Current Date:

Fiscal Year:

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

Field Services Division Consultant, Early Learning and Care Division (ELCD)

Fiscal Analyst, Child Development and Nutrition Fiscal Services (CDNFS)

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

Dear

I am writing on behalf of:

Contractor Agency Name

To request that contract funds in the amount of

Transfer Amount

be temporarily transferred to

Contract Number

For this fiscal year from another contractor in good standing by mutual, voluntary agreement. I anticipate that our program will be able to fully earn this augmentation by serving children in our existing licensed spaces.

Both contracting Agencies agree:

- This transfer of contract funds is voluntary and temporary.
- Subsequent fiscal year contracts will revert to their original MRA amounts, at the beginning of the subsequent fiscal year, 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 Child Development 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 to this contact

Adjusted Maximum Reimbursable Amount

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

Phone Number

or

Email

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