



Sacramento County Local Child Care & Development Planning Council

VOLUNTARY TEMPORARY TRANSFER OF FUNDS (VTT) REQUEST FORM

Intro blub here

A. Contractor Information		
Agency Name		Date
Executive Director or Authorized Signatory		E-mail
		Telephone Number
Person Submitting Request (If Different Than Above)		E-mail
		Telephone Number
Agency Address		
B. COMPLETE THIS SECTION IF YOUR AGENCY IS VOLUNTEERING TO TEMPORARILY RELEASE FUNDS FOR FY 2009-10 ONLY		
Amount to be Transferred		Contract Type
\$		
Contract Number	Current MRA	Vendor Number
<i>Explain the reason for projected under-earnings:</i>		
<i>If your agency will be serving fewer children, provide information about which communities (zip codes) in your service area will be affected.</i>		
Community Name or Zip Codes	Number of Children	Ages of Children



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C. COMPLETE THIS SECTION IF YOUR AGENCY IS VOLUNTEERING TO ACCEPT ADDITIONAL FUNDS TO SERVE MORE CHILDREN IN 2009-10		
Amount to be Transferred \$	Contract Type	
Contract Number	Vendor Number	
Estimated Number of Additional Children		Period of Time (Number of Weeks, Months, etc.):
Estimated Additional Child/Days of Enrollment		
<i>Demonstrate that your agency currently has licensed spaces to serve the additional children. It is understood that this is only an estimate.</i>		
Service Area, Community Name or Zip Codes	Number of Spaces	Ages of Children
<i>If the agency's request for additional funds is due to projected over-earnings, please demonstrate your projections (reasons for over-earning).</i>		
Explain over-earnings projections for 2009-10:		
<div style="text-align: center; font-size: 2em; opacity: 0.3; pointer-events: none;">DRAFT</div>		
<i>If the agency is requesting additional funds to serve more children or address over-earnings projections, estimate the expenditures expected to be incurred in serving the additional children or in over-earning. Estimated amounts should apply only to transferred funds.</i>		
Category	Amount	Explanation
Staff Costs		
Rent/Facility		
Materials/Supplies		
Administration		

PLEASE NOTE:

This request is not a guarantee that a fund transfer will take place or that the amount requested will be approved. Final approval for any transfer is made by CDE. It is understood that the agency in volunteering to participate in the VTT process is only estimating its under-earnings or potential to earn more. The information provided by an agency completing this form will be used to determine the likely capacity of the agency to relinquish funds or to utilize transferred funds for fiscal year 2009-10. It is not meant to be a binding statement of service.



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By temporarily releasing / accepting these California Department of Education (CDE) contract funds, I agree to the following:

- This transfer is temporary and voluntary.
- CDE may require additional fiscal information and documentation to make a final determination regarding this request.
- The Daily Reimbursement Rate in place for each agency will not change during the contract year.
- This contract may revert to its original Maximum Reimbursable Amount (MRA) at the end of this contract year, with any applicable Cost of Living Adjustment (COLA) or other adjustment applied, subject to continued funding appropriated in the annual Budget Act.
- All contracts may still be subject to the Child Development Fiscal Services annual contract review process.
- All parties agree 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, 2010.

Signature of Executive Director or Authorized Signatory

Date

Submit completed request forms to: Contact Name
Address & Email
Phone Number