

**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. 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, 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 5/31/2009

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.)
Comments (optional):			
State Agency Representative:		Phone:	
BLS Representative:		Date of Review:	