
2018-19 CARE Mid-Year Report

Declaration of _____ Unused CARE Funds

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

Note: If college has no unexpended funds, please enter \$0.00

Request for _____ Reallocated CARE Funds

This certifies that _____ College requests a one-time budget augmentation of CARE reallocated funds during fiscal year _____ to provide direct assistance in the form of grants and supportive services as reported in Object Codes 400(B), 7000(B) or 7000(C) to CARE eligible students:

Purpose: _____ Amount \$ _____

Purpose: _____ Amount \$ _____

Purpose: _____ Amount \$ _____

Note: If college is not requesting CARE reallocated funds, please enter \$0.00

Signatures:

_____/_____/_____/_____/_____
CARE Coordinator e-signature / Print Name / Telephone / Date

_____/_____/_____/_____/_____
EOPS Director e-signature / Print Name / Telephone / Date

_____/_____/_____/_____/_____
Supervising Administrator for EOPS e-signature / Print Name (No Phone #Needed) / Date

_____/_____/_____/_____/_____
District Business Officer e-signature / Print Name (No Phone #Needed) / Date

_____/_____/_____/_____/_____
Superintendent/President/Designee e-signature / Print Name (No Phone #Needed) / Date

Please email this form with e-signatures to ssarcc-eops@cccco.edu

by March 15, 2019

Questions : ssarcc-eops@cccco.edu