

# Research Proposal Guidelines

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Applicants are encouraged to [contact the BLS](#) to determine the availability of data and the feasibility of their project prior to submitting proposals. Research projects must meet the following four criteria:

- Be exclusively statistical in nature
- Have technical merit
- Be of significant interest to the BLS
- Further the [mission of the BLS](#)

Research proposals should be between 5 and 10 pages. They should include the following information:

1. An abstract summarizing the hypothesis to be tested, the data set involved, relevant variables, the empirical methods to be used, and the data outputs that will result from the project. (The abstract should be no longer than 300 words.)
2. A literature review including brief discussion of how the proposed research contributes to the existing body of research.
3. The hypothesis that will be tested.
4. The data set and variables that will be used in the analysis.
5. The empirical methods that will be used.
6. The specific data outputs that will result from the project, including a description of whether the research results will be presented as descriptive statistics or frequencies, or via multivariate analysis such as regression coefficients.
7. An explanation of why the research requires use of non-public data.
8. An explanation of why the research is of interest to the BLS and how it furthers the agency's mission.

In addition to the research proposal, applicants should include their answers to the Visiting Researcher Questionnaire.

# Application Deadlines

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The BLS has four application deadlines each year:

**January 15th**

**April 15th**

**July 15th**

**October 15<sup>th</sup>**

Applications may be accepted in advance but will not be reviewed or processed until after the next application deadline. **Generally, it takes approximately three months after the application deadline to receive approval for research proposals. Once a proposal is approved, it can take an additional three months to process and fully execute the legal agreement authorizing data access between the BLS and the recipient organization.** Researchers should factor these estimates into their timetable for beginning research.

All applications should be submitted electronically (in Word or PDF files). Please do not email "zip" files, as these will be automatically rejected by the BLS email screening mechanism. Applications should be sent to Beth McLean at [mclean.beth@bls.gov](mailto:mclean.beth@bls.gov).

**Privacy Act Statement.** The information you provide will be used by staff at the Bureau of Labor Statistics (BLS) to determine your eligibility for access to confidential BLS data and for other administrative purposes. Providing the information on this form is voluntary; however, the BLS will not be able to grant access to confidential BLS data without this information. The BLS is authorized to request the information on this form under Title 5, United States Code, Section 301.

**Paperwork Reduction Act Statement.** This information is being collected to allow access to confidential information on a limited basis to eligible researchers for approved statistical analysis. We estimate that it will take an average of 20 hours to complete this proposal. The responses to this collection of information are voluntary. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Bureau of Labor Statistics, Division of Management Systems, Attention: BLS Clearance Coordinator, 2 Massachusetts Ave., NE, Room 4080, Washington, DC 20212.

OMB Control Number: 1220-0180

OMB Approval Expires: XX/XX/XXXX

# Visiting Researcher Questionnaire

This questionnaire will assist the Bureau of Labor Statistics (BLS) in determining your eligibility to access confidential microdata through the visiting researcher program and in completing the required paperwork if your project is approved. For multiple researchers applying together, but affiliated with different institutions, one questionnaire should be completed for each institution. Thank you for your cooperation.

<b>1. Applicant Information</b>			
Name:			
Title:		Email:	
Phone:		Fax:	
Mailing Address:			
<b>Affiliation with Institution:</b>			
<input type="checkbox"/>	Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
<input type="checkbox"/>	Student. If so, please specify your anticipated graduation date:		
<input type="checkbox"/>	Fellowship / Post-Doctoral Appointment. If so, please specify end date:		
<input type="checkbox"/>	Other. Please specify:		
Will you require access to the confidential information?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please prove a resume or CV.</i>			
<b>2. Project Information</b>			
Title:			
BLS Data Set(s):			
Non-BLS Data Set(s):			
Description of your approach to completing the project within a two-year time period. <i>(For example, you may plan to come to the BLS National Office for three months to do your research all at once, or you may plan to work periodically by coming once a month and researching a week at a time. Also, please detail any special circumstances that may affect your availability to access data. Examples of special circumstances include: grants, visiting professorships, fellowships, leaves of absence, and sabbaticals.)</i>			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>			
How will you present your research?			
<input type="checkbox"/>	Journal Articles(s)	<input type="checkbox"/>	Dissertation(s)
<input type="checkbox"/>	Conference(s)	<input type="checkbox"/>	Report for Government Agency
<input type="checkbox"/>	Other (Please Specify): _____		

3. Institution Information			
Institution Legal Name:			
Signing Official: <i>This official must have the authority to enter into legal binding agreements on behalf of your employer or educational institution. For educational institutions, this official may be a President, Vice President, provost, Director of Sponsored Research, Contracts Officer, or a similar official. Note that a Dean or Department Chair will not be accepted.</i>			
Name:			
Title:		Email:	
Phone:		Fax:	
Mailing Address:			

4. Sources of Funding
What are the sources of funding (if any) for this project?
_____

5. Collaboration			
Are you collaborating with any other universities or institutions for this project?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes	What university / institution?		
	Please list the names of the collaborators.		
	Specify if any of those collaborators need access to confidential microdata.		

6. Recipient Project Coordinator			
Recipient Project Coordinator: <i>A project coordinator must be an employee of the institution and serves as the main point-of-contact between the BLS and the institution. An applicant may serve as project coordinator unless the applicant is a student.</i>			
Check if same as applicant.		<input type="checkbox"/>	
If not the same as applicant, please fill out the following information:			
Name:			
Title:		Email:	
Phone:		Fax:	
Mailing Address:			
Affiliation with Institution:	<input type="checkbox"/> Full-time employee or faculty	<input type="checkbox"/> Part-time employee or faculty	
<input type="checkbox"/> Other (Please Specify):			
Will the recipient project coordinator require access to the confidential information?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide their resume or CV.</i>			

7. Additional Individuals Seeking On-site Access to Confidential Microdata	
Please specify any additional individuals who require access to confidential microdata. Attach a resume or CV for each individual.	
1.	Name: _____ Title: _____
	Affiliation with Institution:
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:
<input type="checkbox"/> Other. Please specify: _____	
7.	Name: _____ Title: _____
	Affiliation with Institution:
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:
<input type="checkbox"/> Other. Please specify: _____	
13.	Name: _____ Title: _____
	Affiliation with Institution:
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:
<input type="checkbox"/> Other. Please specify: _____	
19.	Name: _____ Title: _____
	Affiliation with Institution:
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:
<input type="checkbox"/> Other. Please specify: _____	
25.	Name: _____ Title: _____
	Affiliation with Institution:
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:
<input type="checkbox"/> Other. Please specify: _____	

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