



OSHS COOPERATIVE AGREEMENT BUDGET VARIANCE REQUEST FORM

- 30 Fill in the "FEDERAL TOTAL" and "NON-FEDERAL TOTAL" columns of this form from "Ugevkqp'E'Row Total Cost cpf "Section F "Row b qh'yj g" ewt(gpv'QUJ U'DKH in the Cooperative Agreement (CA).
- 40 Insert the revised budget figures in the "REVISED FEDERAL TOTAL" and "REVISED NON-FEDERAL TOTAL" columns. The total amount of the revision cannot exceed 4.0% of the total CA amount. Any budget variance request must move equal amounts of federal OSHS funding and state matching funds. **All amounts should be entered in dollars and cents.**
- 50 Enter the "FEDERAL PAYMENTS TO DATE" for each program for which a variance is requested. No single program's "REVISED FEDERAL TOTAL" can be lower than the total "FEDERAL PAYMENTS TO DATE" for the program.
- 60 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.

<p>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 673. 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.</p>	<p>OMB No.1220-0149 Approval Expires 06/30/4249</p>
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PROGRAM	FEDERAL TOTAL	NON-FEDERAL TOTAL	REVISED FEDERAL TOTAL	REVISED NON-FEDERAL TOTAL	FEDERAL PAYMENTS TO DATE	VARIANCE
SOII						
CFOI						
Subtotal						
SOII-AAMC						
CFOI-AAMC						
Subtotal						
TOTAL						
State Agency Name:				OSHS CA No.:		
Requested by:						
Signature:				Date:		
Regional Office Review						
Variance Requested:				Percent of Total CA:		
Reviewed by:				Date:		
Approved by:				Date:		