
EOPS Mid-Year Report

1. Declaration of Unused EOPS Funds

This certifies that _____ College has determined it will have \$_____ of unused EOPS funds and hereby requests that the base allocation be reduced by this amount.

2. Request for Reallocated EOPS Funds

This certifies that _____ College request EOPS reallocated funds for _____. This request addresses the four priorities for awarding reallocated funds as established and identified in the "Instructions for Completing EOPS Reports". The funds will be used as follows:

Amount: \$_____ Priority #____** Purpose: _____

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** For definition of priorities, see "Instructions for Completing EOPS Reports" on the Chancellor's Office website: <http://extranet.cccco.edu/Divisions/StudentServices/EOPSCARE/ResourcesReportsDataForms.aspx>

3. E-Signatures

_____/_____
EOPS Director *Print Name* *Date*

_____/_____
Supervising Administrator for EOPS *Print Name* *Date*

_____/_____
District Business Officer *Print Name* *Date*

_____/_____
Superintendent/President or Designee *Print Name* *Date*

4. Fill in this form whether or not you return funds or request reallocated funds.
5. E-mail form with e-signatures by March 15, 2019 to ssarcc-eops@cccco.edu