Request to Accept 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 over-earn our contract by approximately [Enter Over-Earning Amount] by June 30 of the fiscal year.

[Enter Contractor Name] is requesting a transfer of funds from an under-earning CSPP contractor to effectively use funds to serve additional child days of enrollment in [Enter County Name] county.

Our agency requests a VTT in the amount of [Enter VTT Transfer Amount] to [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 MRA (Maximum Reimbursable Amount), 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 VTT Transfer 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: