

**BUREAU OF LABOR STATISTICS  
OCCUPATIONAL SAFETY AND HEALTH STATISTICS  
BUDGET INFORMATION FORM**

U.S. DEPARTMENT OF LABOR



See complete instructions in OSHA Cooperative Agreement, Part II, Application Instructions.

We estimate that it will take an average of 1.5 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 673. If you have any comments on the estimates or the form, send them to BLS\_PRA\_Public@bls.gov. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB Control No. 1220-0149

Expiration Date: 06/30/2024

SECTION A – GRANTEE INFORMATION							
1. Application No. Grant No.	2. POP for Base Programs	3. State	4. Fiscal Year	5. POP for AAMCs	6. Date Prepared		
<b>SECTION B – BUDGET SUMMARY BY ACTIVITY</b>							
	1. SOII	2. CFOI	3. Total Base Programs	4. SOII AAMC	5. CFOI AAMC	6. Total AAMCs	7. Total Base + AAMCs
a. Personnel Salaries			\$0			\$0	\$0
b. Fringe Benefits			\$0			\$0	\$0
c. Travel			\$0			\$0	\$0
d. Equipment			\$0			\$0	\$0
e. Supplies			\$0			\$0	\$0
f. Other			\$0			\$0	\$0
g. Total Direct Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Indirect Charges			\$0			\$0	\$0
i. Total Charges (Lines g + h )	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SECTION C – FORECAST FEDERAL FUNDING NEEDS</b>							
	1. SOII	2. CFOI	3. Total Base Programs	4. SOII AAMC	5. CFOI AAMC	6. Total AAMCs	7. Total Base + AAMCs
a. First Quarter			\$0			\$0	\$0
b. Second Quarter			\$0			\$0	\$0
c. Third Quarter			\$0			\$0	\$0
d. Fourth Quarter			\$0			\$0	\$0
e. Fifth Quarter			\$0			\$0	\$0
f. Sixth Quarter			\$0			\$0	\$0
g. Seventh Quarter			\$0			\$0	\$0
h. Eighth Quarter			\$0			\$0	\$0
i. Total Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SECTION D – NON-FEDERAL RESOURCES</b>							
	1. SOII	2. CFOI	3. Total Base Programs	4. SOII AAMC	5. CFOI AAMC	6. Total AAMCs	7. Total Base + AAMCs
a. Applicant			\$0			\$0	\$0
b. Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SECTION E - REMARKS</b>							