COUNTY OF LOS ANGELES
CHILD CARE PLANNING COMMITEE
POLICY • PLANNING • PRACTICE

VOLUNTARY, TEMPORARY TRANSFER OF FUNDS (VTTF) 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 2026-2027		
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 2026-2027		
Amount to be Transferred $	**Contract Type**	**Vendor Number**
Contract Number	**Current MRA**	**Current MDO**

For SPRING requests, agencies must currently be over-earning the MRA or project over-earnings by June 30th of the current fiscal year.

Estimated increase in CDE or CDSS	#	**Estimated over-earnings**	**$**

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

D. CDSS or CDE CONTACTS	**Name**	**E-mail Address**
Field Consultant		
Fiscal Analyst		

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 or CDSS. It is understood that the agency in volunteering to participate in the VTTF 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 the current fiscal year. It is not meant to be a binding statement of service.

DEFINITIONS:

MRA – Maximum Reimbursable Amount (if applicable)
MDO – Minimum Days of Operation (if applicable)