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

U.S. DEPARTMENT OF LABOR



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

We estimate that it will take an average of 1.5 hours to complete this form including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Your response is required to obtain or retain benefits under 29 USC 673. If you have any comments on the estimates or the form, send them to BLS_PRA_Public@bls.gov. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMBÁControl No.Á1220-0149 OE]]¦[çæ¢ÁÖ¢]ã^•¢¢Ë¢¢ËŒ€GÏ

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