

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 to Accept Temporary Transfer of the California Department of Education (CDE) Contract Funds**

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

I am writing on behalf of Accepting Contracting Agency Name to request that \$\_\_\_\_\_ be temporarily transferred to Contract #\_\_\_\_\_ for the 2009/2010 contract year from another contractor in good standing by mutual, voluntary agreement. I anticipate that our program will be able to fully earn this augmentation by serving children in our existing licensed spaces.

By accepting the temporary transfer of 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.

Contract # _____	Original MRA	\$ _____
Contract Year:	Amount to be transferred to this contract	\$ _____
	Adjusted MRA	\$ _____

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

Sincerely,

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