

Current Date:

Fiscal Year:

**Request to Release a Voluntary Temporary Transfer of the California Department of Education (CDE)
Contract Funds**

Field Services Division Consultant, Early Education Division (EED)

Fiscal Analyst, Early Education and Nutrition Fiscal Services (EENFS)

California Department of Education 1430 N Street, Suite 3410 and Suite 2213
Sacramento, CA 95814

Dear

After reviewing contract earning projections for

Contract Number

Contractor Agency Name

has determined that there will be unearned funds in the amount of approximately:

Under Earning Amount

by June 30 of the Fiscal Year.

The reasons for this under-earning are

Reasons for
under-earning

In order to allow the funds to be used effectively, on a temporary, voluntary basis to serve more eligible
children in

County

Our agency requests a temporary transfer of funds in the amount of

Reduction Amount

from

Contract Number

to another Early Education contractor in good standing.

Both contracting Agencies agree:

- This transfer of contract funds is voluntary and temporary.
- Subsequent fiscal year contracts will revert to their original MRA amounts, with any applicable Cost of Living Adjustment (COLA) or other adjustments applied, subject to continued funding appropriated in the annual Budget Act.
- CDE may require fiscal information and documentation to make a final determination regarding this request.
- The Contract Reimbursement Rate in place for each agency will not change during the fiscal year.
- All contracts may be subject to the Early Education and Nutrition Fiscal Services annual contract review process.
- All parties understand these funds may never be placed in a reserve fund; they must be used to pay for child days of enrollment.
- All transferred funds must be fully expended by June 30 of the fiscal year.

Contract Number Contract Year

Original Maximum Reimbursable Amount

Amount to be transferred from this contract

Adjusted Maximum Reimbursable Amount

If you need clarification or additional information to execute this temporary transfer, please contact me at:

Phone Number Email or

Full Name of LPC Designee

LPC Designee Phone Number

LPC Designee Email

Thank you for your assistance.

Sincerely,

Authorized Agency
Representative Signature

A signature is required. A wet signature or electronic signature will be accepted.

Authorized Agency
Representative Full Name

Authorized Agency
Representative Title