

**BUREAU OF LABOR STATISTICS  
LMI COOPERATIVE STATISTICS FINANCIAL REPORT**

**U.S. DEPARTMENT OF LABOR**



We estimate that it will take an average of 3 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 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, 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: | State Agency Name:            | Fiscal Year:                 |
| FIPS Code:          | Name of Submitting Official:  | Quarter:                     |
| CA Number:          | Title of Submitting Official: | Month:                       |
| Date Executed:      | Phone:                        | Final Report? [ ] Yes [ ] No |

| Line No. | Cost Category | CES AAMC FLC: |            | LAUS AAMC FLC: |            | OES AAMC FLC: |            | QCEW AAMC FLC: |            |
|----------|---------------|---------------|------------|----------------|------------|---------------|------------|----------------|------------|
| A        | B             | C             | D          | E              | F          | G             | H          | I              | J          |
|          |               | This Month    | Cumulative | This Month     | Cumulative | This Month    | Cumulative | This Month     | Cumulative |

**Obligations**

|    |   |  |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|--|
| 1. | Program Staff (PS/PB) Resources Obligated |  |  |  |  |  |  |  |  |
| 2. | AS & T Staff (PS/PB) Resources Obligated  |  |  |  |  |  |  |  |  |
| 3. | Nonpersonal Services Obligated            |  |  |  |  |  |  |  |  |
| 4. | Total Obligations                         |  |  |  |  |  |  |  |  |

**Comparative Data**

|    |                     |  |  |  |  |  |  |  |  |
|----|---------------------|--|--|--|--|--|--|--|--|
| 5. | Total Cash Received |  |  |  |  |  |  |  |  |
| 6. | Total Expenditures  |  |  |  |  |  |  |  |  |

**Staff Years**

|    |                           |  |  |  |  |  |  |  |  |
|----|---------------------------|--|--|--|--|--|--|--|--|
| 7. | Staff Years—Program Staff |  |  |  |  |  |  |  |  |
| 8. | Staff Years—AS & T Staff  |  |  |  |  |  |  |  |  |

**Certification:** I certify to the best of my knowledge and belief that the information provided herein is accurate and complete, and was obtained from agency accounting records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE LMI COOPERATIVE STATISTICS FINANCIAL REPORT

The LMI cooperative Statistics Financial Report displays cumulative actual dollar obligations by program, cost category, and staff years for program and AS&T staff. Cumulative is defined as the beginning of the cooperative agreement period to the end of report period regardless of the fiscal year in which the cooperative agreement began. This report also requests information on total expenditures by month and cumulative.

**Frequency:** Only bottom-line data must be submitted monthly; therefore, lines 4, 5, and 6 of columns C, E, G, and I will be completed and submitted to the BLS within 30 calendar days after the end of each month. Cumulative data for all lines must be completed and submitted to the BLS 30 calendar days after the end of the Federal fiscal year quarter.

**Identifying Information:** Enter the appropriate Federal fiscal year, quarter (1st, 2nd, 3rd or 4th) and/or name of month (Oct., Nov., Jan., Feb., April, May, July, Aug.) report is covering. Enter a check to indicate if this is the final report of the agreement. Enter the State's two letter postal abbreviation, the FIPS code, the appropriate cooperative agreement number and date agreement was executed. Enter the State agency's name. Enter the following information for the submitting official: name, title, and telephone number.

**Columns C through J:** Enter the appropriate fund ledger code in the space provided under the program name. In columns C, E, G, and I, enter the noncumulative data for this month (the month of the report) for total expenditures, total obligations and total cash received. In columns D, F, H, and J, the cumulative data should reflect the cumulative information from the beginning of the cooperative agreement period through the end of the current report period.

**Line 1, Program Staff Resources Obligated:** Enter actual obligations for personal services and personnel benefits for program staff for each program under the cooperative agreement. Program staff includes all staff charges directly under the cooperative agreement.

**Line 2, Administrative, Support and Technical Services Staff Resources Obligated:** Enter actual obligations for personal services and personnel benefits for AS&T staff being charged to the cooperative agreement. This line includes all personnel costs, direct, indirect or allocated, for staff work in an administrative capacity that benefits multiple programs administered by the State agency.

**Line 3, Nonpersonal Services Obligated:** Enter obligations for nonpersonal services for each program. This line includes all goods and services other than personal services benefits used by the program and AS&T staff under the cooperative agreement. These include supplies, communications, travel, rental of equipment, utilities, etc.

**Line 4, Total Obligations:** Enter total actual obligations for each program. This should equal the sum of lines 2 through 4. This line must be completed monthly and quarterly.

**Line 5, Total Cash Received:** Enter the amount of funds received for the month, and cumulatively, through electronic funds transfers or check payments.

**Line 6, Total Expenditures:** Enter the total actual expenditures (i.e., total obligations less resources on order) for each program for the month and cumulatively.

**Line 7, Program Staff Years:** Enter the actual annualized staff years paid for program staff as defined in line 2. Actual staff years can be computed by taking the actual hours charged, including leave chargeable to the programs, and dividing by the hours available in the report period.

**Line 8, AS&T Staff Years:** Enter the actual annualized staff years paid (as defined above) for AS&T staff as defined in line 3.

**Certification:** Self-explanatory.