

**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 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 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.

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	Program and Cost Category	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		TOTAL: <input type="checkbox"/> FY <input type="checkbox"/> AAMC	
Number		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										

17	Total LMI AAMCs										
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