

**APPLICATION FOR  
FEDERAL ASSISTANCE**

2. DATE SUBMITTED: <b>August 9, 2010</b>	Applicant Identifier:
3. DATE RECEIVED BY STATE:	State Application Identifier:
4. DATE RECEIVED BY FEDERAL AGENCY: 8/12/10	Federal Identifier: <b>LM-20337-11-75-J-37</b>

1. TYPE OF SUBMISSION:

<u>Application</u>	<u>Preapplication</u>
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: <b>Employment Security Commission of NC</b>	Organizational Unit Department: <b>Labor Market Information Division</b>
Organizational DUNS: <b>792516411</b>	Division:
Address (give city, county, state and zip code): <b>PO Box 25903 700 Wade Avenue Raleigh, North Carolina USA 27611-5903</b>	Name and telephone number of person to be contacted on matters involving this application (give area code): <b>Dr. Elizabeth McGrath, Director, LMI betty.mcgrath@ncesc.gov</b>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 	Phone Number: <b>(919) 733-2936</b>	Fax Number: <b>(919) 733-8662</b>
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/>  Other (specify): _____	7. TYPE OF APPLICANT (see instruction page for types): <b>A. State</b>  Other (specify): _____
9. NAME OF FEDERAL AGENCY: <b>Department of Labor</b>	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>1 7 . 0 0 2</b> TITLE: <b>Labor Force Statistics</b>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECTS: <b>LMI - The applicant will provide statistical data to the BLS for the following programs: CES, LAUS, OES, QCEW, and MLS.</b>
12. AREA AFFECTED BY PROJECT (cities, counties, state, etc.): <b>North Carolina</b>	

13. PROPOSED PROJECT: Start Date: <b>10/01/10</b> End Date: <b>09/30/11</b>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>NC - 13</b>	b. Project <b>0 - Statewide</b>
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15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal    \$ <b>1,964,315</b>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____
b. Applicant    \$    -	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State    \$    -	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local    \$    -	
e. Other    \$    -	
f. Program Income    \$    -	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes. If "Yes," attach an explanation.
g. TOTAL    \$ <b>1,964,315</b>	<input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <b>Lynn R. Holmes</b>	b. Title <b>Chairman</b>	c. Telephone Number <b>(919) 733-7546</b>
d. Signature of Authorized Representative 		e. Date Signed <b>August 9, 2010</b>

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Prescribed by OMB Circular A-102

19 a. Typed Name of BLS Grant Officer <b>Janet S. Rankin</b>	b. Title <b>Regional Commissioner, USDOL-BLS</b>	c. Telephone Number <b>(404) 893-8300</b>
d. Signature of BLS Grant Officer 		e. Date Signed <b>8-23-10</b>