

California Department of Education  
November 1, 2009

\_\_\_\_\_ Field Services Consultant, Child Development Division and  
\_\_\_\_\_ Fiscal Services Staff, California Department of Education  
1430 N Street, Suite # 3410 and Suite #2213  
Sacramento, CA 95814

**Re: Request a Temporary Fund Release and Transfer of Funds From Contract  
# \_\_\_\_\_**

Dear \_\_\_\_\_:

After reviewing contract earning projections for 2009/2010 Contract # \_\_\_\_\_,  
Contracting Agency Name has determined that there will be unearned funds in the  
amount of approximately \$ \_\_\_\_\_ by June 30, 2010. The reasons for this under-  
earning are \_\_\_\_\_.

In order to allow the funds to be used effectively, on a temporary, voluntary basis to  
serve more eligible children, in \_\_\_\_\_ county, our agency requests a temporary  
transfer of funds in the amount of \$ \_\_\_\_\_ from contract # \_\_\_\_\_ to another child  
development contractor in good standing.

By temporarily releasing 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 at the end of this contract year, with any applicable Cost of Living Adjustment (COLA) or other adjustments 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.

Contract # _____	Original Maximum Reimbursable Amount	\$ _____
Contract Year:	Amount to be transferred from this Contract	\$ _____
	Adjusted Maximum Reimbursable Amount	

If you need clarification or additional information to make this temporary transfer, please contact me at *telephone #* \_\_\_\_\_ or *email address* \_\_\_\_\_ or *Name of LPC designee*, \_\_\_\_\_ for \_\_\_\_\_ County at *telephone # and email address*.

Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Authorized Agency Representative  
Full Name, Title