Request to Release a Voluntary and Temporary Transfer (VTT) of the California Department of Education (CDE) California State Preschool Program (CSPP) Contract Funds

Current Date:

Fiscal Year:

Monitoring Consultant, Early Education Division (EED):

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

Dear CDE Representatives,

After reviewing contract earning projections for [Enter CSPP Contract Number] , [Enter Contractor Name] has determined that we will under-earn our contract by approximately [Enter Under-Earning Amount] by June 30 of the fiscal year.

[Enter Contractor Name] is requesting to transfer funds to an over-earning contractor to allow for CSPP contract funds to be used effectively to serve more eligible children.

Our agency requests a VTT in the amount of: [Enter Reduction Amount]
from: [Enter CSPP Contract Number] .

The agency understands:

- The transfer of contract funds is voluntary and temporary.
- The subsequent fiscal year contracts will revert to the original Maximum Reimbursable Amount (MRA), with any applicable adjustments applied, subject to continued funding appropriated in the annual Budget Act (if applicable).
- The CDE may require additional documentation to make a final determination regarding the VTT request.
- The contract reimbursement rate in place for each agency will not change during the fiscal year.

- All contracts may be subject to EENFS' annual contract review process.
- The transferred funds may never be placed in a reserve account and shall not be retained as deferred revenue to be used in future fiscal years.
- An Exceptional Needs/Severely Disabled Service Level Exemption Credit shall not be derived from an unearned transfer of funds. Funds must be used to serve additional child days of enrollment and shall not be retained as deferred revenue.
- All transferred funds must be fully expended by June 30 of the fiscal year

Contract Number: [Enter CSPP Contract Number]

Fiscal Year:

Current Contract MRA:

Transfer Amount: [Enter Reduction Amount]

VTT Adjusted Contract MRA:

If you need additional information to process this VTT request, please contact:

Authorized Agency Representative Name:

Phone Number: and Email:

Local Planning Council (LPC) Designee:

Phone Number: and Email:

Sincerely,

Authorized Agency Representative Signature: _____

A wet signature or electronic signature is required.

Authorized Agency Representative Name:
Authorized Agency Representative Title: