Total Resources: Enter the sum of lines 1 through 3, 5 through 7, 9 through 11, 13 through 15, and 17 through 19, respectively. Please ensure that all numbers are added correctly.

Line 21, Total Labor Market Information (LMI): Enter the sum of lines 4, 8, 12, 16, and 20. Please ensure that all numbers are added correctly.

b. Instructions for Form BLS LMI-1B (For AAMCs Only)

The second page of the BIF (Form BLS LMI-1B) must be completed when requesting funding for AAMCs. Each form can accommodate the first fiscal year of planned activity for each of up to five AAMCs. If the period of performance of an AAMC is planned to extend beyond the first fiscal year of the CA, a second Form BLS LMI-1B must be used. For these AAMCs that span two fiscal years, the heading for Column G, "TOTAL: FY AAMC.", will be marked "FY" for the first page and "AAMC" for the second page. Complete the form as described in the instructions that follow.

Identifying Information: In the spaces provided, enter the two-letter State abbreviation; Cooperative Agreement number; name, title, and telephone number of the State agency's authorized representative; the fiscal year during which the planned activities will take place; the duration of the Cooperative Agreement as modified by the AAMC; and the date the BIF is completed. Note that the duration of a modified Cooperative Agreement may extend beyond the end of the fiscal year to accommodate an AAMC that lasts for five or more quarters (for example, FY 1992, October 1, 1991 - March 30, 1993).

For each AAMC, enter the Program, Fund Ledger Code, and Activity Title in the spaces provided. The "Program" refers to the BLS-LMI program that is the source of funding for the activity. For example, if CES is the source of funding, then CES is the program to enter on the BIF, regardless of what the activity is related to. The FLC is the 5-digit code associated with the Program. The Activity Title is a short description of the funded activities. These three items provide important identifying information; please be certain that they are completed fully and correctly.

Lines 1 through 3, 5 through 7, 9 through 11, 13 through 15, and 17 through 19: Enter staff year estimates and planned obligations for each cost category. For the definitions of the cost categories, see the general guidelines above.

Lines 4, 8, 12, 16, and 20, Total Resources: Enter the sum of lines 1 through 3, 5 through 7, 9 through 11, 13 through 15, 17 through 19, respectively. Please ensure that all numbers are added correctly.

Columns C, D, E, and F: Enter staff year estimates to the nearest hundredth (e.g., 0.75) for each quarter. Enter planned, non-cumulative obligations in whole dollar amounts (e.g., 3,706) for each quarter.

Column G: Compute the total staff years for the AAMC by adding the staff years for all quarters and dividing this sum by the number of funded quarters. If an AAMC ends before the

end of a fiscal year, enter zero (0) in all remaining quarters of the BIF to the end of the fiscal year. Compute the total planned obligations for the AAMC by adding the planned obligations for all funded quarters. Enter these totals on the last page of the BIF. Please note that for AAMCs that span two fiscal years, the heading for Column G will be marked "FY" for the first page and "AAMC" for the second page. Thus, on the last page, the "TOTAL" will actually represent "AAMC Grand Total" in cases where the AAMC extends beyond one fiscal year.

Additional Information: If an AAMC is scheduled to extend beyond the end of the first fiscal year of the CA, a second page of Form BLS LMI-1B must be used. Do not "wrap-around" information from two fiscal years on the same page. Be sure to correctly enter all identifying information on the second page, especially the fiscal year during which the activity is planned to take place.

If the State agency applies for an extension of the duration of an AAMC that is being paid for with funds authorized in an earlier time period, but not obligated as originally planned, it should: (1) submit a revised BLS LMI-1B form for the period that was the source of the funds that provides the actual obligations, by quarter, and the fiscal year total as described above; and (2) a new BLS LMI-1B form for the coming fiscal year that provides the proposed obligations, by quarter, and the fiscal year total computed as described above.

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III. APPLICATION MATERIALS

This Part consists of the materials to be submitted by the State agency that will comprise its Cooperative Agreement application. Instructions for completing these documents, which are listed below, are provided in Part II.

- APPLICATION FOR FEDERAL ASSISTANCE, STANDARD FORM 424
- CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS (if appropriate)
- DISCLOSURE OF LOBBYING ACTIVITIES (if applicable)
- BLS AGENT AGREEMENT
- STATEMENT OF ASSURANCE FOR INFORMATION SECURITY
- WORK STATEMENTS
 - Requirements for All Programs
 - Current Employment Statistics (CES)
 - Local Area Unemployment Statistics (LAUS)
 - Occupational Employment Statistics (OES)
 - Quarterly Census of Employment and Wages (QCEW)
 - Mass Layoff Statistics (MLS)
- BUDGET INFORMATION FORMS
 - BLS LMI-1A (for base programs)
 - BLS LMI-1B (for additional activities to maintain currency)

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APPLICATION FOR FEDERAL ASSISTANCE

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1. TYPE OF SUBMISSION: APPLICATION PRE-APPLICATION <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction | 2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE REC'D BY FEDERAL AGENCY | Applicant Identifier State Application Identifier Federal Application Identifier |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

5. APPLICANT INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal Name: _____ Organizational DUNS: _____ ADDRESS: Street: _____ City: _____ County: _____ State: _____ Zip Code: _____ Country: _____ | Organizational Unit: _____ Department: _____ Division: _____ Name and phone number of the person to be contacted on matters involving this application: Prefix: _____ First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____ Email: _____ |
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|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] [] | Phone Number (include area code) _____ Fax Number (include area code) _____ |
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| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) [] [] [] Other (specify): _____ | 7. TYPE OF APPLICANT: (See back of form for Application Types) [] Other (specify) _____ 9. NAME OF FEDERAL AGENCY: U.S. Department of Labor/Bureau of Labor Statistics |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER [1] [7] - [0] [0] [2] TITLE (Name of Program): Labor Force Statistics | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

| | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 13. PROPOSED PROJECT: a. Start Date: 10/1/2008 b. Ending Date: 9/30/2009 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant _____ b. Project _____ |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15. ESTIMATED FUNDING: a. Federal \$.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$.00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (if "YES", attach an explanation.) <input type="checkbox"/> NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS PREAPPLICATION/APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| | | |
|-------------------------------------------|-----------------------------------------|-------------|
| a. Authorized Representative | | |
| Prefix | First Name | Middle Name |
| Last Name | | Suffix |
| b. Title | c. Telephone Number (include area code) | |
| d. Signature of Authorized Representative | e. Date Signed | |

| | |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| Previous Edition Not Usable Authorized for Local Reproduction | Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102 |
| 19. a. Typed Name of BLS Grant Officer | b. Title: REGIONAL COMMISSIONER |
| d. Signature of BLS Grant Officer | c. Telephone Number e. Date Signed |

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established review and comment procedures in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

| Item: | Entry: | Item: | Entry: |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Select Type of Submission. | 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. |
| 2. | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable). | 12. | List only the largest political entities affected (e.g., State, counties, cities). |
| 3. | State use only (if applicable). | 13. | Enter the proposed start date and end date of the project. |
| 4. | Enter Date Received by Federal Agency. Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank. | 14. | List the applicant's Congressional District and any District(s) affected by the program or project. |
| 5. | Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application. | 15. | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <i>only</i> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to their State intergovernmental review process. |
| 7. | Enter the appropriate letter in the space provided: A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled J. Institution of Higher Learning K. Private University L. Indian Tribe M. Individual N. Profit Organization O. Other (Specify) Organization | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes. |
| 8. | Select the type from the following list: "New" means a new assistance award "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration | 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 9. | Name of Federal agency from which assistance is being requested with this application. | 19. | Item added to SF-424 to provide a block for the Grant Officer's signature, which indicates approval of the cooperative agreement, and award of the funding amount shown in block 15.g. |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of this program under which assistance is requested. | | |

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This page is required by 29 CFR 98.630 and must be included in the applicant's application for Federal assistance, as part of its Certification Regarding Drug-Free Workplace Requirements, **if** the place(s) of performance of work done in connection with this Cooperative Agreement is/are other than that listed on the SF-424 (see Part II, Application Instructions, for further information), **unless** the State agency is covered under a State-wide certification that has been submitted to the appropriate office of DOL, and has indicated in its transmittal cover letter to the BLS that this is the case.

Place(s) of performance of work done in connection with this Cooperative Agreement, if other than that listed on SF-424, Application for Federal Assistance:

(Street Address, City, County, State, Zip Code)

Check if there are workplaces on file that are not identified here.

State Agency Name: _____

Authorized Representative:

Signature: _____ Date: _____

Name: _____

Title: _____

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gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction, Paperwork Reduction Project (0348--0046), Washington, DC 20503

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DISCLOSURE OF LOBBYING ACTIVITIES CONTINUATION SHEET

Reporting Entity: _____

Page ____ of ____.

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BLS AGENT AGREEMENT

1. I, [Name BLS Designating Official], an authorized official of the Bureau of Labor Statistics (BLS), U.S. Department of Labor, hereby designate [Name of Agent] as a temporary Agent of the BLS, within the meaning of the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA), Public Law 107-347 (Exhibit A), to serve in accordance with this Agent Agreement, the Cooperative Agreement and any other agreements entered into between the BLS and [Name of Organization], and in accordance with applicable Federal law.

2. I, [Name of Agent], hereby accept the designation as Agent in paragraph 1. I certify that I have read all applicable agreements between the BLS and the State agency and promise that I will comply with all provisions of this Agent Agreement, the Cooperative Agreement or any other agreements between the BLS and the State agency, and applicable law. I will assure that my actions or inactions do not cause the State agency to violate its responsibilities under those agreements. I specifically swear (or affirm) to comply with all provisions of law that affect information acquired by the BLS, including, but not limited to, the Trade Secrets Act and the Confidential Information Protection and Statistical Efficiency Act of 2002, and I understand that my failure to comply with these provisions may subject me to criminal sanctions. I also agree to comply with all other BLS information policies.

3. We, the parties to this agreement, understand that the BLS is granting the Agent access to confidential information only for the purpose of carrying out the Agent's responsibilities under written agreements between the BLS and the State agency. The Agent will not seek or obtain such confidential information for any other purpose.

4. We, the parties, understand and agree that the activities performed by and any outputs produced by the Agent under this agreement are subject to review upon request by the assigned BLS Regional Commissioner or any other BLS official that the BLS designates for verification that the activities are statistical in nature and that outputs do not contain respondent-identifying data.

5. We, the parties, understand and agree that the Agent will not be an employee of the United States for any purpose and will not receive compensation or payment of any kind from the BLS or the Government in connection with the Agent's activities under this agreement or any other agreements between the BLS and the State agency. Neither this agreement nor any agreement between the BLS and the State agency provide any right of access to BLS information. The parties also understand and agree that the BLS may decline to give the Agent access to information and/or to terminate this agreement at any time, without notice. The parties agree that neither this agreement, nor any termination thereof will result in any legal liability by the BLS or the Government; however, termination will not affect the Agent's continuing obligation to safeguard all confidential data, and it will not affect any license granted to the Government pursuant to section 6.

6. We, the parties, understand and agree that for the purposes of the copyright laws any product developed under this agreement is in the public domain and is therefore not subject to copyright protection. However, it is also understood that confidential information remains fully protected from improper disclosure and use as provided by law and this agreement.

7. I, [Name of Agent], will notify the BLS if I should no longer be affiliated with the State agency or of any change of status with the State agency.

8. I, [Name of Agent], fully understand my responsibilities to protect confidential information. I will comply with all security requirements and will avoid all improper use or disclosure of confidential information. I understand that under Section 513 of CIPSEA, the penalty for a knowing and willful disclosure of confidential information is a class E felony with a fine of not more than \$250,000 or imprisonment for not more than 5 years, or both.

[Name of Agent]
[Title]
[Name of Organization]

Date

[Name of BLS Official]
Regional Commissioner
Bureau of Labor Statistics

Date

STATEMENT OF ASSURANCE FOR INFORMATION SECURITY FOR THE BUREAU OF LABOR STATISTICS

1. The Bureau of Labor Statistics (BLS) securely holds all of the information collected on its behalf to the maximum extent permitted by law. The BLS complies with all enacted Federal controls to securely house and transfer information, and regularly audits and monitors such controls.
2. In accordance with the Federal Information Security Management Act (FISMA) of 2002, BLS information systems employ security controls for safe storage and transmission of electronic information. FISMA mandates that security controls, as promulgated in guidance from National Institute of Standards and Technology (NIST), must be employed at all Federal agencies to be in compliance with NIST's Federal Information Processing Standards (FIPS).
3. BLS information and data security policies are based on standards outlined in the FIPS 200, "Minimum Security Requirements for Federal Information and Information Systems" and the accompanying Special Publication 800-53, "Recommended Security Controls for Federal Information Systems." In complying with these regulations, BLS conducts operations cognizant of the extent of harm to individuals, organizations, and assets that may result from unauthorized disclosure, use of protected information, or access to BLS resources.
4. BLS maintains procedures for detecting, reporting, and responding to data and network security incidents. These procedures are periodically tested and evaluated to ensure appropriate protection of sensitive information.
5. BLS systems are certified and accredited using Department of Labor and NIST guidelines. Internal BLS policies establish appropriate access restriction policies for sensitive data; as well as assign responsibility and provide appropriate training to all BLS employees and contractor personnel regarding safeguarding information.

STATEMENT OF ASSURANCE FOR INFORMATION SECURITY FOR THE STATE OF <Enter State>

For purposes of this Statement, “System” refers to the interconnected information system(s) referenced in the cooperative agreement, which is operated by the State of <Enter State> and includes human and information technology resources. References to “State” below are referring to the State of <Enter State>.

1. The State is committed to protecting its systems and all confidential and sensitive information in its possession. As such, the State has established information security regulations and standards including the assignment of responsibilities within systems and appropriate access restrictions for sensitive data.
2. The System abides by all enacted State regulations and standards to securely store, process, and transfer information and System specific information security policies and procedures are in accordance with these regulations and standards.
3. The System is operated under the authority of management officials who are cognizant of the extent of harm to individuals, organizations, and assets that may result from unauthorized disclosure, use of protected information, or access to System resources.
4. The State regularly audits and monitors its compliance. The results of audits and monitoring activities are used to improve the security of System resources.
5. The State maintains procedures for detecting, reporting, and responding to data and network security incidents. These procedures are periodically tested and evaluated to ensure appropriate protection of sensitive information.
6. The State provides appropriate training to all State employees and contractor personnel working on BLS projects regarding their duties and the safeguarding of sensitive information and IT resources.

In signing this document, I acknowledge that the Statement of Assurance provided is an accurate characterization of the System(s) referenced in the cooperative agreement for the State of <Enter State>. Further, I acknowledge receipt of the Statement of Assurance from the BLS and I authorize the continued operation of the connection(s) that exist as a result of the cooperative relationship with the BLS.

Signature

[State Authorizing Official]

[Title]

[Name of Organization]

[Street Address]

[Phone Number]

[Email Address]

[State Point of Contact for connectivity or security emergencies]

[Title]

[Name of Organization]

[Street Address]

[Phone Number]

[Email Address]

Date

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2010

LMI COOPERATIVE AGREEMENT

WORK STATEMENTS

The BLS uses the attached "check-the-box" work statements in lieu of requiring long, written program narratives to accompany the Cooperative Agreement application. OMB Circular A-102 states that agencies should generally include a request for a program narrative statement that is based on instructions provided in the circular. The instructions include: objectives and need for assistance, results or benefits expected, approach, and geographic location.

The work statements are considered forms for purposes of OMB's Paperwork Reduction Act approval process. As such, an estimate of the time required to complete the form must be provided and those affected by the forms must be afforded the opportunity to comment on the estimates or any other aspect of the form. Rather than place the required language on each of the work statements that follow, estimates are provided below. Each estimate of time required to complete a work statement assumes that no variances will be needed. The work statements and the estimated times to complete them are:

| | |
|--------------|-----------------|
| All Programs | 5 – 10 minutes |
| CES | 12 – 24 minutes |
| LAUS | 8 – 16 minutes |
| OES | 9 – 18 minutes |
| QCEW | 18 – 36 minutes |
| MLS | 8 – 16 minutes |

We estimate that it will take an average of one to two hours to complete these forms, 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 forms, send them to the Bureau of Labor Statistics, Division of Financial Planning and Management (1220-0079), 2 Massachusetts Avenue, N.E., Washington, D.C. 20212-0001. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

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Work Statement

State

CA Number

__ __ LM- ____ -10-75-J-__

REQUIREMENTS FOR ALL PROGRAMS

Agree To Comply (Check Box)

A. ATTENDANCE AT MEETINGS AND CONFERENCES

The State Agency Research Director is expected to attend the BLS National Labor Market Information Conference, which covers major upcoming activities in the LMI programs. State LMI staff may be required to attend no more than two technical meetings/conferences for each program to provide them with information necessary to perform program tasks and meet program deliverable requirements for their assigned BLS program. Selected State staff, who serve on BLS Program Policy Councils, are required to attend up to four Policy Council meetings where policy and technical changes are discussed. Specific funding is provided for this activity. Should staff be unable to fulfill any of these requirements, an appropriate level of funding will be deobligated by the Bureau.

B. PROGRAM TRAINING

State agency staff will participate in scheduled BLS technical training sessions, including initial technical training for new staff. BLS will deobligate an appropriate amount of funds if State staff does not attend these required sessions.

C. PUBLICATION OF DATA

The State agency will publish data produced under this agreement. One copy of any publication produced by the State agency with Cooperative Agreement funds will be provided to the grant officer, except as otherwise indicated in the LMI statistical program manuals. Publishing data on the Internet fulfills this requirement.

D. SUBMISSION OF REPORTS

The State agency will submit all required financial reports within 30 days of the completion of the reporting period and quarterly status reports on AAMCs.

E. ADMINISTRATIVE REQUIREMENTS/ASSURANCES

The State agency will adhere to all terms and conditions specified in Part I, Administrative Requirements, including the Assurances. By agreeing to comply here, the State agency is relieved of attaching the Assurances to its application.

Work Statement

State

CA Number

__ __ LM- ____ -10-75-J-__

Agree To
Comply
(Check Box)

F. PROGRAM PERFORMANCE

The State agency will follow the methods and procedures described in program manuals and technical instructions in the performance of work under these agreements.

G. PROGRAM PARTICIPATION

Funding of BLS LMI cooperative statistical programs is contingent on State agency participation in all of the following programs: CES, LAUS, OES, QCEW, and MLS. (The Virgin Islands and Guam are exempt from this requirement.)

H. ENHANCED ELECTRONIC COMMUNICATIONS

The State agency will cooperate with the BLS in maintaining the dedicated phone lines needed for electronic communications between agencies.

I. COMPUTER SECURITY

The State agency is required to have in place a system of information technology security controls that is consistent with industry standards, State and Federal laws, as applicable, and that are tested on a regular basis. The State agency is required to make audit reports of such controls available to authorized BLS staff upon request. The BLS reserves the right to visit State offices to ensure that appropriate controls are in place and operating as intended. The State agency is required to scan files for viruses prior to transmittal to BLS. Virus scanning tools used for this purpose must be kept up to date to ensure that known viruses are adequately detected.

J. CONTRACTING OUT LMI FUNCTIONS

The State agency agrees not to subgrant or contract any substantive program work (see Part I, Administrative Requirements, Section P.) without first obtaining permission from the BLS.

K. USE OF BLS SURVEY SAMPLES

States are prohibited from using BLS survey samples for the collection of additional respondent information, without first obtaining permission from the BLS.

L. CONTROL OF ESTIMATES

States will not share estimates outside of the LMI unit until they are final and ready for publication. The purpose of this requirement is to prevent politicization of estimates.

Work Statement

State

CA Number

__ __

LM- _____-10-75-J-__

Agree To
Comply
(Check Box)

M. PUBLICIZING PUBLICATION DATES

States will establish a publication schedule for the upcoming calendar year of CES and LAUS data produced under the CA and post the schedule on the State Labor Market Information Web site by December 31, 2009. The Web site should also announce and fully explain to the public any changes made to the release schedule.

N. EXPLANATION OF VARIANCES

NOTE: Please use additional pages as necessary

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CURRENT EMPLOYMENT STATISTICS PROGRAM

A. PROGRAM INFORMATION

The Current Employment Statistics (CES) program is a nationwide monthly payroll survey of business establishments. CES provides current estimates of employment, hours, and earnings in industry and area detail for the 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands.

The Bureau of Labor Statistics (BLS) funds and administers the CES program, and provides conceptual, technical, and procedural guidance in sampling, data collection, and estimation. State agencies are responsible for some aspects of CES data collection, estimation, and publication in cooperation with the BLS.

The CES program uses the standardized procedures described in the Current Employment Statistics State Operating and Automated CES web (ACES Web) System Manuals, as well as those contained in the work statement and BLS technical memoranda. Applicants should put an "X" or a check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements.

B. DELIVERABLES

There are two categories of data items that must be delivered for the BLS to operate the CES program: (1) those required for the national CES program, and (2) those required for the State and area program. Each program has monthly and annual requirements, and each item must be delivered according to the schedule specified in the CES Manual, technical memoranda, and on the following pages.

| Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <u>NATIONAL ESTIMATES</u> | | | |
| <u>Monthly</u> | | | |
| 1. a. Directly collect individual establishment microdata, for those units the State has elected to continue collecting; review the edited and screened microdata; and transmit the microdata to the BLS for the earliest possible national closing. | <input type="checkbox"/> | In accordance with the schedule specified in the CES Manual for the first, second, and third closings each month. | <input type="checkbox"/> |
| b. Receive sample reports collected by all BLS collection sites via the Centralized Database (CDB); and transmit data questions to the appropriate collection source using OnTrack. | <input type="checkbox"/> | In accordance with the procedures specified in the CES Manual. | <input type="checkbox"/> |

b. deliverables (continued)

| Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|---------|-----------------------------|-----------|-----------------------------|
|---------|-----------------------------|-----------|-----------------------------|

Quarterly

| | | | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|--------------------------|
| 2. States will maintain RU-coded files that define the exact match between CES sample members and their QCEW report. | <input type="checkbox"/> | In accordance with procedures specified in the CES Manual. | <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|--------------------------|

Annually

| | | | |
|-----------------------------------------|--------------------------|----------------------------------------------------------|--------------------------|
| 3. Report on non-UI covered employment. | <input type="checkbox"/> | Specified annually in time for national benchmark needs. | <input type="checkbox"/> |
|-----------------------------------------|--------------------------|----------------------------------------------------------|--------------------------|

STATE AND AREA ESTIMATES

Monthly

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|--------------------------|
| 4. a. Deliver: Preliminary and revised estimates for employment, hours and earnings of all employees for States and selected areas. Preliminary and revised estimates for employment, hours, and earnings of production and non-supervisory workers for States and selected areas. | <input type="checkbox"/> | In accordance with the monthly schedule and procedures specified in the CES Manual. | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|--------------------------|

| | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|--------------------------|
| b. | States will produce, review, and deliver to BLS estimates made utilizing the ACES Web system. | <input type="checkbox"/> | In accordance with the monthly schedule and procedures specified in the CES Manual. | <input type="checkbox"/> |
| c. | States will participate in estimation research and testing. This research will focus the application of a consistent statistical methodology that should assist in minimizing the sum-of-state and national estimation differences. This consistent methodology will enhance comparability of estimates across States, and will also tend to reduce the sum-of-state and national estimates difference. States will review estimates produced using alternative estimators and will provide feedback on microdata, estimation, and schedule issues. | <input type="checkbox"/> | In accordance with the monthly schedule specified by BLS. | <input type="checkbox"/> |

B. DELIVERABLES (CONTINUED)

| Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <p>d. States will implement procedures – built into ACES Web – that are designed to apply a consistent statistical methodology to decrease the sum-of-state differences at the estimation super-sector level.</p> | <input type="checkbox"/> | <p>In accordance with the schedule specified by BLS.</p> | <input type="checkbox"/> |
| <u>Annually</u> | | | |
| <p>e. State and area monthly and annual average series benchmarked to the March QCEW report adjusted for comparability with CES definitions. Post benchmark estimates will reflect replacement with edited second quarter UI data. Subject to availability, third quarter UI data should also be tabulated and reviewed for use in replacement methodology.</p> | <input type="checkbox"/> | <p>Prior to submittal of preliminary January estimates on the new benchmark and according to BLS defined schedule which allows for timely review of revised benchmarked data and seasonal factors.</p> | <input type="checkbox"/> |
| <p>f. Review new seasonal factors and seasonally adjusted data for statewide employment in accordance with BLS specifications.</p> <p>Review new seasonal factors and seasonally adjusted data for MSA employment – for all MSAs that pass BLS criteria for seasonal adjustment – in accordance with BLS specifications.</p> <p>Review new seasonal factors and seasonally adjusted data below the super-sector level for statewide employment data leading to potential publication with the January estimates.</p> | <input type="checkbox"/> | <p>Prior to submittal of preliminary January estimates on the new benchmark and in accordance with BLS defined schedule.</p> | <input type="checkbox"/> |

B. DELIVERABLES (CONTINUED)

| | Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------|-----------------------------|
| 4. g. | Review and modify, as needed, State and area publication cells, based on BLS publication guidelines. These guidelines include review and modification to assure adequate sample for estimation of employment, and all employee payrolls, as well as definitional changes mandated by OMB to metropolitan areas and industry classification systems. These guidelines also establish the minimum required cell structure for each data type. | <input type="checkbox"/> | Prior to benchmark processing each year; in accordance with BLS defined schedule. | <input type="checkbox"/> |
| h. | Review new Net Birth/Death factors. Identify – during the review period – those factors that need additional BLS review and identify possible outliers from within the factor’s history. | <input type="checkbox"/> | In accordance with BLS guidelines and schedules. | <input type="checkbox"/> |

NATIONAL, STATE, AND AREA ESTIMATES

| | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------|--------------------------|
| 5. | Electronic transmission of micro, macro, and registry data with specified backup. | <input type="checkbox"/> | In accordance with schedule in CES Manual. | <input type="checkbox"/> |
| 6. | In Section F., “Sub-State Areas,” found on page 7, list all BLS published sub-State area(s) covered under the Cooperative Agreement for which estimates will be made and place an "X" in the appropriate column to indicate each type of estimate. Area definitions must comply with current OMB requirements for MSA boundaries. | | | <input type="checkbox"/> |

C. PROGRAM PERFORMANCE REQUIREMENTS

Agree To Comply (Check Box)

Specifics on the methods for conducting the CES monthly survey are described in the CES Manual. The major elements involved are:

1. ENROLLMENT

The State agency will continue a program of sample enrollment, following CES Manual guidelines, for the Government major industry division only. The State agency may elect to continue collecting data from the newly enrolled government establishments, or they may transfer ongoing collection of the data from these establishments to BLS.

2. DATA COLLECTION

- a. The State agency will collect data from respondents each month using BLS/OMB-approved forms, or via BLS-approved electronic formats, for those establishments the State agency elects to continue collecting.
- b. These data will be collected and edited in accordance with CES Manual requirements.
- c. The State agency will maintain a program of delinquency control and refusal conversion in accordance with CES Manual requirements, for those establishments the State agency elects to continue collecting.
- d. The State agency will conform to BLS requirements in Electronic Data Interchange, including timing requirements for coding and matching units, as specified in the CES Manual and Technical Memoranda.
- e. States will prepare and mail CES schedules—for those establishments the State agency elects to continue collecting—in accordance with the schedule outlined in the CES Manual and related Technical Memoranda.

3. ESTIMATION

- a. The State will utilize the standard CES methodology, systems, and procedures for all private industries. States will adhere to BLS guidelines provided in the CES Manual and technical memoranda in developing these CES estimates. Series with insufficient sample for direct sample-based estimation will be estimated via the BLS small domain modeling technique. The State will utilize the standard CES quota methodology and procedures for all government industry series.
- b. The State will participate with BLS in the continuing work of publishing all employee hours and earnings series. States will review and approve publication levels based on adequate sample, and produce and review the series.
- c. The State will review cell suppressions based on p-percent confidentiality processing performed at the BLS. States may choose to utilize the Small Domain Model for cells that fail confidentiality processing, or they may attempt to obtain letters of consent from the unit(s) causing the cell to fail. If the latter option is selected, the letters of consent will be prepared and mailed according to BLS policy.

D. QUALITY ASSURANCE REQUIREMENTS

Agree To Comply (Check Box)

- d. The State will review non-BLS cells for confidentiality. States will either suppress cells that fail confidentiality or they may attempt to obtain letters of consent from the unit(s) causing the cell to fail. If the latter option is selected, the letters of consent will be prepared and mailed according to BLS policy. Signed consent letters will be provided to the regional office for archiving.

The State agency will cooperate with the BLS in conducting:

- 1. CES State Benchmark validations and resulting recommendations for corrections or

Work Statement

State

CA Number

__ __ LM- ____-10-75-J-__

improvements, and work closely with the BLS to implement these changes.

2. BLS editing and screening efforts for all data types by promptly answering data verification e-mail requests, within two working days whenever possible, for those units the State has elected to continue collecting.
3. Data security by securing individual respondent data to prevent disclosure to unauthorized persons. This includes non-disclosure of estimates prior to publication, using standards outlined in the CES Manual and program memoranda.

E. EXCLUSIONS

The deliverables and cost estimates for the CES program should reflect only activities associated with the conduct of a sample survey of establishments for the areas shown in the work statement: developing estimates of industry employment; hours and earnings; and publication of these data. The following types of activities are not part of the CES program:

1. Development of sample-based or non-sample-based estimates for areas not listed in the work statement. However States may, at their option, maintain supplemental sample for non-CES areas within the ACES system and utilize ACES to produce non-CES area estimates. States may not utilize CES sample data outside of the ACES system without a signed Memorandum of Understanding (between the State and BLS) specifying the allowable uses and required protection of the CES sample data.

States may continue to collect sample ‘drops’—or ‘offers’—in the non-CES areas if the State chooses to collect these units no funding will be provided to collect and edit the units. If a State elects to solicit additional non-government units in non-CES areas, then the State must collect both the sample ‘drops’ and the newly solicited units; no BLS funding will be provided for these activities. If a State chooses to solicit additional non-government units in non-CES areas, the solicited sample size is limited to 10 percent of the States’ CES non-government sample size.
2. Provision of technical assistance to State employment service managers in identifying industries or establishments from which potential job orders can be developed.

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F. SUB-STATE AREAS

List all BLS published sub-State area(s) covered under the Cooperative Agreement for which estimates will be made and place an "X" in the appropriate column to indicate each type of estimate.

| | Area | Employment | PW Hours and Earnings | AE Hours and Earnings |
|-----|------|------------|-----------------------|-----------------------|
| 1. | | | | |
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| 29. | | | | |
| 30. | | | | |

G. EXPLANATION OF VARIANCES

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NOTE: Please add additional pages as necessary.

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LOCAL AREA UNEMPLOYMENT STATISTICS PROGRAM

A. PROGRAM INFORMATION

The Local Area Unemployment Statistics (LAUS) program provides monthly estimates of labor force, employment, unemployment, and unemployment rates for the U.S. Census Bureau regions and divisions, States, and substate areas. Geographic coverage includes metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, combined statistical areas, counties, selected cities, and other areas. Estimates in the six New England States are based on the New England City and Town Area (NECTA) concept. Data are developed for the 50 States, the District of Columbia, and Puerto Rico.

The Bureau of Labor Statistics (BLS) funds and administers the LAUS program and provides conceptual, technical, and procedural guidance in the development of estimates. State agencies are responsible for preparation of estimates and publication of data in cooperation with the BLS.

The LAUS program uses data from the Current Population Survey, administrative data from the Unemployment Insurance (UI) System, and employment estimates from the BLS Current Employment Statistics (CES) and Quarterly Census of Employment and Wages (QCEW) programs.

The LAUS program uses the standardized procedures described in the Local Area Unemployment Statistics Program Manual, as well as those contained in the work statement and BLS technical memoranda. Applicants should put an "X" or a check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements.

B. DELIVERABLES

Data items that must be delivered for the BLS to operate the LAUS program are described in summary below. There are monthly, annual, and "as necessary" requirements, and each item must be delivered according to the schedules specified in LAUS technical memoranda and on the following pages.

| Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Monthly estimates of the civilian labor force, employment, unemployment, and unemployment rate will be provided for the following areas: | <input type="checkbox"/> | Preliminary estimates for the current month and revised estimates for the previous month will be provided according to the preset schedule. (Benchmarked, rather than revised, estimates will be transmitted for December.) | <input type="checkbox"/> |
| a. States and model-based areas All metropolitan statistical areas, micropolitan statistical areas, | | | |
| b. metropolitan divisions, and combined statistical areas (NECTA equivalents in New England) | | | |
| c. All small labor market areas (SLMAs) | | | |
| d. All counties and county equivalents | | | |

B. DELIVERABLES (CONTINUED)

| Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| e. All cities and city equivalents (including townships, where applicable) with a population of 25,000 or more | | | |
| f. All parts of cities and city equivalents with a population of 25,000 or more that are located in more than one county | | | |
| g. All cities and towns in New England | | | |
| 2. Data for Areas of Substantial Unemployment will be submitted as required by the Employment and Training Administration. | <input type="checkbox"/> | | |
| 3. Data for such additional areas as may be required for legislative purposes will be developed and submitted on a reimbursable basis as necessary. | <input type="checkbox"/> | | |
| 4. Monthly LAUS estimates for specified years will be revised annually, and annual averages developed, for the following areas: | <input type="checkbox"/> | Benchmarked data will be provided on or before specified due dates provided annually via technical memoranda by the BLS. | <input type="checkbox"/> |
| a. States and model-based areas | | | |
| b. All metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas (NECTA equivalents in New England) | | | |
| c. All SLMAs | | | |
| d. All counties and county equivalents | | | |
| e. All cities and city equivalents (including townships, where applicable) with a population of 25,000 or more | | | |

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B. DELIVERABLES (CONTINUED)

| | Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|----|--------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------|-----------------------------|
| 4. | f. All parts of cities and city equivalents with a population of 25,000 or more that are located in more than one county | | | |
| | g. All cities and towns in New England | | | |

C. QUALITY ASSURANCE REQUIREMENTS

| | | Agree To Comply (Check Box) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. | The State agency will provide such data and assistance as may be required for the BLS to determine that the employment and unemployment inputs used in the estimating methodology conform to established standards. | <input type="checkbox"/> |
| 2. | The State agency will correct any errors detected in the estimates or in the methodology used to develop them within the time frames mutually agreed upon by the BLS and the State agency. | <input type="checkbox"/> |
| 3. | The State agency will transmit estimates accompanied by supplemental information, including comments on estimates that exhibit questionable or large changes, such as those identified by the Questionable Data Edit in LAUS State System (LSS) Plus. | <input type="checkbox"/> |
| 4. | The State agency will maintain appropriate methods for implementing changes in the input data necessary to comply with legislative changes. | <input type="checkbox"/> |
| 5. | The State agency will provide an annual statement to the BLS detailing changes in UI legislation that impact the production of LAUS estimates. This statement will be completed according to the guidelines provided in technical memoranda. | <input type="checkbox"/> |
| 6. | The State agency will provide an annual statement to the BLS detailing changes in UI administrative practices and changes in UI computer systems and programming that have an impact on the LAUS program. This statement will be completed according to guidelines provided in technical memoranda. | <input type="checkbox"/> |
| 7. | The State agency will cooperate in assessing and maintaining the accuracy of UI inputs by participating in the UI Validation project and in the Residency Assignment project. | <input type="checkbox"/> |
| 8. | The State agency will keep abreast of changes to geopolitical entities that are LAUS areas within the State, including annexations, incorporations, secessions, and name changes, and notify the BLS formally of such changes no later than December 1. | <input type="checkbox"/> |

C. QUALITY ASSURANCE REQUIREMENTS (CONTINUED)

- | | Agree To
Comply
(Check Box) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 9. The State agency will participate with the BLS in assessing the quality of commuter and interstate data retrieved from the UI ICON system. | <input type="checkbox"/> |
| 10. The State agency will develop and maintain the ability to produce UI claims inputs for the proper November and December reference weeks (the week including the 5 th day or 12 th day, depending on the year), as directed through a technical memorandum. | <input type="checkbox"/> |
| 11. The State agency will install LSS Plus software updates according to guidelines provided in the technical memorandum accompanying the software and use the new software to produce LAUS estimates. | <input type="checkbox"/> |
| 12. The State agency, after BLS approval to use PROMIS to develop UI claims counts for LAUS estimation, will install PROMIS updates according to guidelines provided in the technical memorandum accompanying the software and use the new software to produce claims inputs to LSS Plus. | <input type="checkbox"/> |
| 13. The State agency will participate with BLS in the evaluation of employment inputs for non-CES areas. | <input type="checkbox"/> |
| 14. The State agency will share necessary input data, including commuter claims counts, interstate claims counts, and, as needed for residency adjustment, nonfarm wage and salary establishment-based employment with other States on a time frame that will allow all States to meet the pre-set LAUS schedule. | <input type="checkbox"/> |
| 15. The State agency will use the LAUS Data Exchange System for all files generated within the LSS Plus system as part of providing other States with necessary input data. | <input type="checkbox"/> |
| 16. The State agency will use the population- and claims-based disaggregation methodologies for all LAUS disaggregated areas. | <input type="checkbox"/> |
| 17. The State agency will post a copy of the LSS Plus database to EUSWeb on the due date for monthly or benchmarked estimates and update it when corrected estimates are transmitted. | <input type="checkbox"/> |
| 18. The State agency will participate in testing LAUSOne to produce estimates for selected months in calendar years 2009-10, to test the system and become familiar with its operation. The details and dates will be specified in technical memoranda. | <input type="checkbox"/> |
| 19. The State agency will transmit a calendar of their monthly data release dates in accordance with instructions in a technical memorandum. | <input type="checkbox"/> |

D. STATE-SPECIFIC DATA REQUIREMENTS

Agree To
Comply
(Check Box)

1. States with Interstate Labor Market Areas:

State agencies with interstate labor market areas will provide each other with required handbook inputs, handbook estimates, and handbook-share information for these areas to allow all State agencies to meet the pre-set LAUS schedule.

2. States with Interstate Combined Statistical Areas:

State agencies with components of interstate combined statistical areas will provide estimates for their metropolitan and/or micropolitan statistical areas (or NECTAs) to the controlling State(s) to allow those States to transmit the combined statistical area totals to BLS to meet the pre-set LAUS schedule.

3. Hawaii:

Monthly and historical estimates of the civilian labor force, employment, unemployment, and unemployment rate are not required for Kalawao County.

E. EXCLUSIONS

The deliverables and cost estimates for the LAUS program should reflect only activities associated with the development of labor force, employment, and unemployment estimates for BLS-required areas and activities associated with the publication of data. Conducting sample-based employment estimation is not part of the LAUS program.

F. EXPLANATION OF VARIANCES

NOTE: Please add additional pages as necessary

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OCCUPATIONAL EMPLOYMENT STATISTICS PROGRAM

A. PROGRAM INFORMATION

The Occupational Employment Statistics (OES) program provides occupational employment and wage estimates for wage and salary workers annually for the 50 States, Metropolitan Statistical Areas, Balance of State areas (except where the MSAs exhaust the State), the District of Columbia, Puerto Rico, the Virgin Islands and Guam. A semi-annual sample survey of establishments is conducted to determine statewide and area occupational employment and wage distribution at the four-digit and selected five-digit North American Industry Classification System level. Occupational employment and wage estimates and measures of reliability for the surveyed industries are published annually.

The Bureau of Labor Statistics (BLS) funds and administers the OES program and provides conceptual, technical, and procedural guidance in data collection and estimation. State agencies are responsible for data collection and publication in cooperation with the BLS.

The OES program uses the standardized procedures described in the Occupational Employment Statistics State Operations Manual (OES Manual) as well as those contained in the work statement and BLS technical memoranda. Applicants should put an "X" or a check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements.

BLS will provide electronic sample files to the State semi-annually. BLS will send out the November 2009 panel by September 15, 2009, and the May 2010 panel by March 16, 2010. A third sample file for November 2010 will be delivered to the States by September 15, 2010, but there are no State deliverables for that file in the FY 2010 agreement. The November 2009 panel will be selected from a fourth quarter 2008 frame. The May 2010 and November 2010 panels will be selected from second quarter 2009 and fourth quarter 2009 frames, respectively.

BLS will contract with a printer to prepare and mail the standard mail out packages. Included in the packages will be a survey form (including the State masthead, the name and address, and employment of the sample unit and the industry description), a State specific solicitation letter, a State specific fact sheet or helpful hints sheet (one or two sided on colored paper), a State specific mail out envelope and a State return envelope. Among the key inputs to the printing process are electronic files that the State will send to BLS Washington. BLS will check the files and then forward them to the printer.

The deliverables include interim and final master machine-readable files meeting required response rates (see B.5. and B.6.). The requirements are for the May 2009 and the November 2009 survey panels. Under the FY 2010 agreement the response rate requirements for the final master files will be considered satisfied for each panel if the response rate for the combined May 2009 and November 2009 panels meets requirements. Please note the FY 2010 requirements for response rates detailed in Section B.6.

The following table highlights dates for key OES files:

FY 2009 OES FILES SUMMARY BY PANEL

| <u>Panel</u> | <u>Item</u> | <u>Due Date</u> |
|--------------|------------------------------------------------|-----------------|
| 2009-2 | Interim Master File to BLS | Nov 9, 2009 |
| 2009-2 | Final Master File to BLS | Jan 12, 2010 |
| 2009-2 | Questions sent by BLS to State | Jan 27, 2010 |
| 2009-2 | Final Corrections to BLS | Feb 3, 2010 |
| 2009-2 | Supplemental Sheets to BLS | Feb 17, 2010 |
| 2009-4 | Sample Sent to States | Sep 15, 2009 |
| 2009-4 | State Workforce Agency Return Addresses to BLS | Sept 15, 2009 |
| 2009-4 | Solicitation Letters and Fact Sheets to BLS | Oct 1, 2009 |
| 2009-4 | Refined Sample for Printer to BLS | Nov 4, 2009 |
| 2009-4 | 1st Follow Up Sample for Printer to BLS | Dec 2, 2009 |
| 2009-4 | 2nd Follow Up Sample for Printer to BLS | Dec 30, 2009 |
| 2009-4 | 3rd Follow Up (Opt) Sample for Printer to BLS | Jan 27, 2010 |
| 2009-4 | Interim Master File to BLS | May 6, 2010 |
| 2009-4 | Final Master File to BLS | July 8, 2010 |
| 2009-4 | Questions sent by BLS to State | July 28, 2010 |
| 2009-4 | Final Corrections to BLS | Aug 11, 2010 |
| 2009-4 | Supplemental Sheets to BLS | Aug 17, 2010 |
| 2010-2 | Sample Sent to States | Mar 16, 2010 |
| 2010-2 | State Workforce Agency Return Addresses to BLS | Mar 16, 2010 |
| 2010-2 | Solicitation Letters and Fact Sheets to BLS | Apr 1, 2010 |
| 2010-2 | Refined Sample for Printer to BLS | Apr 28, 2010 |
| 2010-2 | 1st Follow Up Sample for Printer to BLS | May 26, 2010 |
| 2010-2 | 2nd Follow Up Sample for Printer to BLS | June 23, 2010 |
| 2010-2 | 3rd Follow Up (Opt) Sample for Printer to BLS | July 21, 2010 |
| 2010-4 | Sample Sent to States | Sep 15, 2010 |

The BLS will provide the State with updated master files and estimates files for the May 2009 reference period within six weeks after the final corrections files for the May 2009 panel are received from States. Dates pertaining to sample files for the printer are subject to change, pending analysis of the current schedule.

B. DELIVERABLES

Data items that must be delivered for the BLS to operate the OES program are described in summary below. Each item must be delivered according to the schedule specified in the OES Manual, the work statement, and BLS technical memoranda.

| Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------|-----------------------------|
| 1. Publication of survey data that meet the OES publication requirements outlined in the State Operations Manual and validated by the BLS. A press release, hard copy report, or Internet web site count as publication. | <input type="checkbox"/> | September 28, 2010 | <input type="checkbox"/> |
| 2. Delivery to BLS Washington of: | | | |
| a. electronic State Workforce Agency return address; | <input type="checkbox"/> | 2009-4 panel, Sept 15, 2009 2010-2 panel, Mar 16, 2010 | <input type="checkbox"/> |
| b. electronic solicitation letters (initial and follow-up) and electronic fact sheet; and | <input type="checkbox"/> | 2009-4 panel, Oct 1, 2009 2010-2 panel, Apr 1, 2010 | <input type="checkbox"/> |
| c. electronic sample files (after address refinement). | <input type="checkbox"/> | 2009-4 panel, Nov 4, 2009 2010-2 panel, Apr 28, 2010 | <input type="checkbox"/> |
| 3. For follow up solicitation, delivery to BLS Washington of electronic sample file including sample non-respondents. | <input type="checkbox"/> | As specified in technical memorandum | <input type="checkbox"/> |
| 4. Interim master machine-readable files containing at least a 60 percent usable response rate, including wages, in either units or employment for each sampled area, including the portion of the State in an interstate MSA. The master file will reflect coding to the full OES occupational structure. | <input type="checkbox"/> | 2009-2 panel, Nov 9, 2009 2009-4 panel, May 6, 2010 | <input type="checkbox"/> |

B. DELIVERABLES (CONTINUED)

| | Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------|-----------------------------|
| 5. | Clean final master machine-readable files containing at least a 75 percent usable response rate, including wages, in either units or employment for each sampled area, including the portion of the State in an interstate MSA. The master file will reflect coding to the full OES occupational structure. The file must contain at least 65 percent usable response rate, including wages, for employment statewide. This requirement can also be satisfied if the combined response rate for the May 2009 (2009-2) and November 2009 (2009-4) panels is at least 75 percent in either units or employment for each sampled area and 65 percent usable employment statewide. | <input type="checkbox"/> | 2009-2 panel, Jan 12, 2010 2009-4 panel, July 8, 2010 | <input type="checkbox"/> |
| 6. | Completed copies of the supplemental reporting sheets from all questionnaires. | <input type="checkbox"/> | 2009-2 panel, Feb 17, 2010 2009-4 panel, Aug 17, 2010 | <input type="checkbox"/> |
| 7. | Data collection progress report (SPAM Summary Progress Report—RAR and RAQ). | <input type="checkbox"/> | Three working days after the end of each month during data collection. | <input type="checkbox"/> |
| 8. | One additional interim set of master machine-readable files will be provided to the BLS regional office for each panel. There is no required response rate for this file due to the flexible timing of this deliverable. This does not preclude States from providing additional master files to the regional office as negotiated by the States and regional offices. | <input type="checkbox"/> | As negotiated between each State and its regional office. | <input type="checkbox"/> |

C. PROGRAM PERFORMANCE REQUIREMENTS

Specific methods for conducting the OES survey are described in the OES Manual and in technical instructions provided by the BLS. Major elements are:

- | | Agree To
Comply
(Check Box) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Address Refinement The State agency will perform address refinement functions as specified in the OES Manual. | <input type="checkbox"/> |
| 2. Data Collection | |
| a. Survey will be conducted in accordance with procedures contained in the OES Manual. | <input type="checkbox"/> |
| b. BLS/OMB-approved forms and procedures will be used. | <input type="checkbox"/> |
| 3. Software State agencies using any BLS-sponsored OES exportable software will install the latest version of the software and maintain conformance with the latest source code. Installation will be completed within 30 days after receipt of the update. | <input type="checkbox"/> |

D. QUALITY ASSURANCE REQUIREMENTS

The State agency will cooperate with the BLS in:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Editing and screening efforts for all data types by running and acting on SPAM QA edits and by providing corrections and explanations when data are questioned. BLS questions on the interim master files should be addressed before final master files are submitted. Questions on the final master file should be addressed or corrections submitted as specified in the technical memoranda. | <input type="checkbox"/> |
| 2. Making atypical reporter adjustments as appropriate. | <input type="checkbox"/> |
| 3. Assessing the quality of occupational coding by providing corrections and/or explanations to questions raised during the BLS review. | <input type="checkbox"/> |
| 4. The BLS will provide States with the opportunity to review and request suppression of individual OES estimates before they are published. States will provide an explanation for any requested suppression of an estimate and will submit corrections to the data as necessary. | <input type="checkbox"/> |
| 5. Cooperating with State operations review activities | <input type="checkbox"/> |

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E. EXCLUSIONS

The deliverables and cost estimates for the OES program should reflect only activities associated with conducting a sample survey of establishments, developing estimates of occupational employment and wages, and publishing these estimates. Activities that are not part of the OES program include developing both projections of industry and occupational employment for States and areas and Foreign Labor Certification administrative activities.

F. EXPLANATION OF VARIANCES

NOTE: Please add additional pages as necessary

QUARTERLY CENSUS OF EMPLOYMENT AND WAGES

A. PROGRAM INFORMATION

The Quarterly Census of Employment and Wages (QCEW), formerly known as the ES-202 program, provides data on monthly employment, total quarterly wages, taxable wages, employer contributions and other business identification information. The States prepare an Enhanced Quarterly Unemployment Insurance (EQUI) file each quarter. QCEW data are developed for the 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands.

Since 1972, the Bureau of Labor Statistics (BLS) has successfully shared QCEW data with the Bureau of Economic Analysis (BEA). On a quarterly basis, the BEA uses QCEW data to develop county, State, regional, and national personal income estimates, a component of the Gross Domestic Product, and to conduct related statistical research and analysis.

The BLS funds and administers the QCEW program and provides conceptual, technical, and procedural guidance in all program activities. State agencies are responsible for data collection, insuring data quality, and publication in cooperation with the BLS. The QCEW program uses the standardized procedures described in the QCEW Operating Manual, as well as in the work statement and BLS technical memoranda. Applicants should put an "X" or check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements.

B. DELIVERABLES

| Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|-----------------------------|
| 1. EQUI Name and Address File must be delivered for the BLS to operate the QCEW program. It must be delivered according to the schedule specified in the QCEW Operating Manual, the work statement, and BLS technical memoranda. Estimates, acceptable to the BLS, will be used in the case of missing State files. | <input type="checkbox"/> | 2009-2 October 22, 2009 | <input type="checkbox"/> |
| | 2009-3 January 21, 2010 | | |
| | 2009-4 April 22, 2010 | | |
| | 2010-1 July 22, 2010 | | |
| 2. In addition to the EQUI, summary macrodata files must be delivered to the BLS in accordance with the standardized procedures described in the QCEW Operating Manual as well as in the work statement and in BLS technical memoranda. | <input type="checkbox"/> | | |

B. DELIVERABLES (CONTINUED)

| | Content | Agree To Comply (Check Box) | Due Dates | Agree To Comply (Check Box) |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 3. | States will publish QCEW data quarterly within seven months of the end of reference quarter at the State NAICS sub-sector level and county sector level. To be considered published, data must be released to the general public in the form of either a web database, downloadable data file(s), paper or electronic data files, or press release. | <input type="checkbox"/> | | |
| 4. | State will publish BLS-provided seasonally adjusted Business Employment Dynamics data at the State level within 30 days of receipt from the BLS. | <input type="checkbox"/> | | |
| 5. | If requested by the BLS, a subset microdata file of the largest gross corrections must be delivered to the BLS within seven working days after the EQUI due date for each quarter. This covers the need for quick responses on very large errors that are provided to BEA and CES, if necessary. | <input type="checkbox"/> | | |
| 6. | Submit a file of BLS requested or approved corrections, if needed, after the initial EQUI submittal and before the BLS clean designation. This covers the normal series of national office questions sent usually within 10 days of the EQUI. Automated corrections will also be sent through the States systems as specified in technical memoranda or the QCEW Operating Manual. | <input type="checkbox"/> | | |
| 7. | In case of a BLS emergency, the States will provide macro 6-digit NAICS county totals by ownership directly to BEA in accordance with BLS technical memoranda. | <input type="checkbox"/> | | |
| 8. | For first quarter, the ten states with the largest percentage of national wages in the finance sector will submit a micro and macro file to BLS three weeks earlier than the EQUI as specified in a BLS technical memorandum. It is recognized that these early submittals have not been fully processed and do not meet existing QCEW quality standards. The official EQUI date is not changed. This early | <input type="checkbox"/> | July 6, 2010 | |

| | | | | |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | <p>submittal will improve the accuracy of BEA's Gross Domestic Product measures. While the emphasis is on Finance, BEA will use the submitted data for each of the industries. The ten States are: California, New York, Connecticut, Florida, Illinois, Texas, Pennsylvania, New Jersey, Ohio and Massachusetts. Files from volunteer states will also be accepted.</p> | | | |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

C. PROGRAM PERFORMANCE REQUIREMENTS

Specific methods for preparing the EQUI Files are described in the QCEW Operating Manual and in technical memoranda provided by the BLS. Major elements are:

- | | Agree To
Comply
(Check Box) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Process and edit all required program data gathered from initial Status Determination Forms or automated employer registration process, Multiple Worksite Reports, Annual Refiling Survey (ARS), quarterly contribution reports, EDI Center, MWR-Web and quarterly Reports on Federal Employment and Wages conducted as part of the UCFE Program. | <input type="checkbox"/> |
| 2. Follow up with: | |
| a. All employers that have employment data missing from UI contribution reports; and | <input type="checkbox"/> |
| b. Employers on questionable data | <input type="checkbox"/> |
| 3. Impute for missing or delinquent data according to the guidelines in the QCEW Operating Manual. States should review and verify all imputations for units with 100 and greater employees prior to each quarter's EQUI. | <input type="checkbox"/> |
| 4. a. Conduct the ARS according to criteria and performance requirements (80 percent of employment usable response rate or 75 percent of units usable response rate) calculated as specified in the QCEW Operating Manual. Use cover letters and flyers as outlined in the QCEW Operating Manual. Draft cover letters are due to the BLS by established due dates and must be approved prior to use. Follow the private sector selection criteria found in the QCEW Operating Manual or as modified in a technical memorandum. Establishments coded in NAICS 814110 (Private Households) should not be surveyed. | <input type="checkbox"/> |
| b. Review, verify or update industry and county (or township) codes using returned BLS-3023 forms of the ARS and any appropriate supplemental, BLS-provided, or follow-up information. | <input type="checkbox"/> |
| c. From the returned BLS-3023 forms of the ARS, perform the following review activities: For newly identified multi-establishment worksites in the FY 2009 ARS, assign the following codes: NAICS, county, ownership, and MEEI. Then, enter these codes along with Reporting Unit Numbers and the physical location address to solicit for quarterly Multiple Worksite Reporting for those employers meeting the QCEW Operating Manual Standards. | <input type="checkbox"/> |

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C. PROGRAM PERFORMANCE REQUIREMENTS (CONTINUED)

- | | Agree To
Comply
(Check Box) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| d. Updated physical location and mailing addresses information collected from the BLS-3023 form must be added to the State micro file and submitted to the BLS on the EQUI deliverables file. Both sets of addresses should follow the QCEW Operating Manual standards. | <input type="checkbox"/> |
| e. Use the Touchtone Response System (TRS) to conduct the ARS for eligible units. | <input type="checkbox"/> |
| 5. Assign valid NAICS, county, ownership and MEEI codes to new employer accounts using the procedures described in the QCEW Operating Manual. Add physical location and mailing address information to the State QCEW micro file for these new accounts, if available. For new employer accounts with no product or economic activity and/or geographical information, send a BLS-3023 NCA form to collect this information on a flow basis. | <input type="checkbox"/> |
| 6. a. All units with a NAICS industry code of 999999 (unclassified) must be surveyed on a flow basis during the cooperative agreement period. All units with zero employment and wages for four complete consecutive quarters should be excluded. | <input type="checkbox"/> |
| b. NAICS 999999 should not be greater than 0.5 percent of employment in the total file in any quarter. | <input type="checkbox"/> |
| 7. Install and use the latest version of EXPO-QCEW or WIN-202 and maintain conformance with the latest source code. Installation of all system updates should be completed within 30 days of receipt (minor or interim changes should be implemented within 7 days on receipt). Service Center States will automatically use the most current version available. States not using the Service Center will send written notification to the BLS as soon as the update is operational. | <input type="checkbox"/> |
| 8. Where State policy allows, States will allow the BLS access to State microdata and macrodata files via EXPO-QCEW or WIN-202 for support of deliverables in critical circumstances only. | <input type="checkbox"/> |
| 9. Use the Multiple Worksite Report solicitation, informed consent letters, and refusal solicitation letters outlined in the QCEW Operating Manual. | <input type="checkbox"/> |
| 10. Accept, edit and review Multiple Worksite Reports and Reports on Federal Employment and Wages from reporters or the BLS on electronic medium or from computer to computer in the standardized formats. Follow instructions and procedures enumerated in the QCEW Operating Manual and technical memoranda with regard to the central collection of these data by the BLS Electronic Data Interchange Center. | <input type="checkbox"/> |
| 11. Extract, edit, and review Quarterly Contributions Report data from the Unemployment Insurance tax file at least twice each quarter for current quarter data. Extract, edit and review late and retroactive prior quarter data at least once during the current quarter. Any data extracted and loaded to the micro file for quarters earlier than prior quarter must also be edited and reviewed prior to submittal or publication. | <input type="checkbox"/> |

C. PROGRAM PERFORMANCE REQUIREMENTS (CONTINUED)

Agree To Comply (Check Box)

- 12. Monitor updates and notify the BLS regional office of changes to the State UI program accounting and processing systems, specifically, but not limited to, changes resulting from One Stop, coverage and law changes, rate structure changes, SUTA dumping, UI numbering modifications, wage base level changes, processing of wage records, changes in data fields, tracking predecessor/successor full and partial transactions, and use of scanning or other technological changes in UI systems. States will modify UI extract programs in a manner to ensure timely deliverables.

States will seek the inclusion of payroll processor codes into the UI system where possible with the goal of filling the agent code field on the EQUI on a timely basis. Where possible, States will use the IRS standard numbering for payroll processors.

- 13. Employment in county code 995 and 999 when summarized should not be greater than 2.5 percent of total employment.

- 14. Review and resolve, as possible, Predecessor/Successor events, including apparent births and deaths 95 percent of private sector units with 50-249 employment, and all private sector units 250 and greater each quarter as prescribed by QCEW technical memoranda and the QCEW Operating Manual.

- 15. The State will implement and utilize predecessor/successor capabilities, the Possible Predecessor/Successor Matching and modified edits and parameters during the current and subsequent quarter's review and load wage records each quarter.

- 16. Ninety (90) percent of private sector single and sub-units with employment of 100 or more will be geocodable by physical location address within the State at least to the ZIP CODE level by submission of the 4th Quarter, EQUI.

D. QUALITY ASSURANCE REQUIREMENTS

Agree To Comply (Check Box)

The State agency will:

- 1. Incorporate the ARS control file data in first quarter 2009 processing.
- 2. Run and review micro, integrated and scored edits prior to transmitting EQUI files to the BLS.
- 3. Edit and review all new and updated records prior to submittal to the BLS. Ensure that the EQUI file is complete and not missing extracted data.
- 4. Review QCEW and CES macrodata to aid in identifying potential differences. This is to be done prior to each EQUI submittal, including update and subset submittals.
- 5. Provide electronic micro data corrections and/or explanations to questions arising from micro and macro edits of all QCEW data elements, including ARS information.

D. QUALITY ASSURANCE REQUIREMENTS (CONTINUED)

- | | Agree To
Comply
(Check Box) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 6. Provide certification of data to the BLS regional office upon completion of the correction/review process. | <input type="checkbox"/> |
| 7. Cooperate with the BLS in resolving CES and QCEW microdata differences in establishment-level reporting, ownership, and geographic coding. | <input type="checkbox"/> |
| 8. Follow QCEW Operating Manual guidelines on predecessor-successor, mergers/acquisitions, and multi-establishment breakouts and collapses. Use the Possible Predecessor/Successor Matching feature in EXPO-QCEW and WIN-202 programs to help match and link possible predecessor/successor accounts/units. | <input type="checkbox"/> |
| 9. Cooperate with industry coding quality control/quality assurance and State Operations Review activities. | <input type="checkbox"/> |
| 10. Improve the quality of data collected on the Multiple Worksite Report by: | <input type="checkbox"/> |
| a. Collecting data at the worksite level, | |
| b. Reviewing and updating physical location addresses for multi-establishment reporters, | |
| c. Reviewing and updating trade names and reporting unit descriptions for multi-establishment reporters, and | |
| d. Following QCEW Operating Manual instructions on reporting unit descriptions. | |
| 11. Follow-up on BLS-provided lists of unusable physical location addresses and "mailing/other addresses" within BLS policies and guidelines. | <input type="checkbox"/> |
| 12. Work with UI staff to address issues raised by the BLS on suggested improvements to content, collection and processing of Status Determination forms and Quarterly Contribution Report data. Included are the proper definition of employment on all appropriate UI forms, instructions, handbooks, and electronic reporting system specifications, etc. | <input type="checkbox"/> |
| 13. Work with the BLS to address issues raised on quality of information on State and local government. | <input type="checkbox"/> |
| 14. Participate with the BLS in resolving up to 50 individual cases per year for selected industry and/or geographic differences identified under CIPSEA-sponsored data sharing. If other tax-related legislation is passed, the BLS will revisit this item. | <input type="checkbox"/> |

Work Statement

State

CA Number

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D. QUALITY ASSURANCE REQUIREMENTS (CONTINUED)

Agree To
Comply
(Check Box)

- 15. States will work with regional offices to review and analyze causes of high employment imputation rates and to seek reductions. Regions will work with States with employment imputation rates greater than 7 percent.
- 16. States will work with regional offices to review and analyze causes of high wage imputation rates and to seek reductions. Regions will work with States with wages imputation rates greater than 10 percent.

E. EXCLUSIONS

The QCEW program allowable costs should reflect only activities associated with the development of the EQUI mailing, macro and micro editing, and processing of the multiple worksite report and activities associated with the initial coding of new employer accounts, the Annual Refiling Survey, and publication of QCEW data in printed and/or electronic form. The following types of activities are not funded as part of the QCEW program:

- 1. Special tabulations of QCEW data for use by programs other than QCEW. Costs for such tabulations should be charged to the requestor.
- 2. Editing of wage records and any other unemployment insurance records with the exception of quarterly contribution reports and reports on Federal employment and wages conducted as part of the UCFE program. Wage records are only to be used as a source to verify levels of employment and wages, and predecessor/successor relationships, or to assist in breaking out establishments of multi-unit employers.
- 3. All functions (e.g., data entry, printing of forms, mailing of forms) associated with the collection and follow-up for late or missing data of the SWA Employer Quarterly Contributions Report. Costs for these activities should be borne by the UI tax unit as per ETA Fiscal Letter No. I-90 dated October 9, 1990.
- 4. With the exception of data provided by the BLS EDI center, soliciting, processing, and editing of data for multi-establishment employers that fall below the QCEW criterion of having ten (10) or more employees in secondary establishments.
- 5. Any and all activities related to the Census Bureau Longitudinal Employer Household Dynamics or related programs.

Work Statement

State

CA Number

__ __ LM- _____-10-75-J-__

F. DATA SHARING BLANKET APPROVAL

Agree To
Comply
(Check Box)

1. The State authorizes the BLS to share the State's microdata and macrodata with assigned BLS researchers and Federal government agencies (other than BEA) and units for exclusively statistical purposes. This authorization is made based on the BLS assurance that the confidentiality of these data will be protected to the full extent permitted by law.

(No variance is required if this box is not checked.)

2. The State authorizes the BLS to share the State's microdata with the Bureau of Economic Analysis for exclusively statistical purposes. This authorization is made based on the BLS assurance that the confidentiality of these data will be protected to the full extent permitted by law.

(No variance is required if this box is not checked.)

G. EXPLANATION OF VARIANCES

NOTE: please add additional pages as necessary.

MASS LAYOFF STATISTICS PROGRAM

A. PROGRAM INFORMATION

The Mass Layoff Statistics (MLS) program is a standardized, automated approach to identifying, describing, and tracking the impact of major permanent job cutbacks. Establishments with 50 or more initial claims for Unemployment Insurance (UI) filed against them in a 5-week period are identified as having mass layoff events. Private nonfarm establishments meeting the claims criteria are contacted by State agencies to determine whether there were at least 50 separations lasting more than 30 days. The data collected in this program provide detailed information on these cutbacks and the resultant unemployment at the State and area levels. Under this program, data are developed for the 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands.

The Bureau of Labor Statistics (BLS) administers the MLS program and provides conceptual, technical, and procedural guidance in the development of the required data. State agencies are responsible for data collection and publication in cooperation with the BLS.

For the BLS to meet program requirements, State agencies will develop and transmit reports on the status of MLS activities via the computerized Windows-based MLS operating system known as WinMLS. This system generates a summary report for the monthly submittal and a more comprehensive report for quarterly submittal.

The MLS program uses the standardized procedures contained in this work statement, BLS technical memoranda, and the MLS User's Guide for the MLS State System. Applicants should put an "X" or a check mark in the spaces provided in Section B, below, to indicate agreement to comply with the stated program requirements.

B. DELIVERABLES

Agree To
Comply
(Check Box)

Reports will be prepared by State agencies as electronic files using the computerized MLS processing system on the following basis:

- o Monthly transmissions containing Potential BLS Events that have been triggered during the current processing month and the two prior months.
- o Quarterly transmissions containing BLS Events for which the contact status is complete, along with collected event descriptive information, movement of work information, and continued claims data associated with the event.

Due dates for the monthly and quarterly transmittals will be contained in the annual Technical Memorandum, "Calendar of Weeks."

C. PROGRAM PERFORMANCE REQUIREMENTS

In performance of work under this agreement, the State will follow all instructions and interpretations of memoranda issued by the BLS on the subject of the MLS program and the WinMLS State User's Guide.

Work Statement

State

CA Number

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D. QUALITY ASSURANCE REQUIREMENTS

The State will:

Agree To
Comply
(Check Box)

- 1. Perform basic editing and screening of the data prior to submittal to the BLS, including the necessary validation of collected socioeconomic characteristics as described in the WinMLS User's Guide.
- 2. Provide such data and assistance, including special additional data transmittals, as may be required for quality assurance purposes.
- 3. Cooperate with the BLS in providing data and assistance as may be required for appropriate on-site validation. Any errors detected in the data will be corrected within time frames mutually agreed upon between the BLS and the State.
- 4. Transmit estimates accompanied by such materials as may be deemed necessary to edit and evaluate the data properly. Such materials will be provided in specified formats.
- 5. Install system software updates according to guidelines provided in the accompanying technical memorandum and use the new software to produce MLS data.
- 6. Update and test MLS extract programs to insure that they are consistent with UI programs that have been modified or updated.
- 7. Cooperate in assessing and maintaining the accuracy of UI inputs by participating in the UI Validation Project.
- 8. With BLS approval to use PROMIS to develop UI claims counts, install PROMIS updates according to guidelines provided in the accompanying technical memorandum and use the new software to produce claims inputs to WinMLS.

E. EXCLUSIONS

The deliverables and cost estimates for the MLS program should reflect only activities associated with the development of the monthly and quarterly reports and activities associated with the publication of data.

F. DATA SHARING BLANKET APPROVAL

The State authorizes the BLS to share the State's MLS data residing in the official database with assigned BLS researchers and Federal government agencies and units for exclusively statistical purposes. This authorization is made based on the BLS assurance that the confidentiality of these data will be protected to the full extent permitted by law. (No variance is required if this box is not checked.)

Work Statement

State

CA Number

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LM- _____-10-75-J-__

G. ADMINISTRATIVE REQUIREMENTS FOR MLS

Agree To
Comply
(Check Box)

The MLS program is subject to all provisions of the Administrative Requirements of the Cooperative Agreement. In addition, State agency publication of mass layoff data, including data or deriving from data developed under the Cooperative Agreement, must contain BLS-validated or approved series, and be identified as such.

H. EXPLANATION OF VARIANCES

NOTE: please add additional pages as necessary.

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**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. Your response is required to obtain or retain benefits under 29 USC 49f(a)(3)(D). If you have any comments on the estimates or the form, send them to BLS, Division of Financial Planning and Management (1220-0079), 2 Massachusetts Avenue, NE, Room 4135, Washington, DC 20212-0001. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Form Approved
OMB No. 1220-0079
Approval Expires xx-xx-xxxx

| | | |
|---------------------|-------------------------------|-----------------------|
| State Abbreviation: | Name of Submitting Official: | Page _____ of _____ |
| CA No.: | Title of Submitting Official: | Phone: _____ |
| Fiscal Year: | CA Duration: | Date Completed: _____ |

| Col. A | Col. B | Col. C | | Col. D | | Col. E | | Col. F | | Col. G | |
|--------|---------------------------|---------------|---------|----------------|---------|---------------|---------|----------------|---------|-------------------|---------|
| Line | | FIRST QUARTER | | SECOND QUARTER | | THIRD QUARTER | | FOURTH QUARTER | | FISCAL YEAR TOTAL | |
| Number | Program and Cost Category | Staff years | Dollars | Staff years | Dollars | Staff years | Dollars | Staff years | Dollars | Staff years | Dollars |

Current Employment Statistics (CES)

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

Local Area Unemployment Statistics (LAUS)

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

Occupational Employment Statistics (OES)

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

Quarterly Census of Employment and Wages (QCEW)

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

Mass Layoff Statistics (MLS)

| | | | | | | | | | | | |
|----|----------------------|--|--|--|--|--|--|--|--|--|--|
| 17 | Program Staff | | | | | | | | | | |
| 18 | AS & T Staff | | | | | | | | | | |
| 19 | Nonpersonal Services | | | | | | | | | | |
| 20 | Total Resources | | | | | | | | | | |

| | | | | | | | | | | | |
|-----------|--------------------------------|--|--|--|--|--|--|--|--|--|--|
| 21 | Total LMI Base Programs | | | | | | | | | | |
|-----------|--------------------------------|--|--|--|--|--|--|--|--|--|--|

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**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. Your response is required to obtain or retain benefits under 29 USC 49f(a)(3)(D). If you have any comments on the estimates or the form, send them to BLS, Division of Financial Planning and Management (1220-0079), 2 Massachusetts Avenue, NE, Room 4135, Washington, DC 20212-0001. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Form Approved
OMB No. 1220-0079
Approval Expires xx-xx-xxxx

State Abbreviation: _____ Name of Submitting Official: _____ Page _____ of _____

CA No.: _____ Title of Submitting Official: _____ Phone: _____

Fiscal Year: _____ CA Duration: _____ Date Completed: _____

| Col. A | Col. B | Col. C | | Col. D | | Col. E | | Col. F | | Col. G | |
|--------|---------------------------|---------------|---------|----------------|---------|---------------|---------|----------------|---------|--------------------|---------|
| Line | | FIRST QUARTER | | SECOND QUARTER | | THIRD QUARTER | | FOURTH QUARTER | | TOTAL: • FY • AAMC | |
| Number | Program and Cost Category | 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 | | | | | | | | | | |
|-----------|------------------------|--|--|--|--|--|--|--|--|--|--|

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LMI COOPERATIVE AGREEMENT DOCUMENT NUMBERS

| State Grantee | Document No. |
|-------------------|---------------------|
| | CA No. |
| Alabama | LM-18446-10-75-J-01 |
| Alaska | LM-18430-10-75-J-02 |
| Arizona | LM-18425-10-75-J-04 |
| Arkansas | LM-18455-10-75-J-05 |
| California | LM-18426-10-75-J-06 |
| Colorado | LM-18454-10-75-J-08 |
| Connecticut | LM-18438-10-75-J-09 |
| Delaware | LM-18502-10-75-J-10 |
| Dist. of Columbia | LM-18503-10-75-J-11 |
| Florida | LM-18451-10-75-J-12 |
| Georgia | LM-18453-10-75-J-13 |
| Guam | LM-18428-10-75-J-66 |
| Hawaii | LM-18427-10-75-J-15 |
| Idaho | LM-18431-10-75-J-16 |
| Illinois | LM-18493-10-75-J-17 |
| Indiana | LM-18494-10-75-J-18 |
| Iowa | LM-18477-10-75-J-19 |
| Kansas | LM-18452-10-75-J-20 |
| Kentucky | LM-18456-10-75-J-21 |
| Louisiana | LM-18523-10-75-J-22 |
| Maine | LM-18435-10-75-J-23 |
| Maryland | LM-18501-10-75-J-24 |
| Massachusetts | LM-18439-10-75-J-25 |
| Michigan | LM-18497-10-75-J-26 |
| Minnesota | LM-18498-10-75-J-27 |
| Mississippi | LM-18457-10-75-J-28 |
| Missouri | LM-18450-10-75-J-29 |
| Montana | LM-18449-10-75-J-30 |
| Nebraska | LM-18499-10-75-J-31 |
| Nevada | LM-18432-10-75-J-32 |
| New Hampshire | LM-18436-10-75-J-33 |
| New Jersey | LM-18504-10-75-J-34 |
| New Mexico | LM-18448-10-75-J-35 |
| New York | LM-18437-10-75-J-36 |
| North Carolina | LM-18458-10-75-J-37 |
| North Dakota | LM-18481-10-75-J-38 |
| Ohio | LM-18480-10-75-J-39 |
| Oklahoma | LM-18447-10-75-J-40 |
| Oregon | LM-18429-10-75-J-41 |
| Pennsylvania | LM-18500-10-75-J-42 |
| Puerto Rico | LM-18442-10-75-J-72 |
| Rhode Island | LM-18434-10-75-J-44 |
| South Carolina | LM-18469-10-75-J-45 |
| South Dakota | LM-18495-10-75-J-46 |
| Tennessee | LM-18459-10-75-J-47 |
| Texas | LM-18445-10-75-J-48 |
| Utah | LM-18444-10-75-J-49 |
| Vermont | LM-18440-10-75-J-50 |
| Virgin Islands | LM-18441-10-75-J-78 |
| Virginia | LM-18505-10-75-J-51 |
| Washington | LM-18433-10-75-J-53 |
| West Virginia | LM-18506-10-75-J-54 |
| Wisconsin | LM-18496-10-75-J-55 |
| Wyoming | LM-18443-10-75-J-56 |

