

# Application for Contingency Funds Fiscal Year 2019-20

## CDNFS 1571 (04/20)

Contracting Agency Name:

Contact Person:

Telephone Number:

Email Address:

County:

Vendor Code:

CAPP Contract Number:

Pursuant to California *Education Code* Section 8222.1, the California Department of Education (CDE) shall reallocate funds as necessary to reimburse alternative payment programs (CAPP) for actual and allowable costs incurred for additional services. A CAPP contractor may apply for reimbursement of up to three (3) percent of the contract amount or for a greater amount subject to the discretion of the department based on availability of funds. Include with your application your most recent alternative payment fiscal report (CDNFS 9500 AP), received from the CDE, which shows your current cumulative accrued expenditures to support your request. No application shall be considered if received after September 30th of the current calendar year.

Maximum Reimbursable Amount (MRA):

Cumulative Provider Payments:

(Use a projection if prior to June 30 or actual payments if after June 30)

Cumulative Expenditures:

(Use a projection if prior to June 30 or actual expenditures if after June 30)

Total Amount Requested:

(Cumulative Expenditures - MRA)

If you have any questions regarding this application, please contact Jordan Clegg at (916) 324-6611, or by email at [jclegg@cde.ca.gov](mailto:jclegg@cde.ca.gov).

I hereby certify that to the best of my knowledge and belief, the information contained in this application is true and correct. I have included my most recent alternative payment fiscal report (CDNFS 9500 AP), received from the CDE, which shows the current cumulative accrued expenditures in excess of my contract's MRA to support this request. I understand that my agency will be billed for any amount of contingency funds received if the request is not substantiated by my agency's audit (if applicable). Please note that a billing for contingency fund over payments is not subject to the appeal process.

Type your name here:

Title:

Date:

Signature of Executive Officer/Superintendent or Authorized Designee: (Original Signature Required Below/Electronic Signature Accepted)

Mail completed form to:  
California Department of Education  
1430 N Street, Suite 2213, Attention Jordan Clegg  
Sacramento, CA 95814