

**BUREAU OF LABOR STATISTICS
BUDGET INFORMATION FORM**

U.S. DEPARTMENT OF LABOR



See complete instructions in LMI Cooperative Agreement, Part II, Applications Instructions.

We estimate that it will take an average of 3.5 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 49L-1. If you have any comments on the estimates or the form, send them to BLS, Division of Financial 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.

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

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

CA No.: _____ Title: _____ Phone: _____

FY: _____ CA Duration: _____ Date Completed: _____

Col. A	Col. B	Col. C		Col. D		Col. E		Col. F		Col. G	
Line	Program and Cost Category	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		FISCAL YEAR TOTAL	
Number		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 and Wage Statistics (OEWS)

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										

17 Total LMI Base Programs