COUNTY OF LOS ANGELES

CHILD CARE PLANNING COMMITTEE

POLICY • PLANNING • PRACTICE

TEMPORARY VOLUNTARY TRANSFER OF FUNDS (TVTF) REQUEST FORM

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 2014-15 ONLY		
Amount to be Transferred $	**Contract Type**	**Vendor Number**
Contract Number	**Current MRA**	**Current MDO**
Explain the reason for projected under-earnings:		
If your agency will be serving fewer children, provide information about which communities (zip codes) in your service area are affected.		

Community Name and Zip Codes	**Number of Children**	**Ages of Children**

C. COMPLETE THIS SECTION IF YOUR AGENCY IS VOLUNTEERING TO ACCEPT ADDITIONAL FUNDS FOR FY 2014-15		
Amount to be Transferred $	**Contract Type**	**Vendor Number**
Contract Number	**Current MRA**	**Current MDO**

For SPRING 2014 requests, agencies must currently be over-earning the MRA or project over-earnings by June 2014			
Estimated increase in CDE	#	**Estimated over-earnings**	**$**

If the agency's request for additional funds is due to projected over-earnings, please explain over-earnings projections for 2014-15.
Your projections should be supported by quarterly reports submitted to CDE.

If the agency is requesting additional funds to ***address over-earnings*** *projections, estimate the expenditures expected to be incurred in over-earning.* ***Estimated amounts should apply only to requested transfer funds.***

Category	Amount	Explanation
Staff Costs		
Rent/Facility		
Materials/Supplies		
Administration		

PLEASE NOTE:

This request is no guarantee that any 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 TVTF 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 2014-15. It is not meant to be a binding statement of service.