

# 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: