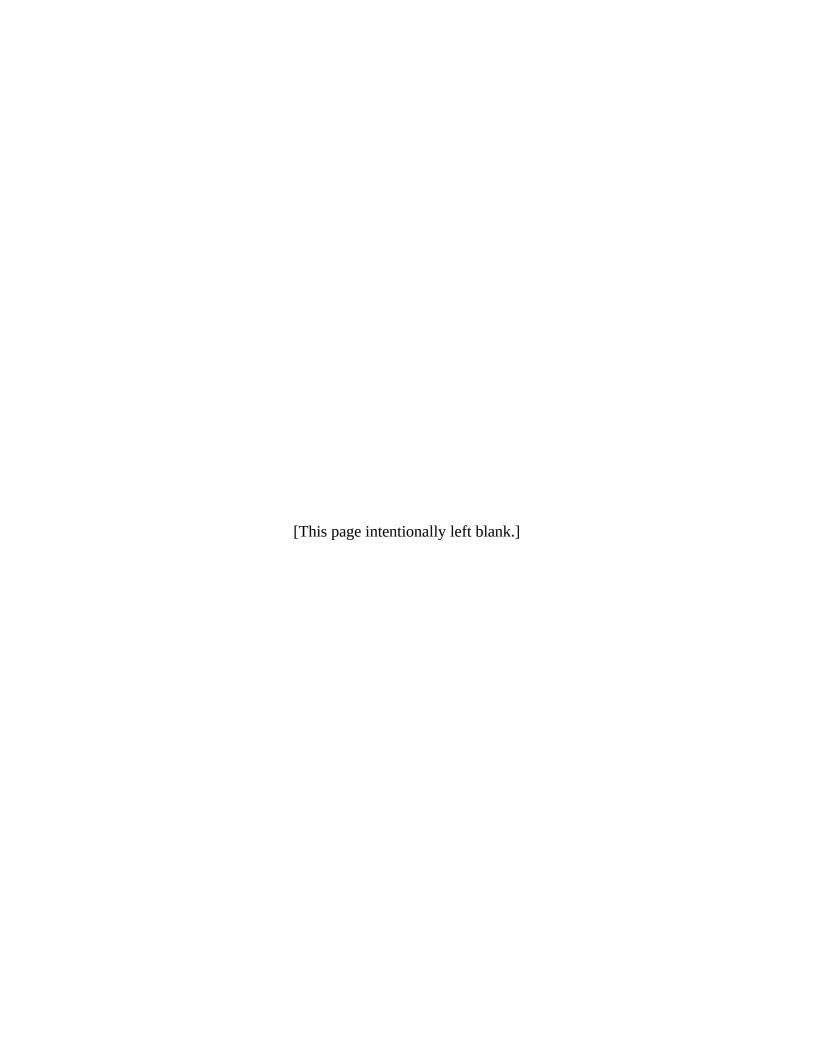
BUREAU OF LABOR STATISTICS  U.S. DEPARTMENT OF LABOR														
BUDGE	T INFORMATION	FORM	1											
	te instructions in LMI Cooper													
data needed.	that it will take an average of 4.07 and completing and reviewing th , 2 Massachusetts Avenue, NE, F	e informat	tion. If you ha	ave any comments on t	reviewing instru he estimates or t	ictions, searching existi the form, send them to	ing data sour BLS, Division	ces, gathering and n of Financial Plann	maintaining the ing and		Appro	Form Approv OMB No. 1220-00 Oval Expires 5/31/20		
											Page of			
CA No.: Title o		Title of	f Submitti	ng Official:	Phone:									
Fiscal Ye	iscal Year: CA Du		ıration:								Date Completed:			
Col. A	Col. B		Col. C			Col. D		Col. E		i. F	Col. G			
Line			FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		FISCAL YEAR TOTAL			
Number	Program and Cost Cat	tegory	Staff yea	ars Dollars	Staff yea	ars Dollars	Staff ye	ars Dollars	Staff years	years Dollars :		Staff years Dollars		
Current Employment Statistics (CES)														
1	Program Staff													
2	AS & T Staff													
3	Nonpersonal Services													
4	4 Total Resources													
Local Area Unemployment Statistics (LAUS)														
5	Program Staff													
6	AS & T Staff													
7	Nonpersonal Services													
8 Total Resources														
Occupati	ional Employment Sta	tistics	(OES)											
9	Program Staff													
10	AS & T Staff													
11	Nonpersonal Services													
12	Total Resources	5												
Quarterly	Census of Employm	ent an	d Wages	(QCEW)										
13	Program Staff													
14	AS & T Staff													
15	Nonpersonal Services													
16	Total Resources													
Mass La	yoff Statistics (MLS)													
17	Program Staff													
18	AS & T Staff													
19	Nonpersonal Services													
20	Total Resources	5												
21	Total LMI Base Progi	rams												



## **U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS BUDGET INFORMATION FORM** 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 Form Approved and maintaining the data needed, and completing and reviewing the information. If you have any comments on the estimates or the form, send them to BLS, OMB No. 1220-0079 Division of Financial Planning and Management, 2 Massachusetts Avenue, NE, Room 4135, Washington, DC 20212-0001 Approval Expires 5/31/2009 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 FIRST QUARTER SECOND QUARTER THIRD QUARTER FOURTH QUARTER TOTAL: • FY • AAMC Line Number | Program and Cost Category | Staff years | Dollars Staff years Dollars Staff years | Dollars Staff years Dollars Staff vears Dollars Program: FLC: **Activity Title:** Program Staff AS & T Staff 3 Nonpersonal Services **Total Resources** FLC: Program: **Activity Title:** Program Staff AS & T Staff 6 **Nonpersonal Services** 8 **Total Resources** Program: **Activity Title:** FLC: **Program Staff** 10 AS & T Staff 11 Nonpersonal Services 12 **Total Resources** FLC: Program: **Activity Title:** Program Staff 13 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									

