



# **2026 LABOR MARKET INFORMATION COOPERATIVE AGREEMENT**

PART I. ADMINISTRATIVE REQUIREMENTS

PART II. APPLICATION INSTRUCTIONS

PART III. APPLICATION MATERIALS

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## TABLE OF CONTENT

### S

|    |                                                                        |    |
|----|------------------------------------------------------------------------|----|
| I. | ADMINISTRATIVE REQUIREMENTS.....                                       | 1  |
| A. | INTRODUCTION.....                                                      | 1  |
| B. | AUTHORIZING LEGISLATION.....                                           | 2  |
| C. | ELIGIBLE APPLICANTS.....                                               | 2  |
| D. | REGULATIONS AND REFERENCE DOCUMENTS.....                               | 2  |
| E. | PROGRAM FUNDING.....                                                   | 3  |
| F. | CASH MANAGEMENT.....                                                   | 3  |
| G. | COST GUIDELINES.....                                                   | 3  |
| H. | REPORTING.....                                                         | 5  |
| I. | MONITORING.....                                                        | 6  |
| J. | DEOBLIGATION OF UNDERUTILIZED FUNDS.....                               | 6  |
| K. | BUDGET VARIANCES.....                                                  | 6  |
| L. | PROGRAM VARIANCES.....                                                 | 7  |
| M. | CHANGES TO THE COOPERATIVE AGREEMENT.....                              | 7  |
| N. | PROGRAM REVISIONS.....                                                 | 9  |
| O. | PROPERTY AND EQUIPMENT.....                                            | 10 |
| P. | PROCUREMENT.....                                                       | 10 |
| Q. | CLOSEOUTS AND AUDITS.....                                              | 10 |
| R. | RECORDS.....                                                           | 11 |
| S. | CONFIDENTIALITY.....                                                   | 11 |
| T. | DATA AND COMMUNICATIONS SAFEGUARDS.....                                | 18 |
| U. | DATA COLLECTION INTEGRITY.....                                         | 25 |
| V. | PUBLICATION OF DATA.....                                               | 26 |
| W. | MAIL MANAGEMENT.....                                                   | 26 |
| X. | CERTIFICATIONS.....                                                    | 26 |
| Y. | ASSURANCES.....                                                        | 27 |
|    | BLS LMI OBLIGATIONS AND EXPENDITURES FORM.....                         | 30 |
|    | LMI COOPERATIVE AGREEMENT BUDGET VARIANCE REQUEST FORM.....            | 32 |
|    | BLS LMI TRANSMITTAL AND CERTIFICATION FORM (TCF).....                  | 34 |
|    | BLS LMI FINANCIAL RECONCILIATION WORKSHEET (FRW-A: BASE PROGRAMS)..... | 35 |
|    | LMI FINANCIAL RECONCILIATION WORKSHEET (FRW – A) TERMS DEFINED.....    | 36 |
|    | BLS LMI FINANCIAL RECONCILIATION WORKSHEET (FRW-B: AAMC PROGRAMS)..... | 37 |
|    | LMI FINANCIAL RECONCILIATION WORKSHEET (FRW – B) TERMS DEFINED.....    | 38 |

|                                                                                    |     |
|------------------------------------------------------------------------------------|-----|
| BLS LMI PROPERTY LISTING.....                                                      | 40  |
| II. APPLICATION INSTRUCTIONS.....                                                  | 42  |
| A. GENERAL RESPONSIBILITIES.....                                                   | 42  |
| B. APPLICATION PROCESS.....                                                        | 42  |
| C. INSTRUCTIONS FOR COMPLETING FORMS.....                                          | 43  |
| III. APPLICATION MATERIALS.....                                                    | 62  |
| APPLICATION FOR FEDERAL ASSISTANCE SF-424 .....                                    | 64  |
| INSTRUCTIONS FOR THE SF-424.....                                                   | 67  |
| BUDGET INFORMATION FORM BIF .....                                                  | 70  |
| CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS.....                      | 72  |
| DISCLOSURE OF LOBBYING ACTIVITIES .....                                            | 74  |
| BLS AGENT AGREEMENT.....                                                           | 76  |
| BLS SPECIAL AGENT AGREEMENT.....                                                   | 78  |
| BUREAU OF LABOR STATISTICS PRE-RELEASE ACCESS CERTIFICATION FORM.....              | 80  |
| CONDITIONS FOR HANDLING BLS PRE-RELEASE INFORMATION.....                           | 82  |
| STATEMENT OF ASSURANCE FOR INFORMATION SECURITY FOR THE BUREAU OF LABOR STATISTICS |     |
| 84                                                                                 |     |
| REQUIREMENTS FOR ALL PROGRAMS FISCAL YEAR 2026.....                                | 88  |
| CURRENT EMPLOYMENT STATISTICS PROGRAM FY 2026.....                                 | 92  |
| CURRENT EMPLOYMENT STATISTICS PROGRAM FY 2026.....                                 | 100 |
| CURRENT EMPLOYMENT STATISTICS PROGRAM FY 2026.....                                 | 107 |
| LOCAL AREA UNEMPLOYMENT STATISTICS PROGRAM FY 2026.....                            | 114 |
| OCCUPATIONAL EMPLOYMENT AND WAGE STATISTICS PROGRAM FY 2026.....                   | 120 |
| QUARTERLY CENSUS OF EMPLOYMENT AND WAGES FY 2026.....                              | 125 |

## **I. ADMINISTRATIVE REQUIREMENTS**

### **A. INTRODUCTION**

The Bureau of Labor Statistics (BLS) is the Federal agency responsible for conducting research related to labor economics and for collecting and analyzing employment and occupational statistics. Since 1917, the BLS has engaged in cooperative arrangements with states to use employment statistics collected by the states in a national-state network of data. This network of statistical programs now extends to more than 50 political jurisdictions and includes the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, and selected programs in Guam and the U.S. Virgin Islands.

In conducting the BLS-state cooperative statistical programs, it frequently becomes necessary to make inquiries to state agency contacts on a variety of program-related matters. The BLS has received approval from the Office of Management and Budget to make such inquiries under OMB Number 1220-0168, "General Inquiries to State Agency Contacts."

Some of the statistics and their common uses are highlighted below.

#### **1. Current Employment Statistics (CES)**

Employment estimates, average weekly and hourly earnings, and average hours worked in nonagricultural industries, based on payroll records for non-supervisory workers: a major economic indicator of the business cycle; used by Federal and state governments to generate unemployment statistics, by states as an indicator of economic health, and by business for site location planning and labor contract escalations.

#### **2. Local Area Unemployment Statistics (LAUS)**

Total employment, labor force, unemployment, and the unemployment rate: used in part to allocate funds to state and local areas for such Federal programs as those of the Workforce Innovation and Opportunity Act (WIOA); also used by the Federal Government to identify labor surplus areas, by the military to focus recruitment efforts, and by state and local governments and private firms for labor market analysis.

#### **3. Occupational Employment and Wage Statistics (OEWS)**

Estimates of the number of workers and wage ranges by occupation in nonagricultural industries are used for analysis of the occupational composition of different industries, for determining national policy related to structural unemployment, and for other purposes, such as training and employment planning, and foreign labor certification, at state and local levels.

#### **4. Quarterly Census of Employment and Wages (QCEW)**

County level employment and wage data, including monthly employment, total quarterly wages, taxable wages, and contributions: used by the Bureau of Economic Analysis, Department of Commerce, in developing the wage and salary component of the National Personal Income and Gross Domestic Product statistics; by the BLS as a source of employment benchmarks for the CES Program and a sampling frame for most of the BLS establishment surveys; and by the

Employment and Training Administration (ETA) for solvency and actuarial studies of Unemployment Insurance (UI).

## **B. AUTHORIZING LEGISLATION**

The BLS is authorized to collect labor market information pursuant to the 1884 statute (29 USC 1), an Act to Establish the Bureau of Labor, as amended. Section 14 of the Wagner-Peyser Act (29 USC 49L-1) authorizes the Secretary of Labor to reimburse the states to provide data for national statistical programs. The Workforce Investment Act of 1998 amended the Wagner-Peyser Act by adding a new section 15, "Employment Statistics," which authorizes the Secretary to "...oversee the development, maintenance, and continuous improvement of a nationwide statistics system of economic statistics..." Section 15 (29 USC 49L-2) was amended in part by the Workforce Innovation and Opportunity Act of 2014.

The BLS uses a cooperative agreement (CA) to fund cooperative statistical programs because of the agency's ongoing involvement in the programs, pursuant to the Federal Grant and Cooperative Agreement Act of 1977 (31 USC 6301-08). The specific statistical programs funded through the LMI cooperative agreement are described in more detail in the work statements in Part III, Application Materials.

## **C. ELIGIBLE APPLICANTS**

Eligible applicants are state agencies designated by the Governor pursuant to Section 15 of the Wagner-Peyser Act, or their equivalents in non-state jurisdictions. The BLS may select an alternative applicant if a state agency declines to apply for cooperative agreement funding or otherwise substantially fails to meet BLS application and performance requirements.

## **D. REGULATIONS AND REFERENCE DOCUMENTS**

The LMI programs are administered in accordance with the program operating manuals cited in the work statements, and with:

- Title 29 Part 93 of the Code of Federal Regulations (hereinafter cited as 29 CFR 93), New Restrictions on Lobbying.
- Title 2 Part 2900 of the Code of Federal Regulations (hereinafter cited as 2 CFR 2900), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- Title 2 Part 200 of the Code of Federal Regulations (hereinafter cited as 2 CFR 200), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; and
- Title 29 Part 94 of the Code of Federal Regulations (hereinafter cited as 29 CFR 94) and 2 CFR Chapter 1, part 180, OMB Guidelines to Agencies on Government-wide Debarment and Suspension (Nonprocurement) and part 182, Government-wide Requirements for Drug-Free Workplace (Financial Assistance)

## **E. PROGRAM FUNDING**

Program funding is subject to the availability of funds. Funds are made available through enactment of a Department of Labor appropriation, or another action such as a continuing resolution. Program funding levels are based on the President's Budget submitted to Congress. If the appropriation differs from the President's Budget, then the cooperative agreement may be renegotiated.

As long as the BLS is operating under a full year appropriation, the BLS will issue obligational authority (OA) to a state agency based on the state agency's annual obligation plan. If the BLS is operating under a continuing resolution, OA will be issued based on a proportion of the state agency's annual obligation plan.

The Federal financial assistance awarded under this agreement is available for obligation by a state agency during the Federal fiscal year beginning October 1 and ending September 30, unless the BLS specifically approves an extension of the agreement period for particular additional activities to maintain currency.

## **F. CASH MANAGEMENT**

Cash advances to qualified state agencies will be made under the automated clearinghouse method of financing, using the Department of Health and Human Services Payment Management System (HHS-PMS). The HHS-PMS is designed to make Federal funds available to a recipient organization on the first workday following receipt of a request for funds. The amount requested, therefore, should be based on actual disbursement requirements whenever possible and should be disbursed by the recipient organization as soon after receipt as possible. For this purpose, a disbursement is considered to be the time of the actual release of checks or transfer of funds electronically by the recipient organization to the payees.

The state agency will include with a request for funds a breakdown of the total request by fund ledger code. If a state agency's drawdown request exceeds available OA for a fund ledger code and disapproval of the request will result in an immediate hardship, the BLS will consider approval of the payment on a case-by-case basis.

If a state agency receiving advance payments demonstrates an unwillingness or inability to establish procedures that minimize the time elapsing between receipt and disbursement of cash advances, the BLS may, after notifying the state agency, discontinue the advance payment method and make payments by reimbursement.

## **G. COST GUIDELINES**

### **1. Allowable Costs**

Allowable costs are determined in accordance with the provisions of 2 CFR 200, Subpart E (Cost Principles). A request for prior approval of certain costs, under the cost principles of 2 CFR 200, Subpart E, may be made by means of a letter from the recipient organization to the BLS.

Indirect costs are defined as all costs incurred for a common or joint purpose benefiting more than one cost objective, and not readily assigned to the cost objectives specifically benefited, without effort disproportionate to the results achieved. In order for a State Workforce Agency

(SWA) to claim indirect costs under this cooperative agreement, the indirect costs must be contained in a cost allocation plan and/or indirect cost rate proposal developed in accordance with the requirements of 2 CFR 200, Subpart E and approved by the SWA's cognizant Federal agency.

SWAs claiming indirect costs incurred under this cooperative agreement are required to develop and submit cost allocation plans and/or indirect cost rate proposals to the DOL Cost and Price Determination Division (CPDD) or other cognizant Federal agency in accordance with 2 CFR 200, Subpart E. Required documentation for cost allocation plans and indirect cost rate proposals is described in 2 CFR 200, Subpart E. SWAs should pay special attention to Appendix V (State/Local Governmentwide Central Service Cost Allocation Plans) and Appendix VII (States and Local Government and Indian Tribe Indirect Cost Proposals) of 2 CFR 200, Subpart E. Use this [2 CFR 200 link](#) for the reference on Subpart E Cost Principles.

If the Department of Labor (DOL) is the cognizant agency for SWA indirect costs, the approving office is the DOL Cost and Price Determination Division (CPDD), currently within the Office of Acquisition Management Services, Business Operations Center, Office of the Assistant Secretary for Administration and Management. The SWA shall prepare and submit indirect cost/cost allocation proposals to CPDD annually. 2 CFR 200, Subpart E (Appendix V) specifies that proposals be submitted within six months after the close of the government unit's fiscal year. However, if an SWA expects to be unable to prepare and negotiate an indirect cost agreement by this deadline, they can receive an extension from CPDD by submitting a written request that explains the need for an extension. CPDD may grant an extension to the beginning of the state's next fiscal year. If the DOL is not the cognizant agency, the SWA shall request instructions for the preparation of indirect cost proposal(s) from its identified cognizant Federal agency.

Any state that uses an indirect cost rate, regardless of the cost allocation methodology employed, must annually obtain approval of its indirect cost rate from the cognizant agency. A state cannot recover indirect costs from the BLS without prior approval of its indirect cost rate.

## 2. Retention of Program Income

Federal regulations at 2 CFR 200.307(e)(1) specify that "...program income [defined as gross income earned by the recipient or subrecipient that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided in 2 CFR 200.307(c)] will be deducted from total allowable costs, reducing the overall total amount of the Federal award. " Accordingly, the BLS hereby authorizes state agencies to retain program income generated by the sale of data produced using funds provided by the BLS.

## 3. Charging Costs

Only actual costs involved in operating the LMI cooperative statistical programs are allowable. Cost estimation and reporting requirements are based on the State Workforce Agency (SWA) Cost Accounting System (CAS) and the BLS-developed LMI Obligations and Expenditures form (ObEx) and are compatible with the Financial Accounting and Reporting System (FARS). The BLS expects that state agencies will use automated systems to distribute costs; however, all recipients must be able to budget costs for the programs quarterly, and report actual cumulative



costs monthly. No base-program costs may be charged to an additional activity to maintain currency (AAMC), whether or not the AAMC is related to the base program.

Additionally, if an employee's time charges are levied solely against a single Federal award or cost objective (i.e., any or all of the LMI programs covered under this cooperative agreement), the state grantee must certify at least semi-annually that the work being charged for relates exclusively to that award. 2 CFR 200.420 – 200.475 provides full guidance regarding this requirement. Note that states with time and attendance systems that account for employees' time at the project code level on a weekly, bi-weekly, or monthly basis are already in compliance with this requirement.

## H. REPORTING

The reporting requirements described below supersede those cited at 2 CFR 200.328.

Monthly, state agencies must report for each regular, ongoing program:

- Cumulative Obligations: the sum of accrued expenditures to date plus resources on order for the current fiscal year.
- Cumulative Expenditures: the cost of goods received, services rendered, expenses incurred, and assets acquired cumulatively for the current fiscal year.
- Cumulative Cash Received: the amount of funds that have been drawn down in HHS-PMS cumulatively for the current fiscal year.

State agencies will submit the following CAS reports, or their equivalents under FARS:

| Report#      | Report Name                              | Frequency |
|--------------|------------------------------------------|-----------|
| CAS 65       | Summary Appropriation Status             | Monthly   |
| FARS GA-11   | Summary Status of Obligational Authority | Monthly   |
| BLS LMI ObEx | LMI Obligations and Expenditures Form    | Monthly   |

State agencies using either of the approved automated accounting systems, CAS or FARS, should submit the reports generated by those systems. Others should use the BLS LMI Obligations and Expenditures form (ObEx). A copy of the BLS LMI ObEx form is attached.

Unless otherwise specified by the BLS in the appropriate work statement, in reporting on AAMCs, state agencies will include cumulative bottom-line financial data (e.g., CAS 65 or FARS GA-11 data). For AAMCs that cross fiscal years, cumulative expenditures and obligations should reflect the entire period of the AAMC to date, rather than the current fiscal year to date.

A fund ledger code (FLC) has been assigned to each of the LMI statistical programs to enable the BLS to monitor costs on a by program basis, or, in the case of AAMCs, on a funding source basis. The

codes for the programs covered by this agreement are cited in the LMI Administrative Memorandum transmitting the cooperative agreement to the state agencies.

The financial reports must be submitted to the BLS regional office within 30 days of the end of the reporting period. The BLS reserves the right to withhold payment to a state agency if financial reports are delinquent.

The SWAs Financial Accounting System must be able to provide the financial information necessary to comply with audit requirements and to complete the Federal Financial Report (FFR or SF-425). Previously, states were only required to complete Sections 1-10.c. of the FFR plus the FFR Attachment, which allows the states to report on sub-accounts. As a result of the transition to GrantSolutions, state agencies must now complete all sections of the FFR each quarter and at closeout in HHS-PMS. The FFR must be completed at HHS-PMS within 30 days from the end of the fiscal quarter, after which the system will close until the end of the following quarter. A final FFR must be completed in HHS-PMS within 120 days after the period of performance at closeout. If the state fails to complete the report within this time frame, a hold will be placed on their HHS-PMS account until the FFR has been filed.

#### **I. MONITORING**

The BLS will review the financial reports from state agencies to monitor fund utilization and identify potential over- or under-obligations. The primary objectives of financial monitoring are: 1) to ensure that program objectives are met; 2) to prevent significant over- or under-utilization of funds at the end of the fiscal year; and 3) to identify instances where it may be necessary to provide Federal administrative assistance to state agencies.

Per 2 CFR 200.329(f), the BLS may, either as part of a pre-award or at any time subsequent to an award, conduct periodic onsite reviews or request line-item financial information to evaluate the adequacy of the financial management system employed by an SWA.

In accordance with 2 CFR 200.329(a), the state agency is responsible for managing the day-to-day operations of agreement activities. The state agency will monitor agreement activities to ensure there is compliance with applicable Federal requirements and that performance goals are being achieved. Monitoring must cover each program, function, or activity.

#### **J. DEOBLIGATION OF UNDERUTILIZED FUNDS**

The LMI Budget Information Form (BIF) is a state agency's obligation plan for the CA. The BIF establishes the level of planned obligations during a program year and states should strive to make actual obligations match planned levels. If, however, financial reports reveal a state is under-spent, relative to its total planned obligations, the BLS may deobligate some of the state's funds. When the planned-to-actual difference of obligations exceeds 5 percent of total planned obligations, and is greater than \$10,000, the BLS may unilaterally deobligate up to 90 percent of this difference.

#### **K. BUDGET VARIANCES**

At the end of the first fiscal year of the CA, after the funded base program activities are complete but before a partial closeout of the base programs is conducted, a state agency may request a budget variance from the BLS. Budget variances permit states to move a limited amount of funds between

base programs and AAMCs to help minimize over- or under-obligation of funds to any single program. Current BLS policy regarding budget variances is stated in LMI Administrative Memorandum S-24-05, dated September 06, 2024. Some of the more significant points from this memo are summarized below.

The total amount to be moved cannot exceed 4 percent of a state's total fiscal year CA funding for base programs and their associated AAMCs.

1. Budget variance actions will be limited to:
  - a. 20 percent for base programs funded at \$300,000 or more.
  - b. 25 percent (up to \$60,000) or \$10,000, whichever is greater, for base programs funded at less than \$300,000; and
  - c. 33 percent or \$10,000, whichever is lesser, of the total annual project amount for any individual AAMC.
2. Moving funds from AAMCs to base programs is not permitted.

States should refer to the full memorandum to ensure their budget variance requests meet all other applicable conditions.

State agencies should submit their requests for budget variances to the appropriate regional office no later than 60 days after the end of the fiscal year. State agencies should use the BLS LMI Cooperative Agreement Budget Variance Request Form to request the budget variance. (A copy of this form is attached to the end of Part I.)

## **L. PROGRAM VARIANCES**

A program variance is required if a state cannot fully comply with all performance requirements for the entire period of the CA. If a program variance is requested, the state agency must submit a Variance Request Form to the BLS regional office for review before it is sent to the BLS national office for review. All program variances must be approved by the BLS national office prior to the CA being executed in GrantSolutions. The approved program variance is to be referenced in the space provided at the end of the work statement. The variance language included cannot be changed from what was stated in the approval document.

## **M. CHANGES TO THE COOPERATIVE AGREEMENT**

### **1. Budget Changes**

Budget changes that require a state agency to obtain prior written approval from the BLS include:

- a. Any revision that would result in the need for additional funding; and

- b. Cumulative transfers between object classes that exceed or are expected to exceed 10 percent of the current total approved program budget, whenever the total BLS funding is greater than \$100,000.

## 2. Programmatic Changes

Programmatic changes that require a state agency to obtain prior written approval from the BLS include:

- a. Any revision of the scope or objectives of the CA; or
- b. Need to extend the period of availability of funds.

## 3. Additional Activities to Maintain Currency

Additional activities to maintain currency (AAMCs) that entail both budget and programmatic changes to the base CA require prior written approval from the BLS.

All AAMCs must be planned to start in the fiscal year in which they are funded and be completed no later than the end of the fiscal year following their initiation. All extensions to the end date of the CA due to the AAMC must be requested in writing and approved by the BLS Grant Officer in writing. If granted a time extension, the state agency and the BLS must be clear about which work statement deliverables from the CA still apply.

Either the BLS or a state agency may initiate AAMCs. For the former, the BLS will invite eligible state agencies to apply for AAMCs once the Bureau knows available funding levels. States that elect to participate will then submit the necessary paperwork in GrantSolutions to change its CA. (Detailed procedures for responding to a BLS-initiated AAMC are found later in Part II, Section 9b.)

For a state agency to initiate an AAMC it must send a letter to the appropriate BLS Regional Commissioner requesting funding for the proposed activity. (Detailed instructions for what kind of information to include in the request letter are contained later in Part II, Section 9b.) If funds become available during the CA period, and the BLS has given its approval to the project, then the state will receive notice from BLS to submit the necessary paperwork in GrantSolutions to change its CA.

## 4. Obtaining BLS Approval of Changes to the Cooperative Agreement

As of June 2023, any changes to the Cooperative Agreement will be requested in GrantSolutions using the Amendments feature.

To obtain written approval from the BLS for budget changes to the CA, a state agency will submit the following:

- a. An Application for Federal Assistance, SF 424, reflecting the change in the Federal funding for the CA.
- b. A revised BIF, annotated to reflect the modified budget elements.

- c. All relevant pages of the appropriate work statement; and,
- d. A narrative justification for the revision, included in the transmittal letter.

To obtain written approval from the BLS for programmatic changes to the CA or AAMCs, a state agency will submit the following:

- a. An Application for Federal Assistance, SF 424, reflecting the program change or AAMC, as appropriate.
- b. A BIF, revised and annotated to reflect a change, or new, if for an AAMC for which funding has been agreed upon.
- c. A work statement either annotated to reflect a change to the scope or duration of work originally agreed upon, or new if for an AAMC for which funding has been approved, and,
- d. A narrative justification for the revision, included in the transmittal letter.

A request for prior approval of a change must be submitted in GrantSolutions 30 calendar days before the beginning of the quarter in which the change will take effect.

#### 5. BLS-Initiated Budget Changes

In the event of a legislative mandate to reduce appropriated funds, requiring the BLS to decrease the amount originally awarded by the CA, the CA will be modified. The BLS prefers to work bilaterally with its state agencies to affect these budget reductions. However, when this is not possible, because, for example, the workload and time involved to obtain state-required review and signature of a bilateral amendment are too great, the BLS is prepared to initiate and execute unilateral amendments. If the BLS initiates a unilateral amendment, it will promptly notify the affected state agency, in writing, of the change(s) made to the CA. The notification will be specific as to what was done to/for the state.

In addition, in the event that funds are restored in the same fiscal year as they were cut, the BLS will use a unilateral amendment to put the funds back if: (a) the state prefers a unilateral amendment over a bilateral amendment; and (b) the state either did not take any variances when the cut was made so there is no change in work load, or the amount of funding restored matches the amount taken away so that the work load reverts to what was agreed to in the original CA.

#### 6. Time Extensions

Where the sole purpose of a change to the CA is to provide additional time to complete deliverables that relate to AAMCs, a unilateral amendment may also be used. Again, the BLS prefers the use of a bilateral amendment but will initiate a unilateral amendment to effect the change so as to reduce the state's workload and paperwork. As noted above, any amendment to extend the period of performance must clearly state what work is still being done. Amendments to extend the duration of an AAMC need to be completed prior to the end of the period of performance for the AAMC.

## **N. PROGRAM REVISIONS**

The BLS may make periodic revisions to the program manuals. The BLS will attempt to coordinate the timing of these revisions so state agencies do not experience increased workloads during the CA period. If, however, revisions are made that require a substantial change in workload, the BLS or a state agency may initiate an amendment to the CA.

## **O. PROPERTY AND EQUIPMENT**

A state agency will follow the requirements related to title, use, and disposition of real property found at 2 CFR 200.311. The state agency will use, manage, and dispose of equipment acquired under the agreement in accordance with state laws and procedures. Title to equipment purchased with CA funds will vest upon acquisition in the state agency. However, the BLS, per 2 CFR 200.313(e) (3), reserves the right to transfer title to the Federal Government or a third party named by the BLS when such a third party is otherwise eligible under existing statutes. Such transfers are subject to the standards appearing at 2 CFR 200.313(a)(1)-(3). Pursuant to those standards, specifically, 2 CFR 200.313(a)(1), the BLS reserves the right to transfer title of any Automated Data Processing (ADP) equipment, purchased with CA funds, upon termination of financial assistance or when the equipment is no longer needed by the state agency.

## **P. PROCUREMENT**

Except as noted below, when procuring property and services under the CA, a state agency will follow the same policies and procedures it uses for procurements from its non-Federal funds. The state agency will ensure that every purchase order or other contract includes any clauses required by Federal statutes and executive orders and their implementing regulations [2 CFR 200.317 – 200.327].

Pursuant to the provisions of 2 CFR 200, Subpart E, a state agency will request BLS approval prior to the procurement of information technology equipment with a unit cost of \$10,000 or more.

A state agency will not subgrant or contract substantive program work under the CA without the permission of the BLS. Substantive program work includes, but is not limited to, the sampling, data collection, estimation, and validation activities under the CA. Non-substantive activities for which BLS grants permission to the state agency to contract work, may also be subcontracted on a case-by-case basis so long as approved by the BLS and the state agency and their contractors follow the confidentiality requirements around contracting set out in part I, section S.6. of this CA.

## **Q. CLOSEOUTS AND AUDITS**

Appropriate LMI Memoranda on closeouts and audits will provide specific guidance on the requirements of 2 CFR 200.344, regarding closeout, and 2 CFR 200, Subpart F (Audit Requirements), regarding the Single Audit Act.

If, by virtue of an AAMC, a CA extends beyond the end of the fiscal year of funding, a two-step closeout process is required. A state agency will perform a partial closeout (i.e., financial reconciliation) of the base programs (CES, LAUS, OEWS, and QCEW) at the end of the fiscal year of funding. As required by OMB, the state agency will perform a final closeout of all base programs and AAMCs 120 days after the last AAMC ends, or 120 days after the end of the fiscal year in which the last AAMC ends.

The state agency has the option of deciding when the final closeout is to be performed; however, the state agency must notify the regional office before the end of the fiscal year of funding which option it has selected. Regardless of timing, for financial reporting purposes, final closeouts must reflect that there are not any outstanding resources on order or accruals remaining at the time of submission. In addition, cash drawdowns in HHS-PMS should equal total expenses for the fiscal year within 120 days of the end of the fiscal year.

State agencies should use the Transmittal and Certification Form as a checklist to ensure all required forms are included in the closeout package submitted in GrantSolutions.

The Financial Reconciliation Worksheet (FRW) forms, closeout checklists, and property listings must be used by the states for the closeout process. These forms are found at the end of this section.

## **R. RECORDS**

### **1. Retention**

A state agency will retain records in accordance with 2 CFR 200.334 – 200.338, Record Retention and Access. Subject to the qualifications set forth in 2 CFR 200.333, a state agency must retain all records pertinent to the agreement, including financial and statistical records and supporting documents, for a period of three years from the date of the final expenditure report. Special retention requirements pursuant to 2 CFR 200.334 are found in program manuals and technical memoranda.

### **2. Disposal**

The BLS State Cooperating Representative (see below) is responsible for ensuring that appropriate precautions are taken in disposing of records after the required retention period to ensure that confidentiality is protected. State agencies may follow their own records-disposal policies and procedures, provided they contain safeguards for protecting confidentiality.

## **S. CONFIDENTIALITY**

### **1. Federal Guidelines**

The majority of data collected by the BLS is provided on a voluntary basis by respondents who have agreed to provide the information for the purpose(s) specified by the BLS. A violation of the confidence that respondents place in the BLS would endanger the Bureau's ability to carry out its duties. The Confidential Information Protection and Statistical Efficiency Act (CIPSEA) (44 USC 3561 et seq.) safeguards the confidentiality of individually identifiable information acquired for exclusively statistical purposes under a pledge of confidentiality by controlling access to and uses of such information. BLS officers, employees, and agents are subject to CIPSEA and other Federal laws governing confidentiality.

### **2. Description of Confidential Information**

For the purposes of this cooperative agreement:

- a. "Confidential information" includes all data collected as part of the LMI programs under sole BLS authority or joint BLS/state authority, with the exceptions described in the following paragraphs 2b., 2d., and 2f. Some examples of "confidential information" include:

Respondent Identifiable Information (Protected by CIPSEA)

- i. The names, addresses, and other information for units from which data are requested
- ii. All identifiable respondent submissions
- iii. Information in administrative files that has been commingled with confidential information
- iv. Disclosure avoidance parameters applied to published data, unless otherwise specified by the BLS
- v. Survey-collected Personally Identifiable Information
- vi. Any other information in any medium or format that would reasonably disclose the identity by either direct or indirect means of any participant in a statistical program under the auspices of the BLS

Pre-release Information (Protected by Federal Policies)

- vii. Pre-release information such as official BLS estimates and other official BLS statistical products prior to their scheduled release to the public
- viii. BLS press releases prior to their official release by the BLS that are based upon data that have been previously released to the public

Personally Identifiable Information (Protected by Federal Policies)

- ix. Any representation of information about an individual that permits the identity of the individual to whom the information applies to be reasonably inferred by either direct or indirect means. BLS-specific examples include but are not limited to, education, financial transactions, and medical, criminal, or employment history, and information which can be used to distinguish or trace an individual's identity, such as their name, social security number, date and place of birth, mother's maiden name, biometric records, etc., including any other personal information which is linked or linkable to an individual.
- b. At the state level, Unemployment Insurance (UI) information included in the Quarterly Census of Employment and Wages (QCEW) files is considered the state's data and is subject to state confidentiality provisions and is not subject to the BLS confidentiality provisions of this cooperative agreement. However, QCEW files maintained by the states that have been commingled with respondent identifiable information are considered confidential and must be handled by the states in accordance with CIPSEA and the confidentiality provisions of this cooperative agreement. State data sharing activities involving respondent identifiable information must be conducted in accordance with the data sharing restrictions specified



below (Section 5). State data sharing with any person who is not a BLS designated agent must use files that have been cleared of any respondent identifiable information.

c. Upon receipt by the BLS of the QCEW files, the BLS will use the QCEW data for exclusively statistical purposes and will hold this information in confidence to the full extent permitted by law.

d. Further, at the state level, UI information provided to the BLS for the Local Area Unemployment Statistics (LAUS) program is considered the state's data and is subject to state confidentiality provisions and is not subject to the BLS confidentiality provisions of this cooperative agreement. Upon receipt by the BLS of the UI information for the LAUS program, the BLS will use the UI data for exclusively statistical purposes and will hold this information in confidence to the full extent permitted by law.

e. For all other confidential information provided to BLS by the state, the BLS, its employees, agents, and partner statistical agencies, will use the information provided for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with CIPSEA (44 U.S.C. 3572) and other applicable Federal laws, confidential information will not be disclosed in identifiable form without the state's informed consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

f. "Confidential information" does not include information on Federal government units and employment and wages information on Federal employees covered under the Unemployment Compensation for Federal Employees (UCFE) program. Such information is fully disclosable under provisions of the Freedom of Information Act.

### 3. State's Confidentiality Responsibilities

- a. The state agency agrees to use CIPSEA-covered data for statistical purposes only. Furthermore, the state agency agrees to use QCEW data pursuant to the confidentiality statement provided to respondents at the time of data collection.
- b. The state agency agrees that pre-release information such as official BLS estimates and other official BLS statistical products will not be disclosed or used in an unauthorized manner before its scheduled release to the public and will be accessible only to authorized persons. Authorized persons are state employees designated as "authorized agents" of the BLS (defined in section 4) or state employees that have been approved for access to BLS pre-release information as certified by the BLS State Cooperating Representative. This provision does not affect the ability of the state agency to publish state estimates (even if the estimation is done by BLS staff) before BLS publishes.
- c. In allowing the state agency to publish state estimates produced by the BLS, the state release may be viewed by authorized persons (as defined above in section 3b) within the Governor's office; however, consistent with best statistical practices, the state agency shall publish the state release in a manner that is objective, unbiased, and free of policy pronouncements. If policy pronouncements are to be made regarding the data, state policy

officials should issue a separate independent statement on the data being released by the state agency.

d. The state agency agrees that BLS press releases available to them prior to their official release by the BLS that are based upon data that have been previously released to the public will not be disclosed or used in an unauthorized manner before they have been released by the BLS and will be accessible only to authorized persons (as defined above in section 3.b.).

e. The state agency agrees to notify the BLS regional office immediately upon discovering:

i. Any breach or suspected breach of security, or

ii. Any disclosure of the confidential information not authorized by this cooperative agreement.

f. In order to ensure secure transmission of BLS confidential information, the following conditions must be met:

i. Transmission of confidential information will be restricted to BLS-specified connectivity as listed in Section T item 4.

ii. Unless prevented by technical constraints, all LMI-related electronic communications (email) that contain confidential information will be transmitted using the BLS ("bls.gov") mail server. If email is sent from one BLS-provisioned email account to another BLS-provisioned email account, no additional email encryption measures are needed. If email will be transmitted using non-BLS provisioned accounts, users will encrypt the data in an attachment using a FIPS 140-2 (or successor)-validated method. For example, FIPS 140-2 approves as encryption the password protecting of Word or Excel attachments as long as they can be saved with the file extension of .docx or .xlsx, respectively.

iii. Transmission via portable media must also be encrypted using FIPS 140-2 validated methods.

iv. If technical constraints prevent the transmission of confidential data via methods described above, FIPS 140-2 validated methods must be used. Any questions concerning transmissions, methods, and use should be submitted to BLS for clarification.

#### 4. Access to Confidential Information

a. The state agency agrees to assign a BLS State Cooperating Representative in accordance with BLS requirements. The BLS State Cooperating Representative will be designated an agent by the BLS and must sign a BLS Agent Agreement each year a cooperative agreement is executed. A copy of this form is included as part of the application materials in Part III.

b. State employees may not have access to respondent identifiable information collected on behalf of the BLS for exclusively statistical purposes, unless they are designated as "authorized agents" of the BLS. For the purposes of this cooperative agreement, "authorized agents" are defined as individuals who have been authorized by the BLS to receive access to

respondent identifiable information for work on the activities directly covered by this cooperative agreement and who have signed a BLS Agent Agreement.

c. The BLS State Cooperating Representative will ensure that state employees working outside of the state LMI program but who have access to BLS confidential information will adhere to the requirements set forth in this agreement as to data confidentiality. There are two ways this can be done, either individually or as a group.

i. Each employee outside of the LMI program that has access to BLS confidential information can become an “authorized agent” using the same process as for LMI program employees (signing the BLS Agent Agreement once and completing the BLS confidentiality training annually).

ii. All employees in any department outside of the LMI program (Ex. IT, data entry) that have access to BLS confidential information can be covered by making a single management official of that department a Special Agent. The management-level official will sign a BLS Special Agent Agreement each year a cooperative agreement is executed and will complete the BLS confidentiality training annually. The individuals signing for their departments will be responsible for fully informing employees within their areas who have access to BLS confidential information of their responsibilities and obligations for handling such data.

d. State employees shall not have access to pre-release information, unless they are designated as “authorized agents” of the BLS (as described in section 4.b.) or they have been approved for access to pre-release information as certified by the BLS State Cooperating Representative. A copy of the certification form is included as part of the application materials in Part III.

e. The BLS may revoke an agent agreement or revoke an individual’s access to pre-release information at any time and without advance notice.

f. The state agency agrees to administer annual confidentiality training as provided by the BLS to all state employees designated as agents to carry out work under this cooperative agreement.

g. The state agency agrees to recertify on an annual basis through the BLS State Cooperating Representative that state employees approved for access to only pre-release information have been provided the “Conditions for Handling BLS Pre-Release Information” (included as part of the application materials in Part III) and have indicated their understanding and acceptance of those conditions. State employees approved for access to only pre-release information are not required to take the annual confidentiality training referenced in section 4.e. The state agency will assure that there will be no access to respondent identifiable information by any person other than an agent designated pursuant to this agreement. Neither the state agency nor any agent designated pursuant to this agreement will use respondent identifiable information for any purpose other than a BLS-approved statistical purpose. In order to meet these requirements, the state agency working on statistical activities on behalf of the BLS must not be co-located in the same space with

another entity without adequate physical barriers to protect the respondent identifiable information from unauthorized access.

h. The BLS may require the submission of any output(s) produced from respondent identifiable information intended for release or publication for review and approval to ensure adherence to the terms and provisions of this cooperative agreement. The state agency and designated agents will be bound by the determinations of the BLS.

i. State agencies may allow remote access to confidential information from offsite locations, provided that employees comply with all telework requirements as described in section T.28. The state agency will annually provide the BLS Grant Officer with the names of employees approved for telework and will provide updates as they arise. The BLS Grant Officer reserves the right to prohibit access to confidential information.

## 5. Data Sharing

### Intrastate and Interstate Data Sharing Restrictions:

- a. In order to produce BLS survey estimates or facilitate BLS-funded statistical research provided for under this CA, a state's BLS Cooperating Representative is authorized to share respondent identifiable information within the state agency with other units under the control of the BLS State Cooperating Representative or with another state's BLS Cooperating Representative.
- b. The state agency agrees to obtain BLS approval prior to using confidential information for any statistical activity not funded under this cooperative agreement. For activities approved by the BLS, the state agency agrees to enter into a Memorandum of Understanding (as referenced in S-06-02) with the BLS authorizing that work and stating the terms of access to the confidential information.
- c. The state agency agrees not to divulge, publish, reproduce, or otherwise disclose, orally or in writing, the confidential information, in whole or in part, to any individual other than authorized agents or those individuals approved for access to only pre-release information unless the state agency has obtained the approval of the Associate Commissioner of Field Operations and in the case of respondent identifiable information written consent has been obtained from the respondent prior to disclosure in conformance with BLS policies regarding informed consent procedures.
- d. Upon receipt of any legal, investigatory, or other demand for access to the confidential information in any form, the state agency agrees:
  - i. Not to disclose the confidential information in any form to anyone who is not an authorized agent (in the case of respondent identifiable information), approved individual (in the case of pre-release information), or employee of the BLS.
  - ii. To immediately notify the BLS regional office upon receipt of any demand for access to the confidential information.

- iii. To refer the demand for confidential information to the BLS to be handled under Federal law.

## 6. Use of Contractors

The state agency agrees to include adequate and appropriate confidentiality provisions in all contracts awarded, pursuant to this CA, that involve the disclosure of any confidential information orally, in writing, or in any other form, in whole or in part, to the contractor. In particular provisions for the following must be included:

- a. Contractor officers and employees must adhere to CIPSEA and all applicable Federal laws regarding the handling of all respondent's identifiable information and also must adhere to the BLS confidentiality policy as stated in this cooperative agreement with regard to access to all confidential information.
- b. Access to respondent identifiable information must be limited to contractor officers and employees who have been designated as agents by the BLS to work directly on the contract and who have signed a BLS Agent Agreement and have completed confidentiality training in advance.
- c. Access to pre-release information must be limited to contractor officers and employees who have been designated agents by the BLS or approved for access to only pre-release information as certified by the BLS State Cooperating Representative.
- d. Reliability of personnel.
- e. No subcontracting permitted without the prior written approval of the BLS Grant Officer and the inclusion in the subcontract of adequate and appropriate confidentiality provisions as set out in this section.
- f. Right of inspection of contractor facilities.
- g. Physically secure worksite and computer/communications environment.
- h. Exclusive storage facilities for confidential information.
- i. Immediate notification by the contractor to the state and the BLS upon discovering any breach or suspected breach of security; any disclosure of the confidential information not authorized by the contract; or upon receipt of any legal, investigatory, or other demand for access to the confidential information in any form.
- j. Right of termination for failure to comply with security requirements.
- k. Right to review outputs produced from respondent identifiable information prior to release or publication.
- l. Return or destruction of the confidential information upon termination of the contract; and

m. Contractor shall not, by action or inaction, cause the state to violate the terms of this cooperative agreement.

## **T. DATA AND COMMUNICATIONS SAFEGUARDS**

### **1. Background**

This cooperative agreement has been developed to establish a management agreement between the BLS and state offices. The BLS and state offices, when referred to collectively in this section, will be described as the “parties.” The systems that are the subject of this agreement are the BLS LAN/WAN system and BLS Cloud Services (BLSCS) owned by the BLS, and state networks, owned by each state. When referred to collectively in this section of the agreement, these systems will be referred to as the “connected systems.”

### **2. Authority**

For security purposes, this agreement is entered into under the authority of the Federal Information Security Modernization Act of 2014 (Public Law 113-283).

### **3. Purpose**

This agreement between the parties allows for exchanges of information between state offices and information systems owned, operated, and processed at the BLS as required or allowed by The Department of Labor Cybersecurity Policy Portfolio (CPP) and The Department of Labor Manual Series-9 as well as other federal statutes, regulations, and policies that may apply, as implemented by the BLS. This section describes the agreement between the parties for the purpose of securing the data on the connected systems. It is the intent of the parties that they will be bound by this cooperative agreement once it is signed by each authorizing official for the connected systems.

The BLS established and maintains a secure site accessible from the internet called the BLS FedState Portal for the purposes of processing surveys per the cooperative agreement. To assist in this work, state-accessible intranets are maintained to provide information on program operations and to access files needed to process the surveys. Files are shared for policy councils and the BLS-state teams. This connectivity also provides for training and email communications. The BLS FedState Portal provides only the capabilities, access, and information needed to execute the tenets of the cooperative agreement. The BLS-provided logical and physical security controls isolate the state-accessible network from the BLS network so that state personnel cannot connect to internal BLS resources.

Identification and authentication security controls for connection to the state-accessible network are provided exclusively by BLS and no trust is assumed for credentials issued by the states.

The BLS exclusively provides for the encryption of confidential data to/from state partners. No state-provided security controls are assumed or used in protecting the confidentiality or integrity of these transmissions.

The BLS-state network architecture was designed and implemented with no expectation of security provided by the state agencies or networks.

#### 4. Connection Type

The BLS FedState Portal allows states to connect using their internet connection. Users have a hardware security token and use that to securely access BLS applications housed on the portal.

#### 5. Locations

The core of the BLS network resides in the Equinix Data Center; however, it extends to several regional offices, Regional Outstation Collection Center's (ROCC) and state offices throughout the country.

The state agency office location information is maintained by the BLS regional offices.

#### 6. Data Classification

The sensitivity and criticality of BLS LAN/WAN as well as BLSCS, were assessed using the DOL OCIO Cyber Security Asset Management tool. The tool is compliant with NIST SP 800-60, which provides guidance on implementing Federal Information Processing Standard (FIPS) 199. BLS LAN/WAN and BLSCS have been evaluated for confidentiality, integrity and availability requirements. The results for each security objective are as follows:

##### a. Confidentiality

The system contains information that requires protection from unauthorized disclosure, such as confidential respondent data provided on a voluntary basis and data subject to sensitive system data such as usernames and passwords. Confidentiality is considered Moderate.

##### b. Integrity

The BLS economic estimates that rely on this system are released on stringent timetables, some of which are mandated by Congress. They are eagerly awaited and heavily used by public policy makers and the investment community. Thus, erroneous data could affect the BLS' standing as a reliable statistical agency and could have a serious impact on government economic decisions and the financial markets. Integrity is considered Moderate.

##### c. Availability

As stated above, the BLS economic estimates that rely on this system are released on stringent timetables, some of which are mandated by Congress. They are eagerly awaited and heavily used by public policy makers and the investment community. Thus, a significant delay in the release of data could affect the BLS' standing as a reliable statistical agency and could have a serious impact on government economic decisions and the financial markets. In the event of loss of availability, the system must be restored in a timely manner. Availability is considered Moderate.

##### d. Overall Security Categorization

According to FIPS 199, a system's overall security categorization, also known as the "high water mark", is determined by highest individual sensitivity level for all three of the security objectives. The overall Security Categorizations of BLS LAN/WAN and BLSCS are Moderate.

The most sensitive data exchanged via the systems' interconnections are considered controlled unclassified information (CUI).

## 7. Essential Communications Required Between the Parties to this Agreement

The parties agree to maintain open lines of communication between designated staff at both the managerial and technical levels. The parties agree to each designate an authorizing official for information security. The authorizing official, or designee, will be familiar with the security posture of the system.

The BLS regional office staff will coordinate all communications between the BLS national office and state partners, except for when technical staff needs to communicate directly with each other to resolve security or connectivity issues.

The parties agree to designate and provide contact information for technical leads for their respective systems, and to facilitate contact between technical leads to support the management and operation of the connection. To safeguard the confidentiality, integrity, and availability of the data stored, processed, and transmitted on or between the connected systems, the parties agree to provide notice of specific events within the time indicated in this section.

The BLS point of contact for security or connectivity emergencies is:

LANWAN and BLSCS Support Staff  
202-691-5950  
[LANHELP@bls.gov](mailto:LANHELP@bls.gov)

## 8. Security Incidents

When a security incident is suspected or verifiably detected by either BLS or by a state office, technical staff will immediately notify their designated counterparts, via the BLS regional office contacts so that staff from all affected locations may take steps to determine whether its system has been compromised and to take appropriate security mitigation or precautions. Technical staff from all involved sites will provide reasonable support to their counterparts in support of analysis and/or investigation into any security incidents.

## 9. Disasters and Contingency

In the event of a disaster, technical staff for the system experiencing the disaster will immediately notify their designated counterparts, via the BLS regional office contacts, that a disaster has occurred and describe the contingency operations undertaken or to be undertaken to avoid a disruption of the interconnected systems.



## 10. Reporting Security Incidents and Disasters

In the event of a security incident or disaster, the owner of the system experiencing the incident or disaster will, in addition to the immediate notice provisions stated above, via the BLS regional office contacts, send formal written notification to the authorizing official for the other interconnected system within three days after detection of the incident(s). This written notification will describe the security incident or disaster in detail and state the measures taken to protect the confidentiality, integrity and availability of information on the interconnected systems.

## 11. Material Change to System Configuration

Planned technical changes to the system architecture that may affect security with the other party will be reported, via the BLS regional office contacts, to technical staff before such changes are implemented. The initiating party agrees to conduct a risk assessment based on the new system architecture. In the event of material changes to the system's configuration, the parties agree to modify this document as necessary.

## 12. New Connections

Connections to other information systems outside of either party may affect the security of the connection between state offices and the BLS. Therefore, prior to connecting their systems to any other information system (including systems that are owned and operated by third parties) that is not the subject of this agreement, the state or the BLS office involved with the new connection will determine whether the new connection may affect the security of the connection between the state and the BLS, and if so determined will, via the BLS regional office contacts, provide written notice to the other party at least one month before connecting to the new system. This written notice must contain a detailed description of the new system, including the operational and management security controls for the new system. Within five days of receiving such notice, either party may submit a written request for other relevant information or documentation regarding the connection and/or the system to which the connection is being made. Written responses to such requests must be provided within five days of receipt. In the event that a state must change location(s) of its T1 connection(s), the state must give the BLS at least 60 days advance notice before moving the line and provide a state technical contact to coordinate the move.

## 13. Point of Demarcation

The logical components within each system at which control over and protection of the data becomes responsibility of the other system is documented in the BLS LAN/WAN and BLSCS System Security Plans (SSPs), which are available to authorized parties on request.

## 14. Authorization Boundary

The boundary between these two systems is as described in the BLS LAN/WAN and BLSCS SSPs. BLS LAN/WAN and BLSCS were last re-authorized, under the DOL Ongoing Authorization program, in June 2021. These authorizations are not tied to a termination date but rather remain valid until a significant change occurs altering the risk profile of the system or an event trigger indicates an information security risk above an acceptable level.

## 15. Topology Drawing

A drawing showing systems and boundaries, which emphasizes where data of one system is placed in the other system or transported between access points is included in the BLS LAN/WAN and BLSCS SSPs.

## 16. Connection Safeguards

Both parties agree that the safeguards implemented on their systems are in place and operating effectively as described in their respective system's assessment and authorization or equivalent documentation. Technical safeguards are to be implemented prior to, and as a condition of, establishing and maintaining a secure connection between and within the domain of the sites. The controls listed in the BLS LAN/WAN and BLSCS SSPs include the technical controls required of Federal systems by Federal Information Processing Standards (FIPS) 200, and described in detail in NIST SP 800-53 and NIST SP 800-53A.

The State agency agrees to ensure that all systems used to store or process data under this agreement comply with all applicable Federal information security directives, acts, laws, regulations, standards, and guidelines. The State agency shall ensure implementation of the respective security controls catalogued in the current version of National Institute of Standards and Technology (NIST) Special Publication 800-171, "Protecting Controlled Unclassified Information in Nonfederal Systems and Organizations", and the operating system settings recommended by the manufacturers of the commercial off-the-shelf (COTS) products selected for integration, into any systems used to store or process BLS data. Per NIST 800-171, the BLS reserves the right to request the system security plan and any associated plans of action for any planned implementations or mitigations. In instances where the State agency finds that a security control does not apply or cannot be met, the State agency may request an exception. Any exceptions must be approved in writing by the BLS.

## 17. Cloud Service Providers

State acquisition of a Cloud Service Provider(s) (CSP) cloud service offerings to service BLS confidential information must be acquired through Federal Risk and Authorization Management Program (FedRAMP) compliant vendors. Cloud providers servicing BLS confidential data must have FedRAMP approval with a moderate baseline. Cloud services for confidential information must utilize Government Only Tenants. States must submit a CSP vendor's FedRAMP package ID and service name for continuous monitoring security review at the request of the BLS. BLS confidential information must have defined access controls and be encrypted at rest and in transit to prevent unauthorized access. Only FIPS-validated cryptography is approved for use in encrypting Federal information. It is a state responsibility to ensure that any employee of a CSP who will require access to unencrypted BLS confidential information for any purpose be designated as a BLS agent and receive the required training.

All states that have third-party service provider agreements must review the documents furnished by the external service provider to monitor and assess their level of compliance with DOL requirements. BLS requires the completion of the third-party CSP checklist and reserves the right to review and approve or disapprove all security safeguards instituted to comply with the requirements of their contract. BLS also reserves the right on behalf of itself and the federal

government to conduct confidentiality and security compliance reviews as deemed appropriate to ensure compliance with all security policies and directives.

The state agency, if using, or planning to use, a cloud service provider (CSP), shall ensure that:

- a. The associated BLS Regional Office is notified of CSP use or intended use within the state. Details including the CSP name and FedRAMP Authorization Package ID should be provided. The BLS Chief Information Security Officer (CISO) should be the authorized FedRAMP approver. If the state already uses GovCloud storage for other state data, then the FedRAMP authorization is provided to BLS only for the purposes of security review.
- b. States should complete the States Cloud Questionnaire. States should read and initial each section of the FedRAMP agreement for package reviewers and digitally sign the form. Both forms should be emailed to the BLS Regional Office and Secure@bls.gov. The BLS CISO will review, sign, and return the form.
- c. The state can then email the completed form to info@fedramp.gov and await an email response from FedRAMP.
- d. The CSP Continuous Monitoring Checklist should be completed monthly for the three-monthly elements and annually for the remaining eight. The state Information System Security Officer (ISSO) must update the ISSO review column, digitally sign the document, and have the state Information Security Officer for the system review and approve. The state must maintain these checklists and can be asked by BLS to provide documentation demonstrating that this continuous monitoring is being completed.
- e. If the state identifies any issues during its review, then a follow-up email should be sent to the CSP and BLS (Regional Office and Secure@bls.gov) and should include:
  - i. Purpose of review
  - ii. Issues identified
  - iii. Ask what the next steps are or the path for remediation
  - iv. Estimated completion dates
  - v. Any additional guidance that could provide visibility to the issues
- f. If the third-party provider does not respond in a timely manner, then the issue should be escalated to BLS by emailing the Regional Office and Secure@bls.gov.
- g. State agencies must review the FedRAMP Authorization Package associated with the CSP and identify/document (if any) security risks that may impact BLS data before operation.
- h. The state agency retains access control of BLS data at all times.
- i. The state agency understands the information types and sensitivity thereof within its cloud system(s).

## 18. Artificial Intelligence

The state agency shall not use artificial intelligence (AI), machine learning (ML), automated decision-making systems, or related technologies to collect, process, or analyze, store, or otherwise interact with BLS Sensitive Information unless authorized in writing by the BLS regional office. The state agency agrees to notify the BLS regional office immediately upon discovering any unauthorized use of AI, ML, automated decision-making systems, or related technologies.

## 19. Personnel Changes

The parties agree to provide notification, via the BLS regional office contacts, of the separation or long-term absence of the system owner or technical lead. In addition, both parties will provide notification of any changes in point-of-contact information.

## 20. Security

Both parties agree to work together to ensure the joint security of the connected systems and the data they store, process, and transmit. Each party certifies that its respective system is designed, managed, and operated in compliance with all relevant laws, regulations, and policies.

## 21. Cost Considerations

Both parties agree to negotiate the costs of the connecting mechanism and/or media, but no such expenditures or financial commitments shall be made without the written concurrence of both parties. Modifications to either system that are necessary to support the connection are the responsibility of the respective system owners' organization.

## 22. Effect of Agreement

This agreement is an internal government agreement and is not intended to confer any right upon any private person.

Nothing in this agreement shall be interpreted as limiting, superseding, or otherwise affecting either agency's normal operations or decisions in carrying out its statutory or regulatory duties.

This agreement does not limit or restrict the parties from participating in similar activities or arrangement with other entities.

This agreement will be executed in full compliance with the Privacy Act of 1974.

## 23. Resolution Mechanism

In the event of any disagreement arising under this agreement, the parties shall attempt to resolve the disagreement through negotiations in good faith.

#### 24. Authorizing Official Resolution and Consent to Monitoring

In the event of suspected fraud, abuse, or security infraction, the authorizing official for either connected system may, via the BLS regional office contacts, conduct an analysis and investigation. After the initial phases of the incident response plan have been executed, more specifically, the response and containment, and subsequent triage for the connected systems, the authorizing official or point of contact should be notified and provided with at least the basic knowledge that is known as of that point in time. Within five days of receipt of a written request for information, the authorizing official for the system that is the subject of the investigation shall provide all relevant documentation and other evidence or information necessary to support the investigation.

Both parties agree to implement safeguards to prevent unauthorized access by electronic or physical means to confidential information.

The BLS reserves the right to make unannounced inspections of state facilities to determine compliance with confidentiality and security requirements.

In the event of grant termination, or at an earlier time if required by the BLS, all confidential information provided to the state agency by the BLS and any documents or other media created by the state agency that contain confidential information must be returned to the BLS or, with BLS permission, be destroyed. The state agency's failure to surrender or destroy such materials promptly or the state agency's conversion of such materials to a use not authorized by this CA may be a violation of 18 USC Section 641.

The state agency agrees to notify the BLS regional office immediately upon discovering:

- a. Any breach or suspected breach of security, or
- b. Any disclosure of the confidential information not authorized by this cooperative agreement.

#### 25. Telework Requirements

State employee telework locations may be included in the list of worksites. State employees may be permitted to telework from a domestic U.S. location on a full-time or temporary basis. All instances of contractor telework must be documented and approved by the BLS State Cooperating Representative before any telework begins. The State employee is expected to meet all of the security requirements for the telework site(s). No use of personally-owned equipment is permitted – unless otherwise authorized by BLS. The State employees should be prepared to demonstrate how they are implementing the security controls catalogued in NIST 800-171 for the telework site(s) and may be required to submit evidence of adherence through a System Security Plan (SSP) or other documentation. Any exceptions of a telework location to the NIST 800-171 requirements would need to be documented and approved in writing by the BLS State Cooperating Representative.

## **U. DATA COLLECTION INTEGRITY**

The integrity of the BLS' data collection process requires that all survey information be sound, complete, and of the highest possible quality. Data must be obtained from the appropriate company official or respondent and the data entries must accurately report data and responses they provided. This requirement covers all aspects of data collection, reconciliation and processing including, but not limited to, the following: personal visits, telephone collection, telephone clarification, mail, computer assisted telephone interviews (CATI), computer assisted personal interviews (CAPI), telephone data entry (TDE), voice recognition and computer assisted data collection and processing (CADCAP).

The state agency agrees to acquaint all employees involved in data collection for LMI programs with the data collection requirements set out above, and to ensure that they understand that the source of the data, the method of data collection, and the data received from respondents must not be deliberately misrepresented.

## **V. PUBLICATION OF DATA**

Publication of data produced under the agreement will be limited to BLS-validated or approved data. Funds may be budgeted in the CA to cover the cost of this activity. State agency publication of employment data, occupational data, and labor force and unemployment statistics, including data or deriving from data developed under the CA, must contain the BLS-validated or approved series, and be identified as such.

The cost of mailing publications is an allowable cost, but BLS will not provide additional funding for this purpose. One copy of any publication produced by the state agency with CA funds will be provided to the Grant Officer, except as otherwise indicated in the LMI statistical program manuals.

## **W. MAIL MANAGEMENT**

In keeping with United States Postal Service and General Services Administration mandates, direct accountability of mail now relies on commercial mail and no longer uses penalty meters. Changes to mail practices and mail reporting requirements are described in LMI Administrative Memoranda S-07-9, "Transitioning State Labor Market Information Mail to Commercial Accountability and Practices" and S-07-3, "Supplemental Guidance for State Labor Market Information Commercial Mail Accounts."

States may not use ETA or BLS penalty meter heads for outgoing mail. States have converted to commercial mail payment of metered mail, permit imprint mail, and stamps and stationary in all locations. States should base their mail costs estimate on their postal statements, and use this estimate during CA negotiations with regional offices. The CA award includes funds to pay for commercial mail. Costs for program return mail (e.g., postage due and address correction mail) will continue to be funded directly by BLS with the exception of a few states that are not connected to the United States Postal Service Enterprise Payment System (EPS) which replaced the Centralized Account Processing System (CAPS) as of April 1, 2019.

## **X. CERTIFICATIONS**

### **1. Debarment, Suspension, and Other Responsibility Matters**

Under the government-wide system for non-procurement debarment and suspension, any party who is debarred or suspended will be excluded from Federal financial and non-financial assistance and benefits under Federal programs and activities. [2 CFR 180.125] Accordingly, before being awarded funding, each state agency will submit, as part of its application for funding, the Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions. In addition, each state agency will require participants in lower tier covered transactions to submit the Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Lower-Tier Covered Transactions. [2 CFR 180.335 and 2 CFR 180.355] These certifications and instructions for their completion are found in Part II, Application Instructions.

### **2. Drug-Free Workplace Requirements**

29 CFR 94.200(a) requires that all grantees receiving grants (and cooperative agreements) from any Federal agency certify to that agency that they will maintain a drug-free workplace. Making the required certification is a precondition for receiving a grant from a Federal agency. Accordingly, before being awarded funding, each state agency will certify as instructed in Part II, Application Instructions, that it is maintaining a drug-free workplace.

### **3. Lobbying Activities**

Pursuant to 29 CFR 93, each applicant for a cooperative agreement must certify that the applicant will not use the funds awarded under the cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered Federal actions: the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. Making the required certification is a precondition for receiving a grant from a Federal agency. Accordingly, before being awarded funding, each state agency will certify as instructed in Part II, Application Instructions.

29 CFR 93 also requires that each applicant for a cooperative agreement with a Federal agency file with that agency a disclosure form if the applicant has made or has agreed to make any payment using non-appropriated funds (to include profits from any covered Federal action), which would be prohibited if paid for with appropriated funds.

## **Y. ASSURANCES**

The standard assurances that follow specify terms and conditions with which state agency must comply, as prescribed by 2 CFR 200.209, Standard Form 424B, Standard Assurances. Pursuant to SF 424B, certain assurances (Nos. 7, and 9 through 16 of SF 424B) are not applicable to this agreement and have been deleted from the list below.

By placing an "X" or check mark in the "Agree to Comply" box next to the requirement concerning the assurances in the work statement: Requirements for All Programs, the state agency assures and certifies that it will comply with all guidelines and requirements that apply to the application for, and the acceptance and use of Federal funds for this federally-assisted program. Specifically, the state agency assures and certifies that it:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 USC 4728 4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 USC 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 USC 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 USC 290 dd-3 and 290 ee 3), as amended relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) that may apply to the application.



7. Will comply with the provisions of the Hatch Act (5 USC 1501-1508 and 7324 7328), which limits the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
8. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and 2 CFR 200, Subpart F (Audit Requirements).
9. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

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**BUREAU OF LABOR STATISTICS  
LABOR MARKET INFORMATION  
OBLIGATIONS AND EXPENDITURES 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 1 hour 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\_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. 1220-0079  
Approval Expires 08/30/2027

| SECTION A - GRANTEE INFORMATION |                       |                               |             |               |                     |               |           |           |           |             |                    |
|---------------------------------|-----------------------|-------------------------------|-------------|---------------|---------------------|---------------|-----------|-----------|-----------|-------------|--------------------|
| Application No.<br>Grant No.    | POP for Base Programs | State                         | Fiscal Year | POP for AAMCs |                     | Date Prepared |           |           |           |             |                    |
| Name of Submitting Official:    |                       | Title of Submitting Official: |             | Month:        |                     |               |           |           |           |             |                    |
| SECTION B - COMPARATIVE DATA    |                       |                               |             |               |                     |               |           |           |           |             |                    |
|                                 | CES                   | LAUS                          | OEWS        | QCEW          | Total Base Programs | CES AAMC      | LAUS AAMC | OEWS AAMC | QCEW AAMC | Total AAMCs | Total Base + AAMCs |
| Fund Ledger Code(s)             |                       |                               |             |               |                     |               |           |           |           |             |                    |
| a. Cumulative Obligations       |                       |                               |             |               | \$ 0.00             |               |           |           |           | \$ 0.00     | \$ 0.00            |
| b. Cumulative Expenditures      |                       |                               |             |               | \$ 0.00             |               |           |           |           | \$ 0.00     | \$ 0.00            |
| c. Cumulative Cash Received     |                       |                               |             |               | \$ 0.00             |               |           |           |           | \$ 0.00     | \$ 0.00            |
| SECTION C - REMARKS             |                       |                               |             |               |                     |               |           |           |           |             |                    |
|                                 |                       |                               |             |               |                     |               |           |           |           |             |                    |

**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:**

**BLS LMI OBLIGATIONS AND EXPENDITURES FORM**

## **INSTRUCTIONS FOR COMPLETING THE LMI OBLIGATIONS AND EXPENDITURES (ObEx) FORM**

The LMI Obligations and Expenditures (ObEx) form displays cumulative obligations, expenditures, and cash received by program. 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.

**Frequency:** Cumulative data for all lines must be completed and submitted to the BLS 30 calendar days after the end of each month.

**Section A – Grantee Information:** Complete all fields in Section A.

**Section B – Comparative Data:** Enter cumulative obligations, expenditures, and cash received for all programs and AAMCs (if applicable) to match the current PMS FCO report, which includes only Federal funds. Enter the appropriate fund ledger code in the field below the program names.

**Section C – Remarks:** This section has a 2,000-word limit. Any excess expenditures incurred and paid using state funds should be noted in the remarks section.

**Certification** – Electronically sign certifying that the information provided is accurate and complete, and was obtained from agency accounting records.



## LMI COOPERATIVE AGREEMENT BUDGET VARIANCE REQUEST FORM

1. Fill in the "FY TOTAL" column of this form from Section B Row i of the current BIF in the Cooperative Agreement (CA).
2. Insert the revised budget figures in the "REVISED FY TOTAL" column. The total amount of the revision cannot exceed 4.0% of the total CA amount. **All amounts should be entered in dollars and cents.**
3. Enter the payments received to date for each program for which a variance is requested (no total is needed). No single program's "REVISED FY TOTAL" can be lower than the total payments received to date ("PAYMENTS TO DATE") for the program.
4. Forward the form to the regional office for review no later than 60 days after the end of the fiscal year. Regional offices will send Budget Variance Requests to the national office no later than 15 days after receipt from state agencies. Variance requests must be processed prior to the submission of closeout materials.

We estimate that it will take an average of 15 minutes 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 [BLS\\_PRA\\_Public@bls.gov](mailto: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 No.  
1220-0079  
Approval Expires  
06-30-2027

| PROGRAM                | FY TOTAL | REVISED FY TOTAL | PAYMENTS TO DATE     | VARIANCE |
|------------------------|----------|------------------|----------------------|----------|
| CES                    |          |                  |                      |          |
| LAUS                   |          |                  |                      |          |
| OEWS                   |          |                  |                      |          |
| QCEW                   |          |                  |                      |          |
| Subtotal               |          |                  |                      |          |
| CES-AAMC               |          |                  |                      |          |
| LAUS-AAMC              |          |                  |                      |          |
| OEWS-AAMC              |          |                  |                      |          |
| QCEW-AAMC              |          |                  |                      |          |
| Subtotal               |          |                  |                      |          |
| TOTAL                  |          |                  |                      |          |
| State Agency Name:     |          |                  | LMI CA No.:          |          |
| Requested by:          |          |                  |                      |          |
| Signature:             |          |                  | Date:                |          |
| Regional Office Review |          |                  |                      |          |
| Variance Requested:    |          |                  | Percent of Total CA: |          |
| Reviewed by:           |          |                  | Date:                |          |
| Approved by:           |          |                  | Date:                |          |

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## BUREAU OF LABOR STATISTICS

## U.S. DEPARTMENT OF LABOR



## TRANSMITTAL AND CERTIFICATION FORM

## FOR LMI COOPERATIVE AGREEMENT CLOSEOUT DOCUMENTS

We estimate that it will take an average of 8 minutes 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 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 No. 1220-0079  
Approval Expires 06-30-2027

State Workforce

Agency (SWA): \_\_\_\_\_

CA#: \_\_\_\_\_ CA Period From: \_\_\_\_\_ To: \_\_\_\_\_

*The following documents are being submitted for the closeout of the cooperative agreement indicated above. (Check the appropriate boxes under the column heading of either Partial Closeout or Final Closeout.)*

| Partial<br>Closeout      | Final<br>Closeout        | Document Name                                    |
|--------------------------|--------------------------|--------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | LMI Financial Reconciliation Worksheet (2 Parts) |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial Reports                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Property Listing (if applicable)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Specify) _____                            |

*"I certify, to the best of my knowledge and belief, that all information on this form is correct and complete. Further, all information on all documents that accompany and constitute the cooperative agreement closeout package are correct and complete. Finally, I certify, to the best of my knowledge and belief, that all program objectives, as delineated in the cooperative agreement work statement(s), have been met."*

SWA

Representative: \_\_\_\_\_

Title: \_\_\_\_\_

(type/print)

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

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

## FOR THE BLS USE ONLY

Date Received in RO: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Received in OFO: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Received in DFM: \_\_\_\_\_

Received by: \_\_\_\_\_

Approved by (Analyst, BGFM): \_\_\_\_\_

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

Remarks:



**BLS LMI TRANSMITTAL AND CERTIFICATION FORM (Revised June 2023)**



## BLS LMI FINANCIAL RECONCILIATION WORKSHEET (FRW-A: BASE PROGRAMS)

We estimate that it will take an average of 25 minutes 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 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 No. 1220-0079  
Approval Expires 06-30-2027

State Workforce  
Agency (SWA): \_\_\_\_\_

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

CA #: \_\_\_\_\_ CA Period:  
From: \_\_\_\_\_ To: \_\_\_\_\_

FUND LEDGER CODE:

CES

LAUS

OEWS

QCEW

1. Cumulative Disbursements

\_\_\_\_\_

2. Payments

3. Difference

4. Total Obligational Authority

5. Unused Obligational Authority

6. Revised Obligational Authority

7. **Total Unused Obligational Authority from this page:**

|  |
|--|
|  |
|--|

**BLS LMI FINANCIAL RECONCILIATION WORKSHEET (FRW-A: BASE PROGRAMS)**

BLS LMI FRW-A (*Revised June 2023*)

## LMI FINANCIAL RECONCILIATION WORKSHEET (FRW – A) TERMS DEFINED

### Line 1. **Cumulative Disbursements:**

The amount shown should represent cumulative cash disbursements through the obligations incurred during the CA period that were paid out prior to the completion of the Reconciliation Worksheet:

- applicable credits, refunds and rebates;
- outstanding advances and prepaid expenses; and
- other cash adjustments.

### Line 2. **Payments:**

The amount of cash drawn down against HHS-PMS or checks received.

### Line 3. **Difference:**

The amount of Payments/draw downs (Line 2), subtracted from reported expenses in Line 1. If the balance is greater, or less than zero, the closeout cannot take place until the SWA fully updates their last quarter's FFR to properly match their draw downs.

When the Difference (Line 3) is greater than zero, there are either:

- Resources on Order
  - o The amount of those goods or services that is obligated, but not yet delivered by the vendor. Does not include: personal services, personnel benefits, most nonpersonal services line items and any items included as an "Accrual."
- Accruals
  - o The amount of those goods received, services rendered, expenses incurred, and assets acquired, but for which payments have not yet been made.

When the Difference (Line 3) is less than zero there is:

- Cash on Hand
  - o The amount of cash available for the payment of obligations.

### Line 4. **Total Obligational Authority:**

The amount of funds that the SWA is allowed to obligate against a specific program ( i.e., CES, LAUS, etc.).

### Line 5. **Unused Obligational Authority:**

The amount of funds that the SWA did not obligate against a specific program. This sum should equal Line 4 (Total Obligational Authority) minus Line 2 (Payments).

### Line 6. **Revised Obligational Authority:**

The actual amount of funds used during the fiscal year. This sum should equal Line 4 (Total Obligational Authority) minus Line 5 (Unused Obligational Authority).

### Line 7. **Total Unused Obligational Authority from this page:**

Represents all Unused Obligational Authority summed across all programs, which illustrates the total amount of funds that will be deobligated from the CA.

**BLS LMI FINANCIAL RECONCILIATION WORKSHEET (FRW-B: AAMC PROGRAMS)****BUREAU OF LABOR STATISTICS****U.S. DEPARTMENT OF LABOR****BLS LMI FINANCIAL RECONCILIATION WORKSHEET (FRW-B: AAMC PROGRAMS)**

We estimate that it will take an average of 25 minutes 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 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 No. 1220-0079  
Approval Expires  
06-30-2027

State Workforce  
Agency (SWA): \_\_\_\_\_

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

CA #: \_\_\_\_\_ CA Period: From: \_\_\_\_\_ To: \_\_\_\_\_

|                                                               | <b>CES<br/>AAMC</b>  | <b>LAUS<br/>AAMC</b> | <b>OEWS<br/>AAMC</b> | <b>QCEW<br/>AAMC</b> |
|---------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|
| <b>FUND LEDGER CODE:</b>                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1. Cumulative Disbursements                                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Payments                                                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Difference                                                 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Total Obligational Authority                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Unused Obligational Authority                              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. Revised Obligational Authority                             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. <b>Total Unused Obligational Authority from this page:</b> | <input type="text"/> |                      |                      |                      |

## LMI FINANCIAL RECONCILIATION WORKSHEET (FRW – B) TERMS DEFINED

### Line 1. **Cumulative Disbursements:**

The amount shown should represent cumulative cash disbursements through the obligations incurred during the CA period that were paid out prior to the completion of the Reconciliation Worksheet:

- applicable credits, refunds and rebates;
- outstanding advances and prepaid expenses; and
- other cash adjustments.

### Line 2. **Payments:**

The amount of cash drawn down against HHS-PMS or checks received.

### Line 3. **Difference:**

The amount of Payments/draw downs (Line 2), subtracted from reported expenses in Line 1. If the balance is greater, or less than zero, the closeout cannot take place until the SWA fully updates their last quarter's FFR to properly match their draw downs.

When the Difference (Line 3) is greater than zero, there are either:

- Resources on Order
  - o The amount of those goods or services that is obligated, but not yet delivered by the vendor. Does not include: personal services, personnel benefits, most nonpersonal services line items and any items included as an "Accrual."
- Accruals
  - o The amount of those goods received, services rendered, expenses incurred, and assets acquired, but for which payments have not yet been made.

When the Difference (Line 3) is less than zero there is:

- Cash on Hand
  - o The amount of cash available for the payment of obligations.

### Line 4. **Total Obligational Authority:**

The amount of funds that the SWA is allowed to obligate against a specific program ( i.e., CES, LAUS, etc.).

### Line 5. **Unused Obligational Authority:**

The amount of funds that the SWA did not obligate against a specific program. This sum should equal Line 4 (Total Obligational Authority) minus Line 2 (Payments).

### Line 6. **Revised Obligational Authority:**

The actual amount of funds used during the fiscal year. This sum should equal Line 4 (Total Obligational Authority) minus Line 5 (Unused Obligational Authority).

### Line 7. **Total Unused Obligational Authority from this page:**

Represents all Unused Obligational Authority summed across all programs, which illustrates the total amount of funds that will be deobligated from the CA.

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## BLS LMI PROPERTY LISTING

(BLS-Owned Property ONLY -- NOT Property Procured with Cooperative Agreement Funds)

We estimate that it will take an average of 25 minutes 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 [BLS\\_PRA\\_Public@bls.gov](mailto: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 No. 1220-0079  
Approval Expires 06-30-2027

State Workforce Agency (SWA): \_\_\_\_\_ Date: \_\_\_\_\_

CA #: \_\_\_\_\_ CA Period: From: \_\_\_\_\_ To: \_\_\_\_\_

| Item No. | Identification No. | Description | Location | Acquisition Date | Condition Code | Unit | Quantity | Unit Acquisition Cost |             | Total Cost |
|----------|--------------------|-------------|----------|------------------|----------------|------|----------|-----------------------|-------------|------------|
|          |                    |             |          |                  |                |      |          | Federal               | Non-Federal |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |
|          |                    |             |          |                  |                |      |          |                       |             |            |

Remarks:

## Instructions for Completing the Property Listing

The Property Listing is required by 2 CFR 200.312. SWAs shall submit, as part of the final closeout package, a complete listing of all BLS-owned property for which it is responsible. BLS-owned property is distinct from property purchased with CA funds; an inventory of property purchased with CA funds is not required.

The Property Listing need not be submitted for a partial closeout.

Please read the instructions below before completing the form.

1. Enter the complete SWA name, CA number, and date in the spaces provided at the top of the form.
2. For each item of property, enter the following information in the appropriate column.
  - a. Item #: Enter property items in numerical sequence, i.e., 1, 2, 3, etc.
  - b. Identification #: Enter an identification number such as the Federal stock number, manufacturer's serial number, or other identifying number.
  - c. Description: Describe the property, e.g., IBM PC-XT.
  - d. Location: If different from the SWA address, enter the location of the property.
  - e. Date of Acquisition: Date on which the SWA assumed responsibility for the property.
  - f. Condition Code: Enter the condition code corresponding to the condition descriptions provided in the attached list; e.g., property that can be described as "Used-Good" receives a condition code of "4".
  - g. Unit: Enter the unit, e.g., "ea" for each, "dz" for dozen, "st" for set, etc.
  - h. Quantity: Enter the number of units.
  - i. Unit Acquisition Cost, Total Cost: Leave blank; these columns will be completed by BLS.

### Condition Codes

|   |                       |                                                                                                                                                                                                                                               |
|---|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Unused-Good           | Unused property that is usable without repairs and identical or interchangeable with new items from normal supply sources.                                                                                                                    |
| 2 | Unused-Fair           | Unused property that is usable without repairs, but is deteriorated or damaged to the extent that utility is somewhat impaired.                                                                                                               |
| 3 | Unused-Poor           | Unused property that is usable without repairs, but is considerably deteriorated or damaged. Enough utility remains to classify the property better than salvage.                                                                             |
| 4 | Used-Good             | Used property that is usable without repairs, and most of its useful life remains.                                                                                                                                                            |
| 5 | Used-Fair             | Used property that is usable without repairs, but somewhat worn or deteriorated and may soon require repairs.                                                                                                                                 |
| 6 | Used-Poor             | Used property that may be used without repairs, but is considerably worn or deteriorated to the degree that remaining utility is limited or major repairs will soon be required.                                                              |
| 7 | Repairs required-Good | Required repairs are minor and should not exceed 15 percent of original acquisition cost.                                                                                                                                                     |
| 8 | Repairs required-Fair | Required repairs are considerable and are estimated to range from 16 to 40 percent of original acquisition cost.                                                                                                                              |
| 9 | Repairs required-Poor | Required repairs are major because property is badly damaged, worn, or deteriorated, and are estimated to range from 41 to 65 percent of original acquisition cost.                                                                           |
| X | Salvage               | Property has some value in excess of its basic material content, but repair or rehabilitation to use for the originally intended purpose is clearly impractical. Repair for any use would exceed 65 percent of the original acquisition cost. |
| S | Scrap                 | Material that has no value except for its basic material content.                                                                                                                                                                             |

## **II. APPLICATION INSTRUCTIONS**

### **A. GENERAL RESPONSIBILITIES**

The state agency will complete application materials completely and correctly according to the instructions provided below and those that accompany the forms. The state agency will submit applications in GrantSolutions.

The BLS will work closely with the state agency throughout the application process to discuss deliverables and funding levels. The BLS will review applications for completeness, conformance with specified deliverables, and cost. Once the application intake review process is complete, the BLS Regional Commissioner will approve the CA in GrantSolutions.

### **B. APPLICATION PROCESS**

A schedule of due dates for submission of cooperative agreement applications is provided in the LMI Administrative Memorandum transmitting the LMI CA to the State Workforce Agencies. Applicants are encouraged to submit applications in GrantSolutions as early as possible to facilitate the review and approval process.

States will log in to GrantSolutions to begin the application process. The Application Kit includes online forms, enclosures, attachments, and form statuses. The Application for Federal Assistance (SF-424), the BLS LMI Budget Information Form (BIF), and the Disclosure of Lobbying Activities (SF-LLL) are in the online forms section of the Application Kit. These forms must be completed directly in GrantSolutions. All other BLS forms are available to download and can be uploaded as an attachment once they are completed.

The following materials will be completed directly in GrantSolutions via the Application Kit:

- Application for Federal Assistance (SF-424)
- Disclosure of Lobbying Activities (SF-LLL) (if applicable)
- Budget Information Form (LMI-BIF)

The following materials will be available to download in the GrantSolutions Application Kit. States should download the materials listed below, complete them, and upload the completed documents as an attachment in GrantSolutions.

- Certification Regarding Drug-Free Workplace Requirements (if applicable)
- Work Statements
  - Requirements for All Programs
  - Current Employment Statistics (CES)
  - Local Area Unemployment Statistics (LAUS)
  - Occupational Employment and Wage Statistics (OEWS)
  - Quarterly Census of Employment and Wages (QCEW)

The following materials will be available to download in the GrantSolutions Application Kit. These forms will be completed and submitted to the regions via email to maintain.

- BLS Pre-Release Access Certification Form
- BLS Agent Agreement
- BLS Special Agent Agreement

The BLS regional office staff will review the application in GrantSolutions and communicate with the state agency staff by using the Notes feature within GrantSolutions to resolve any problem areas that are identified.

The application should not include any of the following documents:

- ☐ Administrative Requirements
- ☐ Assurances
- ☐ Application Instructions
- ☐ Work statements or BIFs for any programs or activities for which funding is not being requested

## **C. INSTRUCTIONS FOR COMPLETING FORMS**

### **1. Application for Federal Assistance (SF 424)**

#### *a. General Guidelines*

The SF-424 is an OMB-approved standard form completed in GrantSolutions. The SF-424 requests important information, including total estimated funding and the time period of the funded activities. Please ensure that the SF-424 is filled out completely and accurately in GrantSolutions. Failure to do so may result in delayed processing of the CA.

#### *b. Instructions for SF-424, Application for Federal Assistance*

State agencies will follow the instructions below in completing the SF-424. Instructions are organized by the order of the SF-424 and refer to the Item Number.

1. *Type of Submission* – Select “Application”.
2. *Type of Application* – Select “New”.
3. *Date Received* – The date received will be populated by GrantSolutions once the application is submitted.
4. *Applicant Identifier* – Leave blank.
- 5a. *Federal Entity Identifier* – This section is not editable.

- 5b. *Federal Award Identifier* – (i.e., Cooperative Agreement Number) – This section is not editable. The cooperative agreement number is generated by GrantSolutions after the draft Notice of Award (NOA) is created. The state will see the cooperative agreement number for the first time once they receive the NOA.
6. *Date Received by State* – Leave blank. This field will be populated by GrantSolutions upon submission.
7. *State Application Identifier* – Leave blank.
8. *Applicant Information* – Sections a. through d. are prepopulated by GrantSolutions.
- 8e. *Applicant Information Section e. Organizational Unit* – Enter appropriate organizational unit or leave blank.
- 8f. *Applicant Information Section f.* – Enter contact information.
9. *Type of Applicant 1* – Select “A: State Government” from the drop-down menu.
10. *Name of Federal Agency* – This field is prepopulated by GrantSolutions.
11. *Catalog of Federal Domestic Assistance Number* – These fields are prepopulated by GrantSolutions.
12. *Funding Opportunity Number/Title* – These fields are prepopulated by GrantSolutions.
13. *Competition Identification Number/Title* – These fields are prepopulated by GrantSolutions.
14. *Areas Affected by Project (Cities, Counties, States, etc.)* – Leave blank.
15. *Descriptive Title of Applicant’s Project* – Enter “LMI--The applicant will provide statistical data to the BLS for the following programs: [Indicate the names of the programs and/or AAMCs for which funding is sought].” For example: “LMI—The applicant will provide statistical data to the BLS for the following programs: CES, LAUS, OEWS, and QCEW”.
16. *Congressional Districts of* – (a) Enter the applicant’s two-digit state abbreviation and three-digit congressional district and (b) Enter the applicant’s two-digit state abbreviation and “ALL” to signify that the scope for the LMI program is statewide. For example: 16a: “WA-001” and 16b: “WA-ALL”. Please use this [Maps Link](#) depicting the congressional districts of the 119<sup>th</sup> Congress of the United States.
17. *Proposed Project Start and End Dates* – For Cooperative agreements without AAMCs, enter Start Date 10/01/2025 and End Date 09/30/2026. For Cooperative Agreements with AAMCs that cross fiscal years, the End Date would be the end date of the last AAMC.
- 18a. *Federal* – Enter the amount of Federal assistance requested.
- 18b. *Applicant* – Leave blank.
- 18c. *State* – Leave blank.
- 18d. *Local* – Leave blank.
- 18e. *Other* – Leave blank.
- 18f. *Program Income* – Leave blank.

18g. *TOTAL* – Will automatically calculate based on information in 18a.

19. *E.O. 12372 Review* – LMI programs are not subject to review; select 19c. "Program is not covered by E.O. 12372."

20. *Delinquent on Federal Debt* – Check Yes or No; if Yes, include an explanation on an additional page. Categories of debt include, but are not limited to, delinquent audit disallowances, loans and taxes. [Note: This question applies to the state agency applying for Federal assistance, not to the authorized representative who signs the application for the state agency.]

21. *Authorized Representative* – A check in the "I AGREE" box is required for submission. Enter the Authorized Representative's name and information. **Please note: The "Signature of Authorized Representative" will reflect the name of the individual that submits the application in GrantSolutions, therefore it is permissible to have a different name listed in this field than that of the Authorized Representative.**

2. Certification Regarding Debarment, Suspension, and Other Responsibility Matters

a. *Instructions--Primary Covered Transactions*

1. **By signing and submitting this application or grant agreement, the prospective primary participant is providing the certification set out below** (see Section 2.b.).
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 [22 CFR 513.105 and 22 CFR 513.110]. You may contact the

department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, Subpart 9 debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transactions with a person who is proposed for debarment under 48 CFR part 9, Subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

*b. Certification--Primary Covered Transactions*

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 22 CFR 513.510, Participants' responsibilities.

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- c. *Instructions--Lower-Tier Covered Transactions*
1. By signing and submitting this application or grant agreement, the prospective lower tier participant is providing the certification set out below.
  2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
  3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
  4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 [22 CFR 513.105 and 22 CFR 513.110]. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
  5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into



any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transactions with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

*d. Certification--Lower-Tier Covered Transactions*

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 22 CFR 513.510, Participants' responsibilities.

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

### 3. Drug-Free Workplace Certification

#### A. *Instructions*

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below (see Section b.1.); however, see also Section b.2.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee will inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph (3)).
6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 USC. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) All "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

*B. Certification Regarding Drug-Free Workplace Requirements*

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing an ongoing drug-free awareness program to inform employees about--
    - ☐ The dangers of drug abuse in the workplace;
    - ☐ The grantee's policy of maintaining a drug-free workplace;
    - ☐ Any available drug counseling, rehabilitation, and employee assistance programs; and
    - ☐ The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will--
    - ☐ Abide by the terms of the statement; and
    - ☐ Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - e. Notifying the agency in writing, within ten calendar days after receiving notice under (d), above, from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employees was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - f. Taking one of the following actions within 30 calendar days of receiving notice under subparagraph (d), above, with respect to any employee who is so convicted--

- ❑ Taking appropriate personnel action against such an employee, up to and including termination; consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - ❑ Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2. The grantee will:

- a. Download the form from GrantSolutions and once completed, will upload the form as an attachment. Insert in the spaces provided on the form (See Part III, Application Materials) the site(s) for the performance of work done under the agreement, if the site(s) is/are different than that listed on the SF-424 and submit the attached page as part of its application for Federal assistance; or
- b. Indicate in the cooperative agreement transmittal letter that a state-wide certification has been made and a copy is on file in the Department of Labor, Office of Acquisition Integrity, Division of Procurement and Grant Management.

4. Certification Regarding Lobbying Activities

a. *Instructions*

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below (see Section b.1.). No other certification is necessary if an authorized representative of the state agency signs this application.

b. *Certification for Contracts, Grants, Loans, and Cooperative Agreements*

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned must require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients must certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification will be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

## 5. Disclosure of Lobbying Activities (SF-LLL)

### a. General Guidelines

The SF-LLL is an OMB approved standard form, which if applicable, will be completed in GrantSolutions. The form is used by states to disclose lobbying activities that have been secured to influence the outcome of a Federal action.

Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure for the disclosure of lobbying activities. If applicable, this disclosure form will be completed by the state agency upon entering into the cooperative agreement or a material change to a previous filing, pursuant to title 31 USC section 1352. The state agency must file this form each time it makes a payment or an agreement to make a payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial and material change reports. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

Please note: Submission of this form is necessary only if the state agency meets the above criteria.

### b. Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and

quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state, and ZIP Code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Subawards include but are not limited to subcontracts, subgrants, and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee," then enter the full name, address, city, state, and ZIP Code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, U.S. Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Assistance Listing number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10a. Enter the full name, address, city, state, and ZIP Code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
- 10b. Enter the full names of the individual(s) performing services, and include full address if different from 10a.
11. The certifying official will electronically sign and date the form, and enter his/her name, title, and telephone number.

## 6. BLS Agent Agreement

### a. General Guidelines

The purpose of the BLS Agent Agreement is to inform persons of their responsibilities as agents of the BLS for ensuring compliance with BLS confidentiality policies within the state agencies.

### b. Instructions

1. Each BLS State Cooperating Representative should provide the BLS with a list of candidates to be designated as agents of the BLS, including the name and title of each candidate. The BLS State Cooperating Representative should include his or her own name and title on this list.
  2. Each BLS Regional Commissioner will review the list of agent candidates provided by the BLS State Cooperating Representatives within their respective regions. Each BLS Regional Commissioner then will prepare an Agent Agreement for each approved agent designee and will signify BLS approval by electronically signing the Agent Agreement.
  3. The Agent Agreements then will be forwarded to the BLS State Cooperating Representative, who will be responsible for ensuring that each approved agent candidate electronically signs their respective Agent Agreement.
  4. State designees must review the confidential information protection provisions of the Confidential Information Protection and Statistical Efficiency Act.
  5. State designees must review and electronically sign the BLS Agent Agreement.
  6. The BLS State Cooperating Representative is responsible for forwarding to their respective BLS regional office all signed Agent Agreements.
  7. The BLS regional office is responsible for maintaining on file the signed original copies of all BLS Agent Agreements received from their respective SWAs.
  8. The BLS Agent Agreement form signed by the state designee is effective until the state designee resigns or is terminated.
7. BLS Special Agent Agreement

*a. Applicability*

The BLS Special Agent Agreement is only required if there are individuals (in departments outside of the state LMI program) with access to BLS confidential information who have NOT become individual BLS Agents as described above in part 7. If everyone with access to BLS confidential information is a BLS Agent, there is no need for the BLS Special Agent Agreement form.

*b. General Guidelines*

The purpose of the BLS Special Agent Agreement is to inform state employees working outside of the state LMI program but who have access to BLS confidential information of their responsibilities for ensuring compliance with BLS confidentiality policies. A management-level official of any such department outside of the LMI program (Ex. IT, data entry) must sign a BLS Special Agent Agreement each fiscal year a cooperative agreement is executed and complete annually the BLS confidentiality training. The individuals signing for their departments will be responsible for fully informing employees within their areas who have access to BLS confidential information and are listed in Attachment A of the Special Agent Agreement of their responsibilities and obligations for handling such information.

*c. Instructions*

1. Each BLS State Cooperating Representative should provide the BLS with a list of outside departments with access to BLS confidential information and the names of the management-level official of those departments to be designated as special agents of the BLS, including the title of each special agent designee.
  2. Each BLS State Cooperating Representative should provide the BLS with a list of those state employees under the special agent designee, who will have access to confidential information. This list will serve as Attachment A of the Special Agent Agreement.
  3. Each BLS Regional Commissioner will review the list of special agent designees provided by the BLS State Cooperating Representatives within their respective regions. Each BLS Regional Commissioner then will prepare a Special Agent Agreement for each approved special agent designee and will signify BLS approval by electronically signing the Special Agent Agreement.
  4. The Special Agent Agreements then will be forwarded to the BLS State Cooperating Representative, who will be responsible for ensuring that each approved special agent designee electronically signs their respective Special Agent Agreement.
  5. Special agent designees must review the confidential information protection provisions of the Confidential Information Protection and Statistical Efficiency Act.
  6. Special agent designees must review the BLS Special Agent Agreement and sign the form.
  7. The BLS State Cooperating Representative is responsible for forwarding to their respective BLS regional office all signed Special Agent Agreements.
  8. The BLS regional office is responsible for maintaining on file the signed original copies of all BLS Special Agent Agreements received from their respective SWAs.
  9. The BLS Special Agent Agreement form signed by the state designee must be signed anew each fiscal year a new cooperative agreement is executed.
8. BLS Pre-Release Access Certification Form

*a. General Guidelines*

The purpose of the BLS Certification Form is for the BLS State Cooperating Representative to certify that persons with advance access to BLS pre-release information are aware of their responsibilities for ensuring compliance with BLS confidentiality policies regarding handling of pre-release information. This agreement is intended for signature by the BLS State Cooperating Representative only to certify that the individuals listed in the attachment to the certification form are authorized to have advance access to BLS pre-release information



and have indicated their understanding and acceptance of the conditions for access to BLS pre-release information.

*b. Instructions*

1. Each BLS State Cooperating Representative should provide the BLS with a list of individuals with a need to see pre-release information, including the name, state government affiliation, and title of each individual. This list will serve as Attachment A of the Pre-release Access Certification Form.
2. Each individual named on the list above must be fully informed of their responsibilities and obligations for handling BLS pre-release information either in writing or verbally. The document entitled, "Conditions for Handling BLS Pre-release Information," can be used for this purpose.
3. The BLS State Cooperating Representative will electronically sign the Pre-release Access Certification Form (available to download in GrantSolutions).
4. The BLS State Cooperating Representative is responsible for forwarding to their respective BLS regional office the list of individuals authorized advance access to BLS pre-release information and the signed Pre-release Access Certification Form.
5. The BLS regional office is responsible for maintaining on file the signed original copies of all Certification Forms from their respective SWAs.
6. The BLS Pre-release Access Certification Form signed by the BLS State Cooperating Representative is in effect so long as the list of authorized persons is accurate. A new certification must be made each time a new individual is added to the list of authorized persons. The new individual should be appended to the list and the list should be re-certified. At the time of modification, individuals who no longer need-to-know this information should be dropped from the list.

9. Work Statements

*a. General Guidelines*

Work statements will be available to download in the GrantSolutions Application Kit. States should download the work statements, complete them, and upload the completed documents as an attachment in GrantSolutions.

Work statements are the core documents in the application as they describe the work to be performed, list major deliverables and/or milestones, identify methods that must be used, and qualitative standards state agencies are expected to achieve. They also indicate work that may not be performed by the state agency under the cooperative agreement (i.e., exclusions). Some work statements also contain information specific to a particular program or particular state. Instructions for completing the work statements follow.

State Abbreviation. Choose the state from the drop-down list. If pages are added to the work statement, enter the abbreviation on each.

Agreement. Indicate agreement to comply with specified deliverables and milestones, performance requirements, and quality assurance requirements by placing an "X" in the appropriate boxes. Supply other information where requested; for example, a list of sub-state areas for which CES estimates will be made. No other changes, additions, or deletions are to be made to the work statements for the LMI cooperative statistical programs.

Explanation of Variances. A program variance is required if a state cannot fully comply with all performance requirements for the entire period of the CA. If a program variance is requested, the state agency must submit a Variance Request Form (VRF) to the BLS regional office for review before it is sent to the BLS national office for review. All program variances must be approved by the BLS national office prior to the CA being signed. Any language specified by the national managers in the VRF needs to be included without revision in the CA. The approved program variance is to be referenced in the space provided at the end of the work statement.

*b. Instructions for Completing Work Statements*

Requirements for All Programs. The Work Statement, Requirements for All Programs, is to be completed only once, when the original cooperative agreement application is submitted in GrantSolutions. The requirements will continue in effect (as appropriate) for any amendments to the original cooperative agreement. If a state agency is unable to comply with any of the requirements for all programs, or failed to meet requirements in the previous period, the box should be left blank and an explanation of variance provided. No variances will be accepted for the requirement that the state agency comply with the Assurances.

Additional Activities to Maintain Currency (AAMCs). The BLS will provide Work Statements for AAMCs to eligible state agencies. States that elect to participate should submit an amendment in GrantSolutions, which will include the following:

- Application for Federal Assistance (SF-424)
- BLS LMI Budget Information Form (BIF)
- Work Statement

States may also initiate AAMCs by sending to the regional office a letter that includes:

- Title of activity;
- A discussion of the need for the activity;
- The goals and objectives of the activity;
- Milestones and the time required to achieve them;
- Estimated cost;
- The total duration of the activity;
- Deliverables/outcomes; and
- Any other relevant information.

When the AAMC is approved, the regional office will advise the states to submit an amendment in GrantSolutions, to include the materials described above if it is to be funded as part of the initial cooperative agreement or to submit a bilateral amendment if submitted after the cooperative agreement has been executed. The regional office may specify performance standards as required. State agencies should consult the regional office for more information.

#### 10. Budget Information Form (BIF)

##### *a. General Guidelines*

The LMI Budget Information Form (BIF) must be completed directly in GrantSolutions and contains four sections (Sections A through D) as described in the Specific Instructions below.

##### *b. Specific Instructions*

#### **Section A – Grantee Information**

This section contains the grant information:

1. *Grant Number* – Leave blank. The grant number is generated after the draft NOA is created. The state will see the grant number for the first time once they receive the NOA.
2. *POP for Base Programs* – Enter From: 10/01/2025 To: 09/30/2026
3. *State* – Enter state abbreviation. For example: WA.
4. *Fiscal Year* – Enter 2026.
5. *POP for AAMCs* – For FY 2026 grants with AAMCs, enter Period of Performance (POP) From: (earliest FY 2026 AAMC start date) To: (final FY 2026 AAMC end date). For example: A grant with two AAMCs: CES AAMC POP of 11/01/2025 – 01/05/2026 and OEWS AAMC POP of 01/02/2026 – 05/12/2026, enter From: 11/01/2025 and To: 05/12/2026.
6. *Date Prepared* – Select date from the drop-down menu.

#### **Section B – Budget Summary by Activity (Federal Funds only)**

In preparing the budget, amounts must be separately shown in Section B for the different base programs (CES, LAUS, OEWS, QCEW) and AAMCs (CES AAMC, LAUS AAMC, OEWS AAMC, QCEW AAMC) (if applicable) in whole dollar amounts. This section must include budget estimates for the entire period of performance.

Enter budget estimates for the appropriate Object Class Categories (*listed below*) for each of the base programs on columns 1 through 4 and as applicable, enter AAMC programs into columns 6 through 9.

Leave the following sections blank as these fields are auto calculated: column 5. *Total Base Programs*, column 11. *Total Base + AAMCs*, row g. *Total Direct Charges*, and row i. *Total Charges (Lines g + h)*. Auto calculation occurs after clicking the "Save" button located on the bottom of the BIF.

The Object Class Categories include:

*Personnel Salaries*: Enter funds required for compensation of personnel from the selected program. This includes costs of employee salaries and wages engaged in activities under the program. If not applicable, leave blank.

*Fringe Benefits*: Enter funds required for compensation of fringe benefits from the selected program. Costs of employee fringe benefits are allowances and services provided by employers to their employees in addition to regular salaries and wages. Typically, fringe benefit amounts are determined by applying a calculated rate for a particular class of employee (full-time or part-time) to the salary and wages requested. Fringe rates are often specified in the approved indirect cost rate agreement. Fringe benefits may be treated as a direct cost or indirect cost in accordance with the applicant's accounting practices. Only fringe benefits as a direct cost should be entered under this category. If not applicable, leave blank.

*Travel*: Enter funds required for travel from the selected program. This includes costs of project-related travel (i.e., transportation, lodging, subsistence, and other related items) by employees who are in travel status on official business. Local travel for employees in non-travel status should be listed on the "Other" category. If not applicable, leave blank.

*Equipment*: Enter funds required for equipment from the selected program. "Equipment" means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$10,000. If not applicable, leave blank.

*Supplies*: Enter funds required for supplies from the selected program. This includes tangible personal property other than those included in the Equipment category. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established for financial statement purposes or \$10,000, regardless of the length of its useful life. If not applicable, leave blank.

*Other*: Enter the total of all other direct costs for the selected program not listed elsewhere in this form. If not applicable, leave blank.

*Indirect Charges*: Enter the amount of indirect cost. Costs must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both. If not applicable, leave blank.

### **Section C - Forecast Federal Funding Needs**

This section requires the states to provide estimates that reflect reasonable quarterly requirements. The total funding in Section C must match what is in Section B. States should

complete information for the first through fourth quarters and enter estimated amounts on columns 1 through 4 on each of the base programs. As applicable for AAMCs, add the fifth through eighth quarter within the period of performance and enter estimated amounts on columns 6 through 9.

#### **Section D - Remarks**

If there are multiple AAMCs within the same program, this section should be used to provide details on each AAMC. Note, this section has a 2,000-word limit. Additional attachments can be uploaded in GrantSolutions if necessary.

#### ***c. Final Steps***

Once all the required data are entered, click the “Save” button. Then, click the “Validate” button and lastly, click the “Submit” button. The Report Progress bar located above the form should have a green check mark in the box under “Submitted”. The report status is displayed in the blue bubble on the top of the form or when clicking Report Form Status located on the top left-hand corner of the screen.

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### III. APPLICATION MATERIALS

This Part describes the materials that are required to be submitted by the state agency. Instructions for completing these documents are provided in Part II.

The following materials will be completed directly in GrantSolutions via the Application Kit:

- Application for Federal Assistance (SF-424)
- Disclosure of Lobbying Activities (SF-LLL) (if applicable)
- Budget Information Form (LMI-BIF)

The following materials will be available to download in the GrantSolutions Application Kit. States should download the materials listed below, complete them, and upload the completed documents as an attachment in GrantSolutions.

- Certification Regarding Drug-Free Workplace Requirements (if applicable)
- Work Statements
  - o Requirements for All Programs
  - o Current Employment Statistics (CES)
  - o Local Area Unemployment Statistics (LAUS)
  - o Occupational Employment and Wage Statistics (OEWS)
  - o Quarterly Census of Employment and Wages (QCEW)

The following materials will be available to download in the GrantSolutions Application Kit. These forms will be completed and submitted to the regions via email to maintain.

- BLS Pre-Release Access Certification Form
- BLS Agent Agreement
- BLS Special Agent Agreement

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**Application for Federal Assistance SF-424**

|                                                                                                                                                                             |                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>*1. Type of Submission:</b><br><input type="checkbox"/> Preapplication<br><input type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application | <b>*2. Type of</b><br><input type="checkbox"/> Application New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision | <b>* If Revision, select appropriate letter(s)</b><br><br><b>*Other (Specify)</b><br>_____ |
| <b>3. Date Received:</b> _____ <b>4. Applicant Identifier:</b> _____                                                                                                        |                                                                                                                                              |                                                                                            |
| <b>5a. Federal Entity Identifier:</b> _____                                                                                                                                 |                                                                                                                                              | <b>*5b. Federal Award Identifier:</b> _____                                                |
| <b>State Use Only:</b>                                                                                                                                                      |                                                                                                                                              |                                                                                            |
| <b>6. Date Received by State:</b> _____                                                                                                                                     |                                                                                                                                              | <b>7. State Application Identifier:</b> _____                                              |
| <b>8. APPLICANT INFORMATION:</b>                                                                                                                                            |                                                                                                                                              |                                                                                            |
| <b>*a. Legal Name:</b> _____                                                                                                                                                |                                                                                                                                              |                                                                                            |
| <b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> _____                                                                                                         |                                                                                                                                              | <b>*c. UEI:</b> _____                                                                      |
| <b>d. Address:</b>                                                                                                                                                          |                                                                                                                                              |                                                                                            |
| *Street 1: _____<br>Street 2: _____<br>*City: _____<br>County/Parish: _____<br>*State: _____<br>Province: _____<br>*Country: _____<br>*Zip / Postal Code: _____             |                                                                                                                                              |                                                                                            |
| <b>e. Organizational Unit:</b>                                                                                                                                              |                                                                                                                                              |                                                                                            |
| <b>Department Name:</b> _____                                                                                                                                               |                                                                                                                                              | <b>Division Name:</b> _____                                                                |
| <b>f. Name and contact information of person to be contacted on matters involving this application:</b>                                                                     |                                                                                                                                              |                                                                                            |
| Prefix: _____ *First Name: _____<br>Middle Name: _____<br>*Last Name: _____<br>Suffix: _____                                                                                |                                                                                                                                              |                                                                                            |
| <b>Title:</b> _____                                                                                                                                                         |                                                                                                                                              |                                                                                            |
| <b>Organizational Affiliation:</b> _____                                                                                                                                    |                                                                                                                                              |                                                                                            |
| <b>*Telephone Number:</b> _____                                                                                                                                             |                                                                                                                                              | <b>Fax Number:</b> _____                                                                   |
| <b>*Email:</b> _____                                                                                                                                                        |                                                                                                                                              |                                                                                            |

|                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Application for Federal Assistance SF-424</b>                                                                                                                                     |
| <b>*9. Type of Applicant 1: Select Applicant Type:</b><br><br>Type of Applicant 2: Select Applicant Type:<br><br>Type of Applicant 3: Select Applicant Type:<br><br>*Other (Specify) |
| <b>*10. Name of Federal Agency:</b>                                                                                                                                                  |
| <b>11. Catalog of Federal Domestic Assistance Number:</b><br><br>_____<br><br>CFDA Title:<br>_____                                                                                   |
| <b>*12. Funding Opportunity Number:</b><br><br>_____<br><br>*Title:<br>_____                                                                                                         |
| <b>13. Competition Identification Number:</b><br><br>_____<br><br>Title:<br>_____                                                                                                    |
| <b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>                                                                                                               |
| <b>*15. Descriptive Title of Applicant's Project:</b>                                                                                                                                |
| Attach supporting documents as specified in agency instructions.                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|
| <b>Application for Federal Assistance SF-424</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                            |
| <b>16. Congressional Districts Of:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                            |
| *a. Applicant: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | *b. Program/Project: _____ |
| Attach an additional list of Program/Project Congressional Districts if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                            |
| <b>17. Proposed Project:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                            |
| *a. Start Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | *b. End Date: _____        |
| <b>18. Estimated Funding (\$):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |
| *a. Federal<br>*b. Applicant<br>*c. State<br>*d. Local<br>*e. Other<br>*f. Program Income<br>*g. TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                            |
| <b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |
| <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____.<br><input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.<br><input type="checkbox"/> c. Program is not covered by E. O. 12372                                                                                                                                                                                                                                                                                                                                                                                     |  |                            |
| <b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                            |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)<br><br>** I AGREE<br><input type="checkbox"/> The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions |  |                            |
| <b>Authorized Representative:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                            |
| Prefix: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | *First Name: _____         |
| Middle Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |
| *Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                            |
| Suffix: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                            |
| *Title: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                            |
| *Telephone Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Fax Number: _____          |
| * Email: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                            |
| *Signature of Authorized Representative: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | *Date Signed: _____        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                            |

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required fields on the form are identified with an asterisk (\*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

| Item | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Item | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | <b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>Pre-application</li> <li>Application</li> <li>Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10.  | <b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11.  | <b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2.   | <b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>New – An application that is being submitted to an agency for the first time.</li> <li>Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>Revision - Any change in the Federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> <li>A. Increase Award B. Decrease Award</li> <li>C. Increase Duration D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12.  | <b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13.  | <b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14.  | <b>Areas Affected By Project:</b> This data element is intended for use only by programs for which the area(s) affected are likely to be different than the places(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3.   | <b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15.  | <b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4.   | <b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 5a.  | <b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal agency, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 16.  | <b>Congressional Districts Of:</b> 16a. (Required) Enter the applicant's congressional district. 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than the places(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed. |
| 5b.  | <b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6.   | <b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7.   | <b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 8.   | <b>Applicant Information:</b> Enter the following in accordance with agency instructions: <p><b>a. Legal Name:</b> (Required): Enter the legal name of the applicant that will undertake the assistance activity. This is the organization that has registered with the System for Award Management (SAM). Information on registering with SAM may be obtained by visiting SAM.gov.</p> <p><b>b. Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</p> <p><b>c. UEI:</b> (Required) Enter the organization's UEI received from SAM. The UEI is a unique 12 character organization identifier. Information on registering with System for Award Management (SAM.gov) may be obtained by visiting the Grants.gov website.</p> <p><b>d. Address:</b> Enter address: Street 1 (Required), city (Required), County/Parish, State (Required, if country is US), Province, Country (Required), 9-digit zip/postal code (Required, if country is US).</p> <p><b>e. Organizational Unit:</b> Enter the name of the primary organizational unit, department or division, if applicable that will undertake the assistance activity.</p> <p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational</p> | 17.  | <b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18.  | <b>Estimated Funding:</b> (Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 19.  | <b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> (Required) Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Is the Applicant Delinquent on any Federal Debt?</b><br>(Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.                                                                                                                                               |  |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 21.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Authorized Representative:</b> To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <table border="1"> <tr> <td> A. State Government<br/> B. County Government<br/> C. City or Township Government<br/> D. Special District Government<br/> E. Regional Organization<br/> F. U.S. Territory or Possession<br/> G. Independent School District<br/> H. Public/State Controlled Institution of Higher Education<br/> I. Indian/Native American Tribal Government (Federally Recognized)<br/> J. Indian/Native American Tribal Government (Other than Federally Recognized)<br/> K. Indian/Native American Tribally Designated Organization<br/> L. Public/Indian Housing Authority<br/> M. Nonprofit with 501C 3 IRS Status (Other than Institution of Higher </td> <td> N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)<br/> O. Private Institution of Higher Education<br/> P. Individual<br/> Q. For-Profit Organization (Other than Small Business)<br/> R. Small Business<br/> S. Hispanic-serving Institution<br/> T. Historically Black Colleges and Universities (HBCUs)<br/> U. Tribally Controlled Colleges and Universities (TCCUs)<br/> V. Alaska Native and Native Hawaiian Serving Institutions<br/> W. Non-domestic (non-US) Entity<br/> X. Other (specify) </td> </tr> </table> | A. State Government<br>B. County Government<br>C. City or Township Government<br>D. Special District Government<br>E. Regional Organization<br>F. U.S. Territory or Possession<br>G. Independent School District<br>H. Public/State Controlled Institution of Higher Education<br>I. Indian/Native American Tribal Government (Federally Recognized)<br>J. Indian/Native American Tribal Government (Other than Federally Recognized)<br>K. Indian/Native American Tribally Designated Organization<br>L. Public/Indian Housing Authority<br>M. Nonprofit with 501C 3 IRS Status (Other than Institution of Higher | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)<br>O. Private Institution of Higher Education<br>P. Individual<br>Q. For-Profit Organization (Other than Small Business)<br>R. Small Business<br>S. Hispanic-serving Institution<br>T. Historically Black Colleges and Universities (HBCUs)<br>U. Tribally Controlled Colleges and Universities (TCCUs)<br>V. Alaska Native and Native Hawaiian Serving Institutions<br>W. Non-domestic (non-US) Entity<br>X. Other (specify)                 |  |  |
| A. State Government<br>B. County Government<br>C. City or Township Government<br>D. Special District Government<br>E. Regional Organization<br>F. U.S. Territory or Possession<br>G. Independent School District<br>H. Public/State Controlled Institution of Higher Education<br>I. Indian/Native American Tribal Government (Federally Recognized)<br>J. Indian/Native American Tribal Government (Other than Federally Recognized)<br>K. Indian/Native American Tribally Designated Organization<br>L. Public/Indian Housing Authority<br>M. Nonprofit with 501C 3 IRS Status (Other than Institution of Higher | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)<br>O. Private Institution of Higher Education<br>P. Individual<br>Q. For-Profit Organization (Other than Small Business)<br>R. Small Business<br>S. Hispanic-serving Institution<br>T. Historically Black Colleges and Universities (HBCUs)<br>U. Tribally Controlled Colleges and Universities (TCCUs)<br>V. Alaska Native and Native Hawaiian Serving Institutions<br>W. Non-domestic (non-US) Entity<br>X. Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |

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# BUDGET INFORMATION FORM BIF

## BUREAU OF LABOR STATISTICS LABOR MARKET INFORMATION 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 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 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 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. 1220-0079  
Approval Expires 06-30-2027

| SECTION A - GRANTEE INFORMATION            |                          |          |                |                  |                        |                  |              |              |              |                 |                        |
|--------------------------------------------|--------------------------|----------|----------------|------------------|------------------------|------------------|--------------|--------------|--------------|-----------------|------------------------|
| 1. Application No.<br>Grant No.            | 2. POP for Base Programs | 3. State | 4. Fiscal Year | 5. POP for AAMCs |                        | 6. Date Prepared |              |              |              |                 |                        |
| SECTION B - BUDGET SUMMARY BY ACTIVITY     |                          |          |                |                  |                        |                  |              |              |              |                 |                        |
|                                            | 1. CES                   | 2. LAUS  | 3. OEWS        | 4. QCEW          | 5. Total Base Programs | 6. CES AAMC      | 7. LAUS AAMC | 8. OEWS AAMC | 9. QCEW AAMC | 10. Total AAMCs | 11. 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          | \$0          | \$0          | \$0             | \$0                    |
| h. Indirect Charges                        |                          |          |                |                  | \$0                    |                  |              |              |              | \$0             | \$0                    |
| i. Total Charges (Lines g + h)             | \$0                      | \$0      | \$0            | \$0              | \$0                    | \$0              | \$0          | \$0          | \$0          | \$0             | \$0                    |
| SECTION C - FORECAST FEDERAL FUNDING NEEDS |                          |          |                |                  |                        |                  |              |              |              |                 |                        |
|                                            | 1. CES                   | 2. LAUS  | 3. OEWS        | 4. QCEW          | 5. Total Base Programs | 6. CES AAMC      | 7. LAUS AAMC | 8. OEWS AAMC | 9. QCEW AAMC | 10. Total AAMCs | 11. 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          | \$0          | \$0          | \$0             | \$0                    |
| SECTION D - REMARKS                        |                          |          |                |                  |                        |                  |              |              |              |                 |                        |
|                                            |                          |          |                |                  |                        |                  |              |              |              |                 |                        |

BLS LMI BIF



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## CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This page is required by 22 CFR 513.630 and must be included in the applicant's application for Federal assistance, as part of its Certification Regarding Drug-Free Workplace Requirements, **if** the place(s) of performance of work done in connection with this cooperative agreement is/are other than that listed on the SF-424 (see Part II, Application Instructions, for further information), **unless** the state agency is covered under a state-wide certification that has been submitted to the appropriate office of DOL, and has indicated in its transmittal cover letter to the BLS that this is the case.

Place(s) of performance of work done in connection with this cooperative agreement, if other than that listed on SF-424, Application for Federal Assistance:

(Street Address, City, County, State, ZIP Code)

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Check ☐ if there are workplaces on file that are not identified here.

State Agency Name: \_\_\_\_\_

Authorized Representative:

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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~~Approved by OMB~~

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352**

4040-0013

## Review Public Burden Disclosure Statement

Authorized for Local Reproduction Standard  
Form - LLL (Rev. 7-97)

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## BLS AGENT AGREEMENT

### FOR LMI FEDERAL-STATE PROGRAM

1. I, [Name BLS Designating Official], an authorized official of the Bureau of Labor Statistics (BLS), U.S. Department of Labor, hereby designate [Name of Agent] as a temporary Agent of the BLS, within the meaning of the Confidential Information Protection and Statistical Efficiency Act (CIPSEA), to serve in accordance with this Agent Agreement, the cooperative agreement and any other agreements entered into between the BLS and [Name of Organization], and in accordance with applicable Federal law.

2. I, [Name of Agent], hereby accept the designation as Agent in paragraph 1. I certify that I have read all applicable agreements between the BLS and the state agency and promise that I will comply with all provisions of this Agent Agreement, the cooperative agreement or any other agreements between the BLS and the state agency, and applicable law. I understand and agree that I must complete confidentiality and security training provided by the BLS both at the start of my access to confidential information and on an annual basis thereafter for the duration of this agreement. I will assure that my actions or inactions do not cause the state agency to violate its responsibilities under those agreements. I specifically swear (or affirm) to comply with all provisions of law that affect information acquired by the BLS, including, but not limited to, the Trade Secrets Act and CIPSEA, and I understand that my failure to comply with these provisions may subject me to criminal sanctions. I also agree to comply with all other BLS information policies.

3. We, the parties to this agreement, understand that the BLS is granting the Agent access to confidential information only for the purpose of carrying out the Agent's responsibilities under written agreements between the BLS and the state agency. The Agent will not seek or obtain such confidential information for any other purpose. Confidential information includes confidential respondent identifiable data protected from unauthorized use or disclosure under CIPSEA including the disclosure avoidance parameters applied to published data. Confidential information also may include confidential pre-release information and BLS press releases based upon data that have been previously released to the public prior to their official release.

4. We, the parties, understand and agree that the activities performed by and any outputs produced by the Agent under this agreement are subject to review upon request by the assigned BLS Regional Commissioner or any other BLS official that the BLS designates for verification that the activities are statistical in nature and that outputs do not contain respondent-identifying data.

5. We, the parties, understand and agree that the Agent will not be an employee of the United States for any purpose and will not receive compensation or payment of any kind from the BLS or the government in connection with the Agent's activities under this agreement or any other agreements between the BLS and the state agency. Neither this agreement nor any agreement between the BLS and the state agency provide any right of access to BLS information. The parties also understand and agree that the BLS may decline to give the Agent access to information and/or to terminate this agreement at any time, without notice. The parties agree that neither this agreement, nor any termination thereof will result in any legal liability by the BLS or the government; however, termination will not affect the Agent's continuing obligation to safeguard all confidential data, and it will not affect any license granted to the government pursuant to section 6.

6. We, the parties, understand and agree that for the purposes of the copyright laws any product developed under this agreement is in the public domain and is therefore not subject to copyright protection. However, it is also understood that confidential information remains fully protected from improper disclosure and use as provided by law and this agreement.

7. I, [Name of Agent], understand that the state agency or I will notify the BLS if I should no longer be affiliated with the state agency or of any change of status with the state agency.

8. I, [Name of Agent], fully understand my responsibilities to protect confidential information. I will comply with all security requirements and will avoid all improper use or disclosure of confidential information. I understand that under CIPSEA, the penalty for a knowing and willful disclosure of respondent identifiable information is a class E felony with a fine of not more than \$250,000 or imprisonment for not more than 5 years, or both.

\_\_\_\_\_  
[Name of Agent]

\_\_\_\_\_  
Date

[Title]

\_\_\_\_\_  
[Name of Organization]

\_\_\_\_\_  
[Name of BLS Official]

\_\_\_\_\_  
Date

[Title - Regional Commissioner or Assistant Commissioner for Regional Operations]

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## BLS SPECIAL AGENT AGREEMENT

1. I, [Name BLS Regional Commissioner], an authorized official of the Bureau of Labor Statistics (BLS), U.S. Department of Labor, hereby designate [Name of State Management-Level Official] as a temporary Agent of the BLS, within the meaning of the Confidential Information Protection and Statistical Efficiency Act (CIPSEA), to serve in accordance with this Agent Agreement and any other agreements entered into between the BLS and the State of [Name of State], and in accordance with applicable Federal law.

2. I, [Name of State Management-Level Official], hereby accept responsibility for the individuals listed in Attachment A. I will ensure that they comply with all provisions of law that affect information acquired by the BLS, including, but not limited to, the Trade Secrets Act and the CIPSEA, and I will ensure that they understand that their failure to comply with these provisions may have legal repercussions. I also will ensure that they comply with all other BLS policies.

3. We, the parties to this agreement, understand that the BLS is granting the individuals identified in Attachment A with potential incidental access to confidential information only for the purpose of carrying out their responsibilities under written agreements between the BLS and the State of [Name of State]. The individuals listed in Exhibit A will not seek or obtain such confidential information for any other purpose.

4. We, the parties, understand and agree that [Name of State Management-Level Official] or the individuals listed in Attachment A will not be employees of the United States for any purpose and will not receive compensation or payment of any kind from the BLS or the Government in connection with the activities under this agreement. Neither this agreement nor any agreement between the BLS and the State of [Name of State] provide any right of access to BLS information. The parties also understand and agree that the BLS may decline to give the individuals listed in Attachment A access to information and/or to terminate this agreement at any time, without notice. The parties agree that neither this agreement, nor any termination thereof will result in any legal liability by the BLS or the Government; however, termination will not affect the individuals' continuing obligation to safeguard all confidential data, and it will not affect any license granted to the Government pursuant to section 5.

5. We, the parties, understand and agree that for the purposes of the copyright laws any product developed under this agreement is in the public domain and is therefore not subject to copyright protection. However, it is also understood that confidential information remains fully protected from improper disclosure and use as provided by law and this agreement.

6. I, [Name of State Management-Level Official], will notify the BLS if I should no longer be affiliated with the State of [Name of State] or of any change of status with the State of [Name of State]. I will notify the BLS if any individuals need to be added to the list of individuals listed in Attachment A. I agree not to provide any individuals with access to confidential information prior to receiving written approval from the BLS.

7. I, [Name of State Management-Level Official], will ensure that the individuals identified in Attachment A fully understand their responsibilities to protect confidential information. I will ensure that they comply with all security requirements and that they avoid all improper use or disclosure of confidential information. I understand that under CIPSEA, the penalty for a knowing and willful disclosure of confidential information is a class E felony with a fine of not more than \$250,000 or imprisonment for not more than 5 years, or both.

8. I, [Name of State Management-Level Official], agree to complete BLS-supplied confidentiality and security training on an annual basis. I agree to report on training completion and to provide reasonable evidence of training completion to the BLS upon request. I agree to ensure that all Contractor employees listed in Attachment A understand their obligation to handle BLS information in accordance with the training.

\_\_\_\_\_  
[Name of State Management-Level Official]  
[Title]  
[Name of State]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Name of BLS Official]

\_\_\_\_\_  
Date



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## BUREAU OF LABOR STATISTICS PRE-RELEASE ACCESS CERTIFICATION FORM

I, [Name], Cooperating Representative for the State of [Name of state], do hereby certify that all of the individuals listed in Attachment A of this certification form are authorized to have advance access to Bureau of Labor Statistics (BLS) pre-release information. I certify that the individuals listed in Attachment A have been fully informed of their responsibilities and obligations in handling and maintaining the confidentiality of pre-release information prior to its set time for release. I further certify that each of the individuals listed in Attachment A have indicated their understanding and acceptance of the conditions for access to BLS pre-release information.

---

[Name]  
BLS State Cooperating Representative  
[Name of state]

---

Date

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## CONDITIONS FOR HANDLING BLS PRE-RELEASE INFORMATION

**PURPOSE.** The purpose of this document is to inform individuals who will have access to Bureau of Labor Statistics (BLS) pre-release information of their responsibility for adhering to the confidentiality policies of the BLS. This is in accordance with Office of Management and Budget Statistical Policy Directive No. 4, "Release and Dissemination of Statistical Products Produced by Federal Statistical Agencies," (73 FR 12622-12626). BLS pre-release information includes statistics and analyses that have not yet officially been released to the public. BLS pre-release information is deemed confidential until made available to the public through the official, scheduled release. The BLS pre-release information you may have access to includes LAUS (state and sub-state unemployment rates) and CES (state employment changes) estimates included in the state employment release. Individuals granted access to BLS pre-release information are responsible for ensuring that the pre-release information they have access to are not further disseminated or used in any unauthorized manner before their official release. Acknowledging the requirements contained within this document only provides the individual accepting these handling conditions with access to BLS pre-release information; acknowledgment does not authorize access to respondent identifiable information.

Individuals granted access to BLS pre-release information must acknowledge acceptance of the conditions presented in this document. Individuals will be deemed to have acknowledged the conditions presented below through reading or listening to the requirements and accepting the conditions through a written or verbal affirmation provided to the BLS State LMI Cooperating Representative.

- Individuals will not release BLS pre-release information to anyone not authorized to have access to this information prior to the scheduled release of the information to the public. Authorized persons include authorized BLS staff and approved individuals with a need-to-know who have acknowledged acceptance of the conditions for handling BLS pre-release information as presented in this document or previously have signed a BLS agent agreement.
- Individuals will store BLS pre-release information in a manner that ensures unauthorized persons cannot view or otherwise gain access to the BLS pre-release information.
- Individuals will not remove BLS pre-release information from state government facilities.
- Individuals acknowledge that BLS pre-release information may only be provided to authorized persons. Should a question arise about whether an individual is an authorized person, or should the need arise to provide BLS pre-release information to additional individuals who have not previously acknowledged acceptance of these conditions, or should any questions arise regarding the appropriate handling of this information, then individuals will first contact the BLS before taking any action with the BLS pre-release information.
- Individuals with access to any BLS pre-release information must not use the information for personal gain.
- Individuals will notify the BLS immediately upon discovering any actual or perceived unauthorized disclosure of the BLS pre-release information.

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## STATEMENT OF ASSURANCE FOR INFORMATION SECURITY FOR THE BUREAU OF LABOR STATISTICS

**(NOTE: This statement is included solely to provide assurances of BLS security to states. No state action is expected.)**

1. The Bureau of Labor Statistics (BLS) securely holds all of the information collected on its behalf to the maximum extent permitted by law. The BLS complies with all enacted Federal controls to securely house and transfer information, and regularly audits and monitors such controls.
2. In accordance with the Federal Information Security Modernization Act of 2014 (Public Law 113-283), BLS information systems employ security controls for safe storage and transmission of electronic information. FISMA mandates that security controls, as promulgated in guidance from National Institute of Standards and Technology (NIST), must be employed at all Federal agencies to be in compliance with NIST's Federal Information Processing Standards (FIPS).
3. BLS information and data security policies are based on standards outlined in the FIPS 200, "Minimum Security Requirements for Federal Information and Information Systems" and the accompanying Special Publication 800-53, "Recommended Security Controls for Federal Information Systems." In complying with these regulations, BLS conducts operations cognizant of the extent of harm to individuals, organizations, and assets that may result from unauthorized disclosure, use of protected information, or access to BLS resources.
4. BLS maintains procedures for detecting, reporting, and responding to data and network security incidents. These procedures are periodically tested and evaluated to ensure appropriate protection of sensitive information.
5. BLS systems are assessed and authorized using Department of Labor and NIST guidelines. Internal BLS policies establish appropriate access restriction policies for sensitive data; as well as assign responsibility and provide appropriate training to all BLS employees and contractor personnel regarding safeguarding information.

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**2026**  
**LMI COOPERATIVE AGREEMENT**  
**WORK STATEMENTS**

The BLS uses the attached "check-the-box" work statements in lieu of requiring long, written program narratives to accompany the cooperative agreement application. The work statements are considered forms for purposes of OMB's Paperwork Reduction Act approval process. As such, an estimate of the time required to complete the form must be provided and those affected by the forms must be afforded the opportunity to comment on the estimates or any other aspect of the form. Rather than place the required language on each of the work statements that follow, estimates are provided below. Each estimate of time required to complete a work statement assumes that no variances will be needed. The work statements and the estimated times to complete them are:

|              |                 |
|--------------|-----------------|
| All Programs | 5 – 10 minutes  |
| CES          | 12 – 24 minutes |
| LAUS         | 8 – 16 minutes  |
| OEWS         | 9 – 18 minutes  |
| QCEW         | 18 – 36 minutes |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>We estimate that it will take an average of one to two hours to complete these forms, 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 forms, send them to <a href="mailto:BLS_PRA_Public@bls.gov">BLS_PRA_Public@bls.gov</a>. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



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## REQUIREMENTS FOR ALL PROGRAMS FY 2026

Agree To  
Comply  
(Check Box)

### A. PARTICIPATION ON BLS-LMI OVERSIGHT COUNCIL AND PROGRAM POLICY COUNCILS

The State Agency Research Director is expected to attend the BLS National Labor Market Information Conference, which covers major upcoming activities in the LMI programs, either in-person or virtually. In-person participation is preferred as BLS cannot guarantee all portions of the conference will be conducive to virtual participation. Regional representation is critical to program policy development, and LMI Directors are expected to participate on BLS Program Policy Councils. Selected state staff, who serve on these councils, are required to attend up to four Policy Council meetings where policy and technical changes are discussed. Specific travel funding is provided for this activity proportionate to the number of in-person meetings planned for the year. Should staff be unable to fulfill any of these requirements, an appropriate level of funding may be deobligated by the Bureau.

☐

### B. PROGRAM TRAINING AND NATIONAL CONFERENCES

State agency staff should attend BLS technical training sessions, either in-person or virtually. These trainings provide state employees with important information necessary to perform program tasks and meet program deliverable requirements for their assigned BLS program. State agency staff should also attend national program conferences as these conferences convey important program information. In-person participation is preferred as BLS cannot guarantee all portions of the conference will be conducive to virtual participation; however, virtual attendance is acceptable as a last resort. BLS may deobligate an appropriate amount of funds if state staff does not attend these required sessions in person.

☐

### C. PUBLICATION OF DATA

The state agency will publish data produced under this agreement. One copy of any publication produced by the state agency with cooperative agreement funds will be provided to the grant officer, except as otherwise indicated in the LMI statistical program manuals. Publishing data on the Internet fulfills this requirement.

☐

### D. SUBMISSION OF REPORTS

The state agency will submit all required financial reports within 30 days of the completion of the reporting period.

☐

### E. ADMINISTRATIVE REQUIREMENTS/ASSURANCES

The state agency will adhere to all terms and conditions specified in Part I, Administrative Requirements, including the Assurances. By agreeing to comply here, the state agency is relieved of attaching the Assurances to its application.

☐

Agree To  
Comply  
(Check Box)**F. PROGRAM PERFORMANCE**☐

The state agency will follow the methods and procedures described in program manuals and technical instructions in the performance of work under these agreements.

**G. PROGRAM PARTICIPATION**☐

Funding of BLS LMI cooperative statistical programs is contingent on state agency participation in all of the following programs: CES, LAUS, OEWS, and QCEW. (The U.S. Virgin Islands and Guam are exempt from this requirement.)

**H. ENHANCED ELECTRONIC COMMUNICATIONS**☐

The state agency will cooperate with the BLS in maintaining electronic communications between agencies.

**I. COMPUTER SECURITY**☐

The state agency shall ensure implementation of the respective security controls catalogued in the current version of National Institute of Standards and Technology (NIST) Special Publication 800-171, "Protecting Controlled Unclassified Information in Nonfederal Systems and Organizations," and the operating system settings recommended by the manufacturers of the commercial off-the-shelf (COTS) products selected for integration, into any systems used to store or process BLS data.

The state agency, if using, or planning to use a cloud service provider (CSP), shall ensure that:

1. The associated BLS Regional Office is notified of CSP use or intended use within the state. Details including the CSP name and FedRAMP Authorization package ID must be provided.
2. Adequate and appropriate confidentiality provisions are included in all contracts awarded for cloud services.
3. All BLS data which touch the CSP are encrypted at rest and in transit. Encryption access controls are only provided to those authorized to view the data.
4. Only FedRAMP-authorized CSPs are to be used.
5. State agencies must review the FedRAMP Authorization package associated with the CSP and identify/document (if any) security risks that may impact BLS data before operation.
6. The state agency retains access control of BLS data at all times.
7. The state agency understands the information types and sensitivity thereof within its cloud system(s).
8. Any CSP staff who may need access to BLS data must sign BLS Agent Agreements and complete BLS confidentiality training.

Agree To  
Comply  
(Check Box)**J. CONTRACTING OUT LMI FUNCTIONS**

The state agency agrees not to subgrant or contract any substantive program work (see Part I, Administrative Requirements, Section P.) without first obtaining permission from the BLS.

☐**K. USE OF BLS SURVEY SAMPLES**

States are prohibited from using BLS survey samples for the collection of additional respondent information, without first obtaining permission from the BLS.

☐**L. CONTROL OF ESTIMATES**

The state agency agrees that pre-release information such as official BLS estimates and other official BLS statistical products will not be disclosed or used in an unauthorized manner prior to the scheduled release of the information to the public, and will be accessible only to authorized persons. Authorized persons are state employees designated as “authorized agents” of the BLS (defined in Administrative Requirements Section S.4. – Access to Confidential Information) or state employees that have been approved for access to BLS pre-release information as certified by the BLS State Cooperating Representative.

☐

The state agency agrees that in publishing state estimates produced by the BLS, the state release may be viewed by authorized persons (as defined in Administrative Requirements, Section S.3.b.) within the Governor’s office; however, consistent with best statistical practices, the state agency shall publish the state release in a manner that is objective, unbiased, and free of policy pronouncements. If policy pronouncements are to be made regarding the data, state policy officials should issue a separate independent statement on the data being released by the state agency.

**M. ESTABLISHING PUBLICATION DATES**

The state agency will establish a publication schedule for the upcoming calendar year of CES and LAUS data produced under the CA and post the schedule on the state Labor Market Information website before the start of the January production cycle. That schedule should indicate for each month the date on which estimates are to be released for (1) the state, (2) metropolitan areas, and (3) other areas, if different from metropolitan areas. Any changes made by the state agency to their release schedule will be transmitted to the regional office as soon as they become available. These should be announced on the state website with full explanation to the public as soon as they are made. In the event that a state agency releases any data in advance of the published release schedule or becomes aware that someone with whom it has a data-sharing arrangement has disclosed data prematurely, the state agency will contact the BLS Regional Office upon learning of the early release to determine how to proceed.

☐

**N. EXPLANATION OF VARIANCES**

NOTE: Please add additional pages as necessary

## CURRENT EMPLOYMENT STATISTICS PROGRAM FY 2026

### WORK STATEMENT FOR THE 50 STATES AND THE DISTRICT OF COLUMBIA

#### A. PROGRAM INFORMATION

The Current Employment Statistics (CES) program is a nationwide monthly payroll survey of business establishments. CES provides current estimates of employment, hours, and earnings in industry and area detail for the 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

The Bureau of Labor Statistics (BLS) funds and administers the CES program, and provides conceptual, technical, and procedural guidance in sampling, data collection, and estimation. State agencies are responsible for providing information on local events and on employment not covered by the UI program, improving the quality of the benchmark data, and for publication and analysis of CES data in cooperation with the BLS.

The CES program uses the standardized procedures described in the Current Employment Statistics State Operating Manual, as well as those contained in the work statement and BLS technical memoranda. Applicants should put an "X" or a check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements.

#### B. DELIVERABLES

The data items required for the CES program have both monthly and annual requirements, and each item must be delivered according to the schedule specified in the CES State Operating Manual, technical memoranda, and on the following pages.

|                 | Content                                                                                                                                                                                                                                                                                                          | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                                                                                   | Agree To<br>Comply<br>(Check Box) |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <u>Annually</u> |                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                             |                                   |
| 1.              | Provide supplemental information on employment not covered by the UI program.                                                                                                                                                                                                                                    | <input type="checkbox"/>          | In accordance with the annual schedule specified by BLS, and in accordance with the procedures specified in the CES State Operating Manual. | <input type="checkbox"/>          |
| 2.              | Review and provide input on BLS' proposed statewide and area publication cells. Any changes BLS makes to these cells will be based on BLS publication guidelines. These guidelines include review and modification to assure adequate sample for estimation of employment, and all employee payrolls, as well as | <input type="checkbox"/>          | Prior to benchmark processing each year; in accordance with BLS defined schedule.                                                           | <input type="checkbox"/>          |

**B. DELIVERABLES (CONTINUED)**

|       | Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                                                                                   | Agree To<br>Comply<br>(Check Box) |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|       | definitional changes mandated by OMB to metropolitan areas and industry classification systems. These guidelines also establish the minimum required cell structure for each data type. Review and make changes – based on state-determined criteria – to the state-only publication cells.                                                                                                                                                                                                                                                 |                                   |                                                                                                                                             |                                   |
| 3. a. | Provide updates through the third quarter to establishment location, industry, and other changes identified after submission via the standard QCEW deliverable, to improve the quality of the CES benchmark data. Updates to the benchmark may include adjustments such as: new information on non-covered employment; adjustments to summer education employment; updates to unclassified employment; and corrections to predecessor/successor relationships, noneconomic codes changes, QCEW misreporting, and prior quarter corrections. | <input type="checkbox"/>          | In accordance with the annual schedule specified by BLS, and in accordance with the procedures specified in the CES State Operating Manual. | <input type="checkbox"/>          |
| b.    | The state agency may optionally elect to develop an annual summary of state contribution to the benchmark and deliver it to BLS. By checking the box, the state agency is indicating that it will provide the summary. (No variance required if this box is not checked.)                                                                                                                                                                                                                                                                   | <input type="checkbox"/>          | In accordance with the annual schedule specified by BLS, and in accordance with the procedures specified in the CES State Operating Manual. | <input type="checkbox"/>          |

**B. DELIVERABLES (CONTINUED)**

| Content                                                                                                                                                                                                                                                                                                                        | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                                                                                                                                                                                                   | Agree To<br>Comply<br>(Check Box) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <u>Monthly</u>                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                                                                                                             |                                   |
| 1. a. Deliver to BLS information on strikes, layoffs, large births and deaths, and other local non-sample events that might impact the accuracy and quality of the state and MSA estimates.                                                                                                                                    | <input type="checkbox"/>          | In accordance with the monthly schedule specified by BLS, and in accordance with the procedures specified in the CES State Operating Manual. [This information should be provided to BLS on a flow basis, as the information is identified and documented.] | <input type="checkbox"/>          |
| b. The state agency may optionally elect to develop information on local economic events and indicators that might assist in the analysis of the estimates and deliver it to BLS. By checking the box, the state agency is indicating that it will provide the information. (No variance required if this box is not checked.) | <input type="checkbox"/>          | In accordance with the monthly schedule specified by BLS, and in accordance with the procedures specified in the CES State Operating Manual. [This information should be provided to BLS on a flow basis, as the information is identified and documented.] | <input type="checkbox"/>          |



**B. DELIVERABLES (CONTINUED)**

|        | Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                                   | Agree To<br>Comply<br>(Check Box) |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------|
| 22.    | Deliver, or facilitate the delivery of, state government non-education and state-government education data for all MSAs and the Balance of State. These data should be provided to BLS for the earliest possible closing each month consistent with the availability of the data. The state agency may meet this deliverable (1) by facilitating this collection of data by BLS and ensuring that other state agencies fully cooperate with the timely collection of these data, or (2) by the state Agency directly collecting the data and transmitting to BLS via the earliest possible closing. | <input type="checkbox"/>          | In accordance with the schedule and procedures specified in the CES State Operating Manual. | <input type="checkbox"/>          |
| 33. a. | If the state agency has elected to continue collecting data from specific CES sample establishments, the state agency will directly collect those individual establishment microdata. They will review the edited and screened microdata; and transmit the microdata to the BLS for the earliest possible closing.                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>          | In accordance with the schedule and procedures specified in the CES State Operating Manual. | <input type="checkbox"/>          |
| b.b.   | If the state agency has elected to continue collecting data from specific CES sample establishments, the state agency will collect data from those respondents each month using BLS/OMB-approved forms prepared and mailed by the state, or via BLS-approved electronic formats.                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>          | In accordance with the schedule and procedures specified in the CES State Operating Manual. | <input type="checkbox"/>          |

**B. DELIVERABLES (CONTINUED)**

| Content                                                                                                                                                                                                                                                                                                                                                                                  | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                                   | Agree To<br>Comply<br>(Check Box) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------|
| c. If the state agency has elected to continue collecting data from specific CES sample establishments, the state agency will maintain the reporting (i.e., report with) structure mapping the CES sample members to the QCEW establishments included in the reported CES employment.                                                                                                    | <input type="checkbox"/>          | In accordance with the schedule and procedures specified in the CES State Operating Manual. | <input type="checkbox"/>          |
| 4. Publication                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                             |                                   |
| a. The state will publish all BLS-approved CES estimates, using a pre-announced schedule. Both not seasonally adjusted and seasonally adjusted data will be published. States may (1) publish the CES estimates directly on their state LMI website, (2) provide a link from the LMI website to the BLS CES/State & Area web page, or (3) utilize a combination of these two procedures. |                                   |                                                                                             | <input type="checkbox"/>          |
| b. States will not use BLS systems or sample to produce alternative over-the-month change estimates of BLS-published statewide and MSA industry employment data for public consumption.                                                                                                                                                                                                  |                                   |                                                                                             | <input type="checkbox"/>          |
| c. States will not release the estimates prior to the "available for state publication" date identified in the annual Current Employment Statistics Closing and Release Dates S-memo.                                                                                                                                                                                                    |                                   |                                                                                             | <input type="checkbox"/>          |

**C. PROGRAM PERFORMANCE REQUIREMENTS**

Specifics on the methods for CES state requirements are described in the CES State Operating Manual. The major elements involved are:

- |                                                                                                                                                                                    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 2. The state will utilize the methods described in the State Operating Manual to inform BLS about local non-sample events.                                                         | <input type="checkbox"/> |
| 4. The state will utilize the methods described in the State Operating Manual to provide supplemental information – where available – of employment not covered by the UI program. | <input type="checkbox"/> |

Agree To  
Comply  
(Check Box)

**D. QUALITY ASSURANCE REQUIREMENTS**Agree To  
Comply  
(Check Box)

The state agency will cooperate with the BLS in maintaining:

1. Data security by securing individual respondent data to prevent disclosure to unauthorized persons. This includes non-disclosure of estimates prior to publication, using standards outlined in the LMI Cooperative Agreement Sections S and T “Confidentiality” and “Data and Communications Safeguards” respectively, CES State Operating Manual, and program memoranda.

☐**E. EXCLUSIONS**

The deliverables and cost estimates for the CES program should reflect only activities associated with the conduct of a sample survey of establishments for the areas shown in the work statement; developing inputs used to produce estimates of industry employment, hours and earnings; and publication of these data. The following types of activities are not part of the CES program:

1. Development of sample-based or non-sample-based estimates for areas not listed in the work statement. However, states may at their option maintain supplemental sample for non-CES areas within the ACESweb system and utilize ACESweb to produce non-CES area estimates. States may not utilize CES sample data outside of the ACES system without a signed Memorandum of Understanding (between the state and BLS) specifying the allowable uses and required protection of the CES sample data.
  - States may continue to collect sample units – in the non-CES areas – that have been dropped from the CES sample. If the state chooses to collect these units, no funding will be provided to collect and edit the units. If a state elects to solicit additional non-government units in non-CES areas, then the state must collect the newly solicited units; no BLS funding will be provided for these activities. If a state chooses to solicit additional non-government units in non-CES areas, the solicited sample size is limited to 10% of the state’s CES non-government sample size (based on the number of UI accounts in the sample). The OMB-approved CES form may not be used to collect data from these non-sample units.
  - If states produce non-CES area estimates utilizing CES data, they must – on an annual basis in accordance with the BLS-defined schedule – review these state-only cells to ensure compliance with BLS non-disclosure guidelines. States will either suppress cells that fail confidentiality, or they may attempt to obtain letters of consent from the unit(s) causing the cell to fail. If the latter option is selected, the letters of consent will be prepared and mailed according to BLS policy. Signed consent letters will be provided to the Regional Office for archiving.
  - If states produce non-CES area estimates utilizing ACESweb and a cell structure change is desired (for the non-CES area estimates), the states must review the non-CES area cell structure and submit change requests in accordance with the BLS-defined schedule and the procedures defined in the CES State Operating Manual.

**E. EXCLUSIONS (CONTINUED)**

2. Provision of technical assistance to state employment service managers in identifying industries or establishments from which potential job orders can be developed.

**F. EXPLANATION OF VARIANCES**

NOTE: Please add additional pages as necessary.

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## CURRENT EMPLOYMENT STATISTICS PROGRAM FY 2026

### WORK STATEMENT FOR PUERTO RICO

#### A. PROGRAM INFORMATION

The Current Employment Statistics (CES) program is a nationwide monthly payroll survey of business establishments. CES provides current estimates of employment, hours, and earnings in industry and area detail for the 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

The Bureau of Labor Statistics (BLS) funds and administers the CES program, and provides conceptual, technical, and procedural guidance in sampling, data collection, and estimation. Territory agencies are responsible for aspects of CES data collection, estimation, and publication in cooperation with the BLS.

The CES program uses the standardized procedures described in the Current Employment Statistics State Operating Manual, as well as those contained in the work statement and BLS technical memoranda. Applicants should put an "X" or a check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements.

#### B. DELIVERABLES

The data items required for the CES program have both monthly and annual requirements, and each item must be delivered according to the schedule specified in the CES State Operating Manual, technical memoranda, and on the following pages.

| Content                                                                                                                                                                             | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                                                     | Agree To<br>Comply<br>(Check Box) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <u>Monthly</u>                                                                                                                                                                      |                                   |                                                                                                               |                                   |
| 11. a. Directly collect individual establishment microdata; edit, screen, and review the microdata, and transmit the microdata to the BLS.                                          | <input type="checkbox"/>          | In accordance with the schedule specified by BLS for the preliminary and final territory closings each month. | <input type="checkbox"/>          |
| b. Receive sample reports collected by all BLS collection sites via the Centralized Database (CDB); and transmit data questions to the appropriate collection source using OnTrack. | <input type="checkbox"/>          | In accordance with the procedures specified by BLS.                                                           | <input type="checkbox"/>          |

**B. DELIVERABLES (CONTINUED)**

| Content                                                                                                                                                                                                                                                                                                               | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                    | Agree To<br>Comply<br>(Check Box) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|-----------------------------------|
| <p>2. a. Deliver preliminary and revised estimates for employment, hours and earnings of all employees for the territory and selected areas.</p> <p>Deliver preliminary and revised estimates for employment, hours, and earnings of production and non-supervisory workers for the territory and selected areas.</p> | <input type="checkbox"/>          | In accordance with the monthly schedule and the procedures specified by BLS. | <input type="checkbox"/>          |
| b. Produce, review, and deliver to BLS estimates made utilizing the ACESWeb system.                                                                                                                                                                                                                                   | <input type="checkbox"/>          | In accordance with the monthly schedule and procedures specified by BLS.     | <input type="checkbox"/>          |

Annually

|                                                                                  |                          |                                                                                                                                             |                          |
|----------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Provide supplemental information on employment not covered by the UI program. | <input type="checkbox"/> | In accordance with the annual schedule specified by BLS, and in accordance with the procedures specified in the CES State Operating Manual. | <input type="checkbox"/> |
|----------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

**B. DELIVERABLES (CONTINUED)**

| Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agree To Comply<br>(Check Box) | Due Dates                                                                                                                 | Agree To Comply<br>(Check Box) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 2. Territory and area monthly and annual average series benchmarked to the March QCEW report adjusted for comparability with CES definitions. Post benchmark estimates will reflect replacement with edited second quarter UI data. Subject to availability, third quarter UI data should also be tabulated and reviewed for use in replacement methodology.                                                                                                                             | <input type="checkbox"/>       | According to BLS defined schedule which allows for timely review of revised benchmarked data.                             | <input type="checkbox"/>       |
| 3. Review and provide input on BLS' proposed publication cells. Any changes BLS makes to these cells will be based on BLS publication guidelines. These guidelines include review and modification to assure adequate sample for estimation of employment, and all employee payrolls, as well as definitional changes mandated by OMB to metropolitan areas and industry classification systems. These guidelines also establish the minimum required cell structure for each data type. | <input type="checkbox"/>       | Prior to benchmark processing each year; in accordance with BLS defined schedule.                                         | <input type="checkbox"/>       |
| 4. Review new seasonal factors and seasonally adjusted data in accordance with BLS specifications.                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>       | Prior to the submittal of preliminary January estimates on the new benchmark and in accordance with BLS defined schedule. | <input type="checkbox"/>       |
| 5. Review new net birth/death factors, identifying those factors that need additional BLS review and identify possible outliers from within the factor's history.                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>       | In accordance with BLS defined schedule.                                                                                  | <input type="checkbox"/>       |



**B. DELIVERABLES (CONTINUED)**

| Content                                                                                                                                                                                                                                                                                                                | Agree To<br>Comply<br>(Check Box) | Due Dates                                     | Agree To<br>Comply<br>(Check Box) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|-----------------------------------|
| <u>Territory and Area Estimates</u>                                                                                                                                                                                                                                                                                    |                                   |                                               |                                   |
| 1. Electronic transmission of micro, macro, and registry data with specified backup.                                                                                                                                                                                                                                   | <input type="checkbox"/>          | In accordance with schedule specified by BLS. | <input type="checkbox"/>          |
| 2. In Section F, "Sub-State Areas," list all BLS published sub-territory area(s) covered under the cooperative agreement for which estimates will be made and place an "X" in the appropriate column to indicate each type of estimate. Area definitions must comply with current OMB requirements for MSA boundaries. |                                   |                                               | <input type="checkbox"/>          |

**C. PROGRAM PERFORMANCE REQUIREMENTS**

|                                                                                                                                                        |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Specifics on the methods for conducting the CES monthly survey are described in the CES program documentation. The major elements involved are:        | Agree To<br>Comply<br>(Check Box) |
| 1. Data Collection                                                                                                                                     |                                   |
| a. The territory agency will collect data from respondents each month using BLS/OMB-approved forms, or via BLS-approved electronic formats.            | <input type="checkbox"/>          |
| b. These data will be collected and edited in accordance with BLS requirements.                                                                        | <input type="checkbox"/>          |
| c. The territory agency will maintain a program of delinquency control and refusal conversion in accordance with BLS requirements.                     | <input type="checkbox"/>          |
| d. The territory will prepare and mail CES schedules in accordance with the schedule specified by BLS requirements and in related Technical Memoranda. | <input type="checkbox"/>          |
| 2. Estimation                                                                                                                                          |                                   |

- a. The territory will utilize standard CES methodology, systems, and procedures for all private industries. The territory will adhere to BLS guidelines provided in the CES Manual and technical memoranda in developing these CES estimates. Series with insufficient sample for direct sample-based estimation will be estimated via the BLS small area modeling technique. The territory will utilize the standard CES quota methodology and procedures for all government industry series.

☐**C. PROGRAM PERFORMANCE REQUIREMENTS (CONTINUED)**

Agree To  
Comply  
(Check Box)

**3. Publication**

- a. The territory will publish all BLS-approved CES estimates, using a pre-announced schedule. Both not seasonally adjusted and seasonally adjusted data will be published. The territory may (1) publish the CES estimates directly on their state/territory LMI website, (2) provide a link from the LMI website to the BLS CES/State & Area web page, or (3) utilize a combination of these two procedures.
- b. The territory will not use BLS systems or sample to produce alternative over-the-month change estimates of BLS-published statewide and MSA industry.
- c. The territory will not release the estimates prior to the “available for state publication” date identified in the annual Current Employment Statistics Closing and Release Dates S-memo.

☐☐☐**D. QUALITY ASSURANCE REQUIREMENTS**

The territory agency will cooperate with the BLS in conducting:

1. Data security by securing individual respondent data to prevent disclosure to unauthorized persons. This includes non-disclosure of estimates prior to publication, using standards outlined in the LMI Cooperative Agreement Sections S and T “Confidentiality” and “Data and Communications Safeguards” respectively, CES State Operating Manual, and program memoranda.

☐

## E. EXCLUSIONS

The deliverables and cost estimates for the CES program should reflect only activities associated with the conduct of a sample survey of establishments for the areas shown in the work statement; developing estimates of industry employment, hours and earnings; and publication of these data. The following types of activities are not part of the CES program:

1. Development of sample-based or non-sample-based estimates for areas not listed in the work statement. However, the territory may at their option maintain supplemental sample for non-CES areas within the ACESweb system and utilize ACESweb to produce non-CES area estimates. The territory may not utilize CES sample data outside of the ACES system without a signed Memorandum of Understanding (between the territory and BLS) specifying the allowable uses and required protection of the CES sample data.
  - The territory may continue to collect sample units – in the non-CES areas – that have been dropped from the CES sample. If the territory chooses to collect these units, no funding will be provided to collect and edit the units. If the territory elects to solicit additional non-government units in non-CES areas, then the territory must collect the newly solicited units; no BLS funding will be provided for these activities. If the territory chooses to solicit additional non-government units in non-CES areas, the solicited sample size is limited to 10% of the territory's CES non-government sample size (based on the number of UI accounts in the sample). The OMB-approved CES form may not be used to collect data from these non-sample units.
  - If the territory produces non-CES area estimates utilizing CES data, they must – on an annual basis in accordance with the BLS-defined schedule – review these territory-only cells to ensure compliance with BLS non-disclosure guidelines. The territory will either suppress cells that fail confidentiality, or they may attempt to obtain letters of consent from the unit(s) causing the cell to fail. If the latter option is selected, the letters of consent will be prepared and mailed according to BLS policy. Signed consent letters will be provided to the Regional Office for archiving.
  - If the territory produces non-CES area estimates utilizing ACESweb and a cell structure change is desired (for the non-CES area estimates), the territory must review the non-CES area cell structure and submit change requests in accordance with the BLS-defined schedule and the procedures defined in the CES State Operating Manual.
2. Provision of technical assistance to territory employment service managers in identifying industries or establishments from which potential job orders can be developed.

**F. SUB-STATE AREAS**

List all BLS published sub-state [or sub-territory] area(s) covered under the cooperative agreement for which estimates will be made and place an "X" in the appropriate column to indicate each type of estimate.

| <u>Area</u> | <u>Employment</u> | <u>PW Hours and Earnings</u> | <u>AE Hours and Earnings</u> |
|-------------|-------------------|------------------------------|------------------------------|
|-------------|-------------------|------------------------------|------------------------------|

**G. EXPLANATION OF VARIANCES**

NOTE: Please add additional pages as necessary.

## CURRENT EMPLOYMENT STATISTICS PROGRAM FY 2026

### WORK STATEMENT FOR THE U.S. VIRGIN ISLANDS

#### A. PROGRAM INFORMATION

The Current Employment Statistics (CES) program is a nationwide monthly payroll survey of business establishments. CES provides current estimates of employment, hours, and earnings in industry and area detail for the 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

The Bureau of Labor Statistics (BLS) funds and administers the CES program, and provides conceptual, technical, and procedural guidance in sampling, data collection, and estimation. Territory agencies are responsible for aspects of CES data collection, estimation, and publication in cooperation with the BLS.

The CES program uses the standardized procedures described in the Current Employment Statistics State Operating Manual, as well as those contained in the work statement and BLS technical memoranda. Applicants should put an "X" or a check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements.

#### B. DELIVERABLES

The data items required for the CES program have both monthly and annual requirements, and each item must be delivered according to the schedule specified in the CES State Operating Manual, technical memoranda, and on the following pages.

| Content                                                                                                                                                                               | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                                                 | Agree To<br>Comply<br>(Check Box) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------|
| Monthly                                                                                                                                                                               |                                   |                                                                                                           |                                   |
| 11. a. Directly collect individual establishment microdata; edit, screen, and review the microdata, and transmit the microdata to the BLS.                                            | <input type="checkbox"/>          | In accordance with the schedule specified by BLS for the preliminary and final state closings each month. | <input type="checkbox"/>          |
| b.b. Receive sample reports collected by all BLS collection sites via the Centralized Database (CDB); and transmit data questions to the appropriate collection source using OnTrack. | <input type="checkbox"/>          | In accordance with the procedures specified by BLS.                                                       | <input type="checkbox"/>          |

**B. DELIVERABLES (CONTINUED)**

|                 | Content                                                                                                                                                                                                                                                                                                                                                   | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                                                                                   | Agree To<br>Comply<br>(Check Box) |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 22. a.          | Deliver preliminary and revised estimates for employment, hours and earnings of all employees for the territory and selected areas.                                                                                                                                                                                                                       | <input type="checkbox"/>          | In accordance with the monthly schedule and the procedures specified by BLS.                                                                | <input type="checkbox"/>          |
| .               | Deliver preliminary and revised estimates for employment, hours, and earnings of production and non-supervisory workers for the territory and selected areas.                                                                                                                                                                                             |                                   |                                                                                                                                             |                                   |
| b.b.            | Produce, review, and deliver to BLS estimates made utilizing the ACESWeb system.                                                                                                                                                                                                                                                                          | <input type="checkbox"/>          | In accordance with the monthly schedule and procedures specified by BLS.                                                                    | <input type="checkbox"/>          |
| <u>Annually</u> |                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                             |                                   |
| 1.              | Provide supplemental information on employment not covered by the UI Program.                                                                                                                                                                                                                                                                             | <input type="checkbox"/>          | In accordance with the annual schedule specified by BLS, and in accordance with the procedures specified in the CES State Operating Manual. | <input type="checkbox"/>          |
| 2.              | Territory and area monthly and annual average series benchmarked to the March QCEW report adjusted for comparability with CES definitions. Post benchmark estimates will reflect replacement with edited second quarter UI data. Subject to availability, third quarter UI data should also be tabulated and reviewed for use in replacement methodology. | <input type="checkbox"/>          | According to BLS defined schedule which allows for timely review of revised benchmarked data.                                               | <input type="checkbox"/>          |

**B. DELIVERABLES (CONTINUED)**

| Content                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agree To<br>Comply<br>(Check Box) | Content                                                                           | Agree To<br>Comply (Check<br>Box) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| Review and modify, as needed, territory and area publication cells, based on BLS publication guidelines. These guidelines include review and modification to assure adequate sample for estimation of employment, and all employee payrolls, as well as definitional changes mandated by OMB to metropolitan areas and industry classification systems. These guidelines also establish the minimum required cell structure for each data type. | <input type="checkbox"/>          | Prior to benchmark processing each year; in accordance with BLS defined schedule. | <input type="checkbox"/>          |
| <u>Territory and Area Estimates</u>                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                   |                                   |
| 1. Electronic transmission of micro, macro, and registry data with specified backup.                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>          | In accordance with schedule specified by BLS.                                     | <input type="checkbox"/>          |
| 2. In Section F., "Sub-State Areas," list all BLS published sub-territory area(s) covered under the cooperative agreement for which estimates will be made and place an "X" in the appropriate column to indicate each type of estimate. Area definitions must comply with current OMB requirements for MSA boundaries.                                                                                                                         |                                   |                                                                                   | <input type="checkbox"/>          |

**C. PROGRAM PERFORMANCE REQUIREMENTS**

Agree To  
Comply  
(Check Box)

Specifics on the methods for conducting the CES monthly survey are described in the CES program documentation. The major elements involved are:

## 1. Data Collection

- a. The territory agency will collect data from respondents each month using BLS/OMB-approved forms, or via BLS-approved electronic formats. ☐
- b. These data will be collected and edited in accordance with BLS requirements. ☐
- c. The territory agency will maintain a program of delinquency control and refusal conversion in accordance with BLS requirements. ☐

**C. PROGRAM PERFORMANCE REQUIREMENTS (CONTINUED)**Agree To  
Comply  
(Check Box)

- d. e. The territory will prepare and mail CES schedules in accordance with the schedule specified by BLS requirements and in related Technical Memoranda.

☐**2. Estimation**

- a. The territory will utilize standard CES quota methodology, systems, and procedures for all industries.

☐**3. Publication**

- a. The territory will publish all BLS-approved CES estimates, using a pre-announced schedule. Both not seasonally adjusted and seasonally adjusted data will be published. The territory may (1) publish the CES estimates directly on their state/territory LMI website, (2) provide a link from the LMI website to the BLS CES/State & Area web page, or (3) utilize a combination of these two procedures.

☐

- b. The territory will not use BLS systems or sample to produce alternative over-the-month change estimates of BLS-published statewide and MSA industry employment data for public consumption.

☐

- c. The territory will not release the estimates prior to the “available for state publication” date identified in the annual Current Employment Statistics Closing and Release Dates S-memo.

☐**D. QUALITY ASSURANCE REQUIREMENTS**Agree To  
Comply  
(Check Box)

The territory agency will cooperate with the BLS in conducting:

1. Data security by securing individual respondent data to prevent disclosure to unauthorized persons. This includes non-disclosure of estimates prior to publication, using standards outlined in the LMI Cooperative Agreement Sections S and T “Confidentiality” and “Data and Communications Safeguards” respectively, CES State Operating Manual and program memoranda.

☐



**E. EXCLUSIONS**

The deliverables and cost estimates for the CES program should reflect only activities associated with the conduct of a sample survey of establishments for the areas shown in the work statement; developing estimates of industry employment, hours and earnings; and publication of these data. The following types of activities are not part of the CES program:

1. Development of sample-based or non-sample-based estimates for areas not listed in the work statement. However, the territory may at their option maintain supplemental sample for non-CES areas within the ACESweb system and utilize ACESweb to produce non-CES area estimates. The territory may not utilize CES sample data outside of the ACES system without a signed Memorandum of Understanding (between the territory and BLS) specifying the allowable uses and required protection of the CES sample data.
  - Territory may continue to collect sample units – in the non-CES areas – that have been dropped from the CES sample. If the territory chooses to collect these units, no funding will be provided to collect and edit the units. If a territory elects to solicit additional non-government units in non-CES areas, then the territory must collect the newly solicited units; no BLS funding will be provided for these activities. If a territory chooses to solicit additional non-government units in non-CES areas, the solicited sample size is limited to 10% of the territory's CES non-government sample size (based on the number of UI accounts in the sample). The OMB-approved CES form may not be used to collect data from these non-sample units.
  - If territory produces non-CES area estimates utilizing CES data, they must – on an annual basis in accordance with the BLS-defined schedule – review these territory-only cells to ensure compliance with BLS non-disclosure guidelines. Territory will either suppress cells that fail confidentiality or they may attempt to obtain letters of consent from the unit(s) causing the cell to fail. If the latter option is selected, the letters of consent will be prepared and mailed according to BLS policy. Signed consent letters will be provided to the Regional Office for archiving.
  - If territory produces non-CES area estimates utilizing ACESweb and a cell structure change is desired (for the non-CES area estimates), the territory must review the non-CES area cell structure and submit change requests in accordance with the BLS-defined schedule and the procedures defined in the CES State Operating Manual.
2. Provision of technical assistance to the territory employment service managers in identifying industries or establishments from which potential job orders can be developed.

**F. SUB-STATE AREAS**

List all BLS published sub-state [or sub-territory] area(s) covered under the cooperative agreement for which estimates will be made and place an "X" in the appropriate column to indicate each type of estimate.

| <u>Area</u> | <u>Employment</u> | <u>PW Hours and Earnings</u> | <u>AE Hours and Earnings</u> |
|-------------|-------------------|------------------------------|------------------------------|
|-------------|-------------------|------------------------------|------------------------------|

**G. EXPLANATION OF VARIANCES**

NOTE: Please add additional pages as necessary.

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## LOCAL AREA UNEMPLOYMENT STATISTICS PROGRAM FY 2026

### A. PROGRAM INFORMATION

The Local Area Unemployment Statistics (LAUS) program provides monthly estimates of civilian labor force, employed people, unemployed people, and unemployment rates for sub-national areas. Geographic coverage includes U.S. Census Bureau regions and divisions, states, the federal statistical areas set forth by the U.S. Office of Management and Budget (OMB), counties, selected cities, and other areas. Data are developed for the 50 states, the District of Columbia, and Puerto Rico.

The Bureau of Labor Statistics (BLS) funds and administers the LAUS program and models the official data for census regions and divisions, states, and seven large sub-state areas. The model-based data serve as the controls for the sub-state area estimates. State agencies are responsible for the preparation of the sub-state area estimates, with the BLS providing conceptual, technical, and procedural guidance. Both the BLS and state agencies publish the data cooperatively produced through the LAUS program.

The LAUS program uses data from the Current Population Survey, administrative data from the Unemployment Insurance (UI) System, employment data from the BLS Current Employment Statistics (CES) survey and Quarterly Census of Employment and Wages (QCEW) programs, and data from the Census Bureau's American Community Survey (ACS) and Population Estimates Program (PEP). For the purpose of generating estimates, BLS developed and maintains the STARS, LSS, and LUCID state systems.

The LAUS program uses the standardized procedures described in the Local Area Unemployment Statistics Program Manual, as well as those contained in the work statement and BLS technical memoranda. Applicants should put an "X" or a check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements.

### B. DELIVERABLES

Data items that must be delivered for the BLS to operate the LAUS program are described in summary below. There are monthly, annual, and "as necessary" requirements, and each item must be delivered according to the schedules specified in LAUS technical memoranda and on the following pages.

|    | Content                                                                                                                        | Agree To<br>Comply<br>(Check Box) | Due Dates                                                                                                                                      | Agree To<br>Comply<br>(Check Box) |
|----|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. |                                                                                                                                |                                   |                                                                                                                                                |                                   |
| 2. | CES total nonfarm employment and counts of regular UI claimants without earnings will be entered into STARS for modeled areas. | <input type="checkbox"/>          | Usually noon (ET) on the Friday one week after the U.S. data release (with preliminary inputs for current and revised inputs for prior month). | <input type="checkbox"/>          |

**B. DELIVERABLES (CONTINUED)**

|    | Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Agree To<br>Comply<br>(Check Box) | Due<br>Dates                                                                                                                                                                                                                    | Agree To<br>Comply<br>(Check Box) |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. | <p>3. Monthly estimates of civilian employment and unemployment will be provided for the following areas:</p> <p>a. All metropolitan areas, micropolitan areas, metropolitan divisions, and combined areas delineated by OMB</p> <p>b. All multi-entity small labor market areas (SLMAs)</p> <p>c. All counties and county equivalents</p> <p>d. All incorporated places (and county subdivisions, where applicable) with a population of 25,000 or more</p> <p>e. Parts of incorporated places with a population of 25,000 or more that are located in more than one county</p> <p>f. All county subdivisions in New England</p> <p>g. All intrastate parts of interstate areas.</p> | <input type="checkbox"/>          | Preliminary estimates for the current month and revised estimates for the previous month will be provided according to the preset schedule. (Annual processing, rather than revised, estimates will be generated for December.) | <input type="checkbox"/>          |
| 5. | <p>8. Areas of Substantial Unemployment will be submitted as required by the Employment and Training Administration.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>          |                                                                                                                                                                                                                                 |                                   |

**B. DELIVERABLES (CONTINUED)**

| Content                                                                                                                                                                                                                                                                   | Agree To Comply (Check Box) | Due Dates                                                                                                                      | Agree To Comply (Check Box) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 9. Data for such additional areas as may be required for legislative purposes will be developed and submitted on a reimbursable basis.                                                                                                                                    | <input type="checkbox"/>    |                                                                                                                                |                             |
| 10. Monthly LAUS estimates for specified years will be revised annually for the areas listed in 2a – g above.                                                                                                                                                             | <input type="checkbox"/>    | Annual processing data will be provided on or before specified due dates provided annually via technical memoranda by the BLS. | <input type="checkbox"/>    |
| 11. OPTIONAL: The state agency may elect to transmit LUCID UI number output for use by the Current Employment Statistics and the Quarterly Census of Employment and Wages programs. By checking the box, the state agency is indicating that it will provide the summary. | <input type="checkbox"/>    |                                                                                                                                |                             |

**C. QUALITY ASSURANCE REQUIREMENTS**

|                                                                                                                                                                                                                                              | Agree To Comply (Check Box) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. The state agency will provide such data and assistance as may be required for the BLS to determine that the employment and unemployment inputs used in the estimating methodology conform to established standards.                       | <input type="checkbox"/>    |
| 2. The state agency will correct any errors detected in the estimates or in the methodology used to develop them within the time frames mutually agreed upon by the BLS and the state agency.                                                | <input type="checkbox"/>    |
| 3. The state agency will generate and finalize estimates in LSS accompanied by supplemental information, including comments on estimates that exhibit questionable or large changes, such as those identified by the Questionable Data Edit. | <input type="checkbox"/>    |

**C. QUALITY ASSURANCE REQUIREMENTS (CONTINUED)**

- |                                                                                                                                                                                                                                                                                                                  | Agree To<br>Comply<br>(Check Box) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 4. The state agency will cooperate in assessing and maintaining the accuracy of UI inputs by participating in the review and validation of UI claims and by using a residency assignment system.                                                                                                                 | <input type="checkbox"/>          |
| 5. States transmitting files to the BLS Residency Assignment System (RAS) will use the RASPR functionality built into LUCID or another program office approved process to remove all unneeded personally identifiable information (PII), including social security numbers (SSNs).                               | <input type="checkbox"/>          |
| 6. The state agency will develop and maintain the ability to produce both intrastate and interstate UI claims inputs for the proper November and December reference weeks (the week including the 5th day or 12th day, depending on the year), as directed through a technical memorandum.                       | <input type="checkbox"/>          |
| 7. The state agency will use LUCID to develop UI claims inputs for STARS and UI and UCFE claims inputs for LSS. The state will also install LUCID updates according to guidelines provided in the technical memorandum accompanying the software.                                                                | <input type="checkbox"/>          |
| 8. The state agency will participate with BLS in the evaluation of employment inputs for non-CES areas.                                                                                                                                                                                                          | <input type="checkbox"/>          |
| 9. The state agency will share necessary input data, including commuter claims counts, interstate claims counts, and, as needed for residency adjustment, nonfarm wage and salary establishment-based employment with other states on a time frame that will allow all states to meet the pre-set LAUS schedule. | <input type="checkbox"/>          |
| 10. The state agency will use the LAUS Data Exchange System or LADT for commuter claims files as part of providing other states with necessary input data.                                                                                                                                                       | <input type="checkbox"/>          |
| 11. The state agency will use the population- and claims-based disaggregation methodologies for all LAUS disaggregated areas.                                                                                                                                                                                    | <input type="checkbox"/>          |
| 12. The state agency will participate in the review of proposed changes to LAUS estimating methodology and possible operational aspects of their implementation. The details and dates will be specified in technical memoranda.                                                                                 | <input type="checkbox"/>          |
| 13. The state agency will transmit a calendar of their monthly data release dates and times in accordance with instructions in a technical memorandum.                                                                                                                                                           | <input type="checkbox"/>          |

**C. QUALITY ASSURANCE REQUIREMENTS (CONTINUED)**

Agree To  
Comply  
(Check Box)

14. The state agency will participate in the annual review of model-based estimates. The details and dates will be specified in technical memoranda.
15. The state agency will participate in the review of seasonally-adjusted data for non-modeled metropolitan areas and metropolitan divisions. The details and dates will be specified in technical memoranda.
16. The state agency will participate in testing LAUS systems and reviewing output from these systems.

☐☐☐**D. PUBLICATION REQUIREMENTS**Agree To  
Comply  
(Check Box)

2. The state agency must publish the official preliminary, revised, and annual processed LAUS estimates that are produced using the official LAUS methodology and are described in Sections B 2 and B 5. Publication of the estimates should occur no earlier than the estimate due dates.
4. The state agency may not publish alternatives in lieu of BLS-published labor force, employment, unemployment, and unemployment rate estimates for states and areas described in Sections B 2 and B 5 for public consumption. This applies to both seasonally-adjusted and not-seasonally-adjusted estimates.

☐☐**E. STATE-SPECIFIC DATA REQUIREMENTS**Agree To  
Comply  
(Check Box)

1. States with Interstate Labor Market Areas:
- State agencies with interstate labor market areas will provide each other with required handbook inputs and LAUS estimates for these areas to allow all state agencies to meet the pre-set LAUS schedule.
2. States with Interstate Combined Areas:
- State agencies with components of interstate combined areas will provide LAUS estimates for their metropolitan and/or micropolitan areas to the controlling state(s) to allow those states to generate the combined area totals for BLS to meet the pre-set LAUS schedule.

☐☐**E. STATE-SPECIFIC DATA REQUIREMENTS (CONTINUED)**



Agree To  
Comply  
(Check Box)

3. Hawaii:

Monthly and historical estimates are not required for Kalawao County.

☐

**F. EXCLUSIONS**

The deliverables and cost estimates for the LAUS program should reflect only activities associated with the development of employment and unemployment estimates for BLS-required areas and activities associated with the publication of data. Conducting sample-based employment estimation is not part of the LAUS program.

**G. EXPLANATION OF VARIANCES**

NOTE: Please add additional pages as necessary.

## OCCUPATIONAL EMPLOYMENT AND WAGE STATISTICS PROGRAM FY 2026

### A. PROGRAM INFORMATION

The Occupational Employment and Wage Statistics (OEWS) program provides occupational employment and wage estimates for wage and salary workers annually for the 50 states, Metropolitan Statistical Areas, Balance of State areas (except where the MSAs exhaust the state), the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. A semi-annual sample survey of establishments is conducted to estimate cross industry occupational employment and wage distributions at the statewide and area levels, and nationally at the three-, four-, five-, or six-digit North American Industry Classification System levels, depending on the industry. Occupational employment and wage estimates and measures of reliability for the surveyed industries are published annually. The BLS funds and administers the OEWS program and provides conceptual, technical, and procedural guidance in data collection and estimation. State agencies are responsible for data collection and publication in cooperation with the BLS.

The OEWS program uses the standardized procedures described in the Occupational Employment and Wage Statistics State Operations Manual (OEWS Manual) as well as those contained in the work statement and BLS technical memoranda. Applicants should put an "X" or a check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements. BLS will load electronic sample files to the state-accessible OWDN data processing system semi-annually by September 15 and March 15 for the November and May panels, respectively. A sample for the next November panel will be loaded into OWDN near the end of the fiscal year, but there are no state deliverables for that panel in this agreement.

The BLS will develop solicitation materials and a print contractor will prepare and mail paper solicitation materials. Standard solicitation materials include state specific letterhead and contact information. BLS will mail a standard pre-notification letter in October and April for the November and May panels, respectively. BLS will send letters or emails to establishments in November and May. In December and June, all nonrespondents with benchmark employment of at least 20 will receive a follow up letter, and smaller nonrespondents will be mailed a follow up survey form and return envelope.

An initial email solicitation will be sent to employers with an email address provided in response to the pre-notification letter, from prior OEWS reports, or from QCEW. States are encouraged to use BLS email solicitations ("blasts") as a follow up data solicitation tool. States should not use email addresses collected from websites.

The BLS will contract with a keypunch firm to convert paper form responses to electronic format, including changes to establishment information as well as job title, description and wage information written by the employers. The electronic file will be autocoded, loaded into OWDN, and sent to states via EUSweb in an auto batch-friendly format. States have the option to send all paper survey form responses to the keypunch contractor for initial processing. States must notify the BLS of their intention to use the keypunch contractor when providing addresses for return envelopes.

**A. PROGRAM INFORMATION (CONTINUED)**

Responses submitted via IDCF data entry and responses submitted via IDCF file upload that can be automatically formatted will be autocoded and loaded into OWDN. In addition, states may format electronic responses received via email or uploaded to IDCF in a format that can't be standardized and send them to BLS for autocoding. States are responsible for assigning final accurate codes before interim and final due dates. States that use the autocodes must review the codes and make corrections as needed before saving data in OWDN. BLS will use the corrected coded job titles to further train and enhance the autocoder.

The deliverables include interim and final master files meeting required response rates (see B.3.). Response rate requirements are at the sampled area level. All states will run response reports by industry monthly and monitor response rates by industry. BLS will export master file deliverables from OWDN on the dates specified below.

**OEWS DELIVERABLES BY PANEL**

| <u>Panel</u> | <u>Deliverable</u>                                    | <u>Target Timing*</u>   | <u>FY 2026 Dates</u> |
|--------------|-------------------------------------------------------|-------------------------|----------------------|
| May          | Interim master file exported from OWDN                | First Thursday in Oct.  | Oct 2, 2025 (TR)     |
| May          | Final master file exported from OWDN                  | Last Thursday in Nov.   | Nov 28, 2025 (FR)    |
| May          | Final master file with corrections exported from OWDN | First Thursday in Jan   | Jan 2, 2026 (FR)     |
| Nov          | Interim master file exported from OWDN                | First Thursday in April | Apr 2, 2026 (TR)     |
| Nov          | Final master file exported from OWDN                  | First Thursday in June  | June 4, 2026 (TR)    |
| Nov          | Final master file with corrections exported from OWDN | First Thursday in July  | July 2, 2026 (TR)    |

\*Any dates that fall on a holiday or a weekend will fall to the next business day. Unless otherwise specified, due dates refer to close of business (COB) on the date referenced.

The BLS will provide the states with updated master files and estimates files for the May reference period within five weeks of the final corrections files for the May panel.

**B. DELIVERABLES**

Data items that must be delivered for the BLS to operate the OEWS program are described in summary below. Each item must be delivered according to the schedule specified in the OEWS Manual, the work statement, BLS technical memoranda, and due dates specified in Section A above.

| Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agree To Comply (Check Box) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. The state will publish all BLS-approved OEWS estimates by October 1, 2026. States may (1) publish the OEWS estimates directly on their state LMI website, (2) provide a link from the LMI website to the BLS OEWS web page, or (3) utilize a combination of these two procedures.                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>    |
| 2. The state will deliver to BLS ( as specified in S-memos: state addresses, contact information, and mandatory status for solicitation materials.                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>    |
| 3. Completion of the following activities in OWDN by due dates:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| a. Refinement of sample addresses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>    |
| b. Collection and coding that results in an interim master file that yields at least a 60 percent response rate that include reported wages, in either units or employment for each sampled area. There is not a separate statewide requirement. These requirements apply to each panel separately. The interim master file should reflect (1) the complete staffing pattern of the schedules entered and coded, (2) QA edits addressed with corrected data or comments added to explain the data, and (3) both national and regional office review questions addressed. | <input type="checkbox"/>    |
| c. Clean final master file deliverable containing usable responses for 65 percent of sampled employment, including wages for 62 percent of sampled employment statewide, and at least a 75 percent usable response rate, in either units or employment, for each sampled area for each of the OEWS panels. These requirements can also be satisfied if the combined response rate for the May and November panels is at least 75 percent in either units or employment for each area and 65 percent usable employment statewide.                                         | <input type="checkbox"/>    |

**C. PROGRAM PERFORMANCE REQUIREMENTS**

Specific methods for conducting the OEWS survey are described in the OEWS Manual and in technical instructions provided by the BLS. Major elements are:

Agree To  
Comply  
(Check Box)

1. Address Refinement

The state agency will perform address refinement functions as specified in the OEWS Manual.

☐

2. Data Collection

2.

a. Survey will be conducted in accordance with procedures contained in the OEWS Manual.

☐

b. States are encouraged to monitor contacts and response rates by industry and to track data collection attempts and contacts with respondents.

☐

b. Only BLS- or OMB-approved solicitation materials and procedures will be used.

☐

3. Software

a. BLS will provide on-line survey database and survey management tools (OWDN), and states will participate in testing OEWS software and submit results of their testing to BLS.

☐

b. States that use the OEWS autocoder must review all preliminary autocoder output and assign the correct SOC code for each employee in OWDN before interim and final master file due dates.

☐**D. QUALITY ASSURANCE REQUIREMENTS**

The state agency will cooperate with the BLS in:

1. Editing and screening efforts for all data by running and acting on QA edits before interim and final master file deliverables and by providing corrections and explanations when data are questioned by BLS. BLS questions on the interim master files should be addressed before final master files are due. Questions on the final master file should be addressed or corrections entered into OWDN by due dates.

☐

2. Providing information for atypical reporters as appropriate.

☐

3. Cooperating with state operations review activities.

☐

**E. EXCLUSIONS**

The deliverables and cost estimates for the OEWS program should reflect only activities associated with conducting a sample survey of establishments, and publishing BLS standard estimates of occupational employment and wages. Activities that are not part of the OEWS program include developing other estimates or projections of industry or occupational employment and Foreign Labor Certification administrative activities (excluding estimate review).

**F. EXPLANATION OF VARIANCES**

NOTE: Please add additional pages as necessary

## QUARTERLY CENSUS OF EMPLOYMENT AND WAGES FY 2026

### A. PROGRAM INFORMATION

The Quarterly Census of Employment and Wages (QCEW) provides data on monthly employment, total quarterly wages, taxable wages, employer contributions and other business identification information. The states prepare an Enhanced Quarterly Unemployment Insurance (EQUI) file each quarter. QCEW data are developed for the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.

Since 1972, the Bureau of Labor Statistics (BLS) has successfully shared QCEW data with the Bureau of Economic Analysis (BEA). On a quarterly basis, the BEA uses QCEW data to develop county, state, regional, and national personal income estimates, a component of the Gross Domestic Product, and to conduct related statistical research and analysis.

The BLS funds and administers the QCEW program and provides conceptual, technical, and procedural guidance in all program activities. State agencies are responsible for data collection, ensuring data quality, and publication in cooperation with the BLS. The QCEW program uses the standardized procedures described in the QCEW Operating Manual or on StateWeb, as well as in the work statement and BLS technical memoranda. Applicants should put an "X" or check mark in the spaces provided on the following pages to indicate agreement to comply with stated program requirements.

### B. DELIVERABLES

|    | Content                                                                                                                                                                                                                                                                                                                                                                                                                    | Agree To<br>Comply<br>(Check Box) |        | Due Dates                                | Agree To<br>Comply<br>(Check Box) |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------|------------------------------------------|-----------------------------------|
| 1. | 1. The EQUI Name and Address File must be delivered for the BLS to operate the QCEW program. It must be delivered according to the schedule specified in the QCEW Operating Manual or on StateWeb, the work statement, and BLS technical memoranda. Estimates, acceptable to the BLS, will be used in the case of missing state files. This file is the input for BEA quarterly production of regional economic estimates. | <input type="checkbox"/>          | 2025-2 | October 2, 2025<br>or<br>October 9 2025  | <input type="checkbox"/>          |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | 2025-3 | January 2, 2026<br>or<br>January 7, 2026 |                                   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | 2025-4 | April 2, 2026<br>or<br>April 9, 2026     |                                   |
|    | Each quarter, states will select one of the deliverable dates and inform BLS of their decision.                                                                                                                                                                                                                                                                                                                            |                                   | 2026-1 | July 2, 2026<br>or<br>July 9, 2026       |                                   |

**B. DELIVERABLES (CONTINUED)**

|    | Content                                                                                                                                                                                                                                                                                                                                                                                                                        | Agree To<br>Comply<br>(Check Box) | Due Dates | Agree To<br>Comply<br>(Check Box) |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------|-----------------------------------|
| 3. | In addition to the EQUI, summary macrodata files must be delivered to the BLS in accordance with the standardized procedures described in the QCEW Operating Manual or on StateWeb, as well as in the work statement and in BLS technical memoranda.                                                                                                                                                                           | <input type="checkbox"/>          |           |                                   |
| 5. | States will publish QCEW data quarterly within seven months of the end of reference quarter at the state NAICS sub-sector level and county sector level. To be considered published, data must be released to the general public in the form of either a web database, downloadable data file(s), paper or electronic data files, or press release.                                                                            | <input type="checkbox"/>          |           |                                   |
| 7. | States will publish BLS-provided seasonally adjusted Business Employment Dynamics data at the state level within 30 days of publication from the BLS. To meet this deliverable, states can link their website to state data on the BLS website at: <a href="https://www.bls.gov/bdm/bdmstate.htm">https://www.bls.gov/bdm/bdmstate.htm</a> States may also, at their option, write and publish a news release.                 | <input type="checkbox"/>          |           |                                   |
| 8. | As needed, States should submit a file of BLS requested or approved corrections after the initial EQUI submittal and by two days before the BLS quarterly publication signoff date. States should send automated corrections through the states' systems as specified in technical memoranda or the QCEW Operating Manual. This covers the normal series of national office questions sent usually within 10 days of the EQUI. | <input type="checkbox"/>          |           |                                   |
| 9. | BLS may request additional EQUI formatted records to rectify changes of significance.                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>          |           |                                   |



**B. DELIVERABLES (CONTINUED)**

Agree To  
Comply  
(Check Box)

7. Inform BLS of any changes in state policy regarding sensitivity of state government and/or local government establishment records. Notification should be shared with BLS no later than the EQUI deliverable date for the first quarter. BLS will use this information to update the confidentiality treatment of state and local government data effective with the BLS publication of first quarter QCEW totals. This policy change will be reflected in previously released open quarter data and in data subsequently released by BLS. This deliverable supports the maintenance of BLS policy understanding first developed using S-13-09.

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**C. PROGRAM PERFORMANCE REQUIREMENTS**

Specific methods for preparing the EQUI Files are described in the QCEW Operating Manual or on StateWeb and in technical memoranda provided by the BLS. Performance metrics are based on the Historic Data where appropriate. Major elements are:

Agree To  
Comply  
(Check Box)

1. Process and edit all required program data gathered from initial Status Determination Forms or automated employer registration process, Multiple Worksite Reports, Annual Refiling Survey (ARS), quarterly contribution reports, EDI Center, MWR-Web and quarterly Reports on Federal Employment and Wages conducted as part of the UCFE Program.
2. Follow up with employers on questionable data elements.
3. Impute for missing or delinquent data according to the guidelines in the QCEW Operating Manual or on StateWeb.

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**C. PROGRAM PERFORMANCE REQUIREMENTS (CONTINUED)**Agree To  
Comply  
(Check Box)

4. a. Participating states should provide their UI Tax Email Address files by established due dates. Non-participating states do not need to provide a file. (No variance is required if this box is not checked.) ☐
- b. States should load all response files (ARS Response Codes File (formally known as CARS) and undeliverable accounts identified through NCOA processing) as directed. All updates to state contact information should be provided to BLS as soon as possible. States will maintain criteria and performance requirements (80 percent of employment usable response rate or 70 percent of units' usable response rate) calculated as specified in the QCEW Operating Manual or on StateWeb. ☐
- c. Review, verify or update industry and county (or township) codes using returned ARS responses and any appropriate supplemental, BLS-provided, or follow-up information. ☐
- d. From the returned ARS responses, perform the following review activities: For newly identified multi-establishment worksites in the prior year ARS, assign the following codes: NAICS, county, ownership, and MEEI. Then, enter these codes along with Reporting Unit Numbers and the physical location addresses to solicit for the quarterly Multiple Worksite Report for those employers meeting the standards in the QCEW Operating Manual or on StateWeb. When applicable, review potential NAICS code assignment differences identified by other sources and adjust codes as necessary in the first quarter EQUI. Updated physical location and mailing addresses information collected from the ARS must be added to the state micro file and submitted to the BLS no later than the first quarter EQUI deliverables file. Both sets of addresses should follow the standards in the QCEW Operating Manual or on StateWeb. ☐

**C. PROGRAM PERFORMANCE REQUIREMENTS (CONTINUED)**

Agree To  
Comply  
(Check Box)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <p>6. Assign valid NAICS, county, ownership and MEEI codes to new employer accounts using the procedures described in the QCEW Operating Manual or on StateWeb. Add physical location and mailing address information to the state QCEW micro file for these new accounts, if available. For new employer accounts with no product or economic activity and/or geographical information, updated procedures have been implemented to create the unclassified files using EQUI submittals. This has eliminated the need for states to create and transmit NCA print files. States have the option to customize their mailings/email blasts by employment thresholds, ownership and status code. Any state with unclassified records is eligible for an unclassified mailing/email blasts.</p> | <input type="checkbox"/> |
| <p>6. a. Units with a NAICS industry code of 999999 (unclassified) are surveyed on a flow basis during the cooperative agreement period. All units with zero employment and wages for four complete consecutive quarters should be excluded.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |
| <p>b. NAICS 999999 should not be greater than 1.0 percent listed from the management counts within QUEST in any quarter.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| <p>7. Use the Multiple Worksite Report solicitation, informed consent letters, and refusal solicitation letters outlined in the QCEW Operating Manual or on StateWeb.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> |
| <p>8. a. Accept, edit and review Multiple Worksite Reports and Reports on Federal Employment and Wages from reporters or the BLS on electronic medium or from computer to computer in the standardized formats. Follow instructions and procedures enumerated in the QCEW Operating Manual, on StateWeb, and technical memoranda with regard to the central collection of these data by the BLS MWRweb MWR Print Contract, or Electronic Data Interchange Center.</p>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> |
| <p>b. States will review files from new respondents to the Electronic Data Interchange Center on a quarterly basis. States will assign RUNs and applicable Comment, NAICS, and CTY codes to each establishment. Workflow will be determined by the number of new respondents to EDI in a given quarter.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |
| <p>9. Extract, edit, and review Quarterly Contributions Report data from the Unemployment Insurance tax file at least twice each quarter for current quarter data. Extract, edit and review late and retroactive prior quarter data at least once during the current quarter. Ensure that predecessor/successor data are included with current quarter extracts. Any data extracted and loaded to the micro file for quarters earlier than prior quarter must also be edited and reviewed prior to submittal or publication.</p>                                                                                                                                                                                                                                                             | <input type="checkbox"/> |

**C. PROGRAM PERFORMANCE REQUIREMENTS (CONTINUED)**Agree To  
Comply  
(Check Box)

10. Monitor updates and notify the BLS regional office and UI Modernization Response Team of changes to the state UI program accounting and processing systems, specifically, but not limited to, changes resulting from UI modernizations, UI numbering changes, coverage and law changes, processing of wage records, rate structure changes, changes in data fields, tracking predecessor/successor full and partial transactions, SUTA dumping, or other technological changes in UI systems. States will modify and test UI extract programs in a manner to ensure accurate and complete data input files and timely deliverables and provide the results of their testing to the BLS regional office and UI Modernization Response Team. Cooperate with any activities to collect information on state UI-related changes.

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States will seek the inclusion of payroll processor codes into the UI system where possible with the goal of filling the agent code field on the EQUI on a timely basis. Where possible, states will use the National Association of Computerized Tax Processors (NACTP) standard numbering system for payroll processors.

11. Employment in county code 995 should not be greater than 3.5 percent of total employment.
12. Employment in county code 999 should not be greater than 1.5 percent of total employment.
13. The state will implement and utilize predecessor/successor capabilities, the Possible Predecessor/Successor Matching, and edits during the current and subsequent quarter's review and load wage records each quarter. This will include the wage record count and wage record wages as well as information identifying possible predecessor/successor matched pairs. (No variance is required if this box is not checked.)

☐☐☐**D. QUALITY ASSURANCE REQUIREMENTS**

Specific methods for preparing the EQUI Files are described in the QCEW Operating Manual or on StateWeb and in technical memoranda provided by the BLS. Performance metrics are based on the Historic Data Report where appropriate.

**D. QUALITY ASSURANCE REQUIREMENTS (CONTINUED)**Agree To  
Comply  
(Check Box)

The state agency will:

1. Incorporate the ARS control file data in first quarter processing. ☐
2. Run and review at minimum micro, multi, and macro edits in QUEST prior to transmitting EQUI files to the BLS. ☐
3. Edit and review all new and updated records prior to submittal to the BLS. Ensure that the EQUI file is complete and not missing extracted data or data supplied via ARS Response Codes, ARS Web, NVM Web, EDI, MWR Web, and MWR Print files. ☐
4. Review QCEW and CES macrodata to aid in identifying potential differences. This is to be done prior to each EQUI submittal, including update and subset submittals. ☐
5. Provide electronic micro data corrections and/or explanations to questions arising from micro and macro edits of all QCEW data elements, including ARS information. ☐
6. Provide certification of data to the BLS regional office upon completion of the correction/review process. ☐
7. Cooperate with the BLS in resolving CES and QCEW microdata differences in establishment-level reporting, NAICS, ownership, and geographic coding. ☐
8. Follow QCEW Operating Manual or StateWeb guidelines on predecessor-successor, mergers/acquisitions, and multi-establishment breakouts and collapses. Use the Possible Predecessor/Successor Matching feature in QUEST to help match and link possible predecessor/successor accounts/units. ☐
9. Cooperate with industry coding quality control/quality assurance and State Operations Review activities. ☐

**D. QUALITY ASSURANCE REQUIREMENTS (CONTINUED)**Agree To  
Comply  
(Check Box)

10. Improve the quality of data collected on the Multiple Worksite Report by: ☐
- a. Collecting data at the worksite level,
  - b. Reviewing and updating physical location addresses for multi-establishment reporters,
  - c. Reviewing and updating trade names and reporting unit descriptions for multi-establishment reporters, and
  - d. Following QCEW Operating Manual or StateWeb instructions on reporting unit descriptions.
  - e. Provide MWR Print files to BLS according to the MWR Print Contract schedule on StateWeb.
  - f. Participate in full solicitation of all current eligible active multi units for MWRweb, based on the states' creation of Solicitation Request files as described in the 'MWR Web Solicitation Process' presentation on StateWeb.
11. Follow-up on BLS-provided lists of unusable physical location addresses and "mailing/other addresses" within BLS policies and guidelines. ☐
12. Work with UI staff to address issues raised by the BLS on suggested improvements to content, collection and processing of Status Determination Forms and Quarterly Contributions Report data. Included are the collection of physical location address information, the proper definition of employment on all appropriate UI forms, instructions, handbooks, and electronic reporting system specifications, etc. ☐
13. Work with the BLS to address issues raised on quality of information on state and local government. ☐
14. Participate with the BLS in resolving up to 50 individual cases per year for selected industry and/or geographic differences identified under CIPSEA-sponsored data sharing. If other tax-related legislation is passed, the BLS will revisit this item. ☐
15. States will work with regional offices to review and analyze causes of high employment imputation rates and to seek reductions. Regions will work with states with employment imputation rates of: greater than 7 percent of employment for the current quarter or greater than 5 percent of employment for the prior quarter. ☐

**D. QUALITY ASSURANCE REQUIREMENTS (CONTINUED)**

Agree To  
Comply  
(Check Box)

- |                                                                                                                                                                                                                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 16. States will work with regional offices to review and analyze causes of high wage imputation rates and to seek reductions. Regions will work with states with wage imputation rates greater than 10 percent of wages. | <input type="checkbox"/> |
| 17. States must review and discuss in a timely manner BLS-supplied NAICS codes for employer accounts reviewed and verified as a result of data sharing with the Census Bureau.                                           | <input type="checkbox"/> |

**E. EXCLUSIONS**

The QCEW program allowable costs should reflect only activities associated with the development of the EQUI mailing, macro and micro editing, and processing of the Multiple Worksite Report and activities associated with the initial coding of new employer accounts, the Annual Refiling Survey, and publication of QCEW data in printed and/or electronic form. The following types of activities are not funded as part of the QCEW program:

1. Special tabulations of QCEW data for use by programs other than QCEW. Costs for such tabulations should be charged to the requestor.
2. Editing of wage records and any other unemployment insurance records with the exception of quarterly contribution reports and reports on Federal employment and wages conducted as part of the UCFE program. Wage records are only to be used as a source to verify levels of employment and wages, and predecessor/successor relationships, or to assist in breaking out establishments of multi-unit employers.
3. All functions (e.g., data entry, printing of forms, mailing of forms) associated with the collection and follow-up for late or missing data of the SWA Employer Quarterly Contributions Report. Costs for these activities should be borne by the UI tax unit as per ETA Fiscal Letter No. I-90 dated October 9, 1990.
4. With the exception of data provided by the BLS EDI center, soliciting, processing, and editing of data for multi-establishment employers that fall below the QCEW criterion of having ten (10) or more employees in secondary establishments.
5. Any and all activities related to the Census Bureau Longitudinal Employer Household Dynamics or related programs other than those needed to support the use of LEHD-format files for QCEW purposes.

**F. DATA SHARING BLANKET APPROVAL**Agree To  
Comply  
(Check Box)

1. The state authorizes the BLS to share the state's microdata and macrodata with approved Federal government agencies (other than BEA) and units for exclusively statistical purposes. This authorization is made based on the BLS assurance that the confidentiality of these data will be protected to the full extent permitted by law.

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In effect, the state authorizes BLS to share the state's microdata and macrodata with Federal government agencies and units for exclusively statistical purposes.

2. The state authorizes the BLS to share **all information** contained in the state's microdata with the Bureau of Economic Analysis for exclusively statistical purposes. This authorization is made based on the BLS and BEA assurance that the confidentiality of these data will be protected to the full extent permitted by law. By checking the box for F2, the state also authorizes the BLS to share limited portions of the state's microdata as specified under F3. (No variance is required if this box is not checked.)

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3. The state authorizes the BLS to share **limited portions** of the state's microdata with the Bureau of Economic Analysis for exclusively statistical purposes. This authorization is made based on the BLS and BEA assurance that the confidentiality of these data will be protected to the full extent permitted by law.

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BEA will receive a limited amount of microdata each quarter to aid in their analysis of QCEW macrodata -- only for records with comment codes or where a CCS change is indicated. The microdata files delivered to BEA are limited to a Comment Code File and a CCS File. The Comment Code File includes limited microdata for those records that contain comment codes. The CCS File includes limited microdata only for those records with a reported CCS change. (No variance is required if this box is not checked.)



**G. WAGE RECORDS**

Agree To  
Comply  
(Check Box)

1. 1. The state authorizes the BLS to receive wage record microdata for exclusively statistical purposes. By checking the box for G1, the state is eligible to receive additional funding (if available) to reimburse costs associated with participating in the BLS Wage Records Program on a quarterly basis.

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**H. EXPLANATION OF VARIANCES**

NOTE: Please add additional pages as necessary

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