



PROGRAM ALLOCATION ADJUSTMENT - FY 17/18

REQUEST TO TRANSFER STATE CALWORKS FUNDS TO ANOTHER PROGRAM AREA

College Name:

Submitted Date:

These funds require matching funds from the college. Indicate the amount of transfer.

Type of Funds	Amount to be Transferred FROM	Amount to be Transferred TO
State Program Funds	\$	\$
Work Study Funds	\$	\$
Child Care Funds	\$	\$

Please provide brief explanation:

Certification

We hereby certify the aforementioned CalWORKs Program Allocation Adjustment form is accurate and understand that the above information may result in an adjustment to college's this current fiscal year CalWORKs allocation. The college/district is certifying that funds requested are to be used for the sole purpose stated on the request.

Yes No *If CalWORKs State Program funds are not available to meet a request, the college certifies that it will accept CalWORKs Federal TANF funds (to partially or wholly fund the request).*

College CalWORKs Director/Coordinator Signature	CalWORKs Supervising Administrator Signature	District Business Manager Signature
Typed Name	Typed Name	Typed Name
Email	Email	Email
Phone	Phone	Phone
Date	Date	Date

Please note: ***There is no need to submit any portion if there are no allocation adjustments being requested.*** Questions regarding this form may be directed to Karen Baker at (916) 327-5890 or via email at kbaker@cccco.edu.

Instruction: Email completed and electronically signed copies of this document to the Chancellor's Office (ssarcc-calworks@CCCCO.edu) on the 15th of each month.