

VIRGINIA DEPARTMENT OF EDUCATION

LEA FUNDS TRANSFER FORM
(under NCLB Transferability Provision)

School Division _____

Contact Person's Name _____ Telephone Number _____

E-mail Address _____ Fax Number _____

Part 1: LEA Identification of Programs Transferring Funds

	This Request		Cumulative to Date	
	Amount of Funds Transferred	Percent of Funds Transferred	Amount of Funds Transferred	Percent of Funds Transferred
1. Title II, Part A Improving Teacher Quality				
2. Title II, Part D, Subpart I Enhancing Education Through Technology				
3. Title IV, Part A Safe & Drug-Free Schools & Communities				
4. Title V, Part A Innovative Programs				

Part 2: LEA Identification of Program(s) Receiving Transferred Funds

Amount of Funds Received

- 1. Title I, Part A, Improving Basic LEA Programs _____
- 2. Title II, Part A, Improving Teacher Quality _____
- 3. Title II, Part D, Subpart I, Enhancing Education Through Technology _____
- 4. Title IV, Part A, Safe & Drug-Free Schools & Communities _____
- 5. Title V, Part A, Innovative Programs _____

Part 3: Purpose(s) of the Request to Transfer Funds

 Superintendent/Designee Signature

 Date

Schedule A VIRGINIA DEPARTMENT OF EDUCATION

Program Transferring Funds *Please complete a Schedule A for each program transferring funds.*

Object Codes	Expenditure Objects	Original Amount	Changes Indicate + or – for added or subtracted	Revised Budget
1000	1. Personal Services			
2000	2. Employee Benefits			
3000	3. Purchased Services			
4000	4. Internal Services			
5000	5. Other Charges			
6000	6. Materials and Supplies			
8000	7. Capital Outlay			
9000	8. Parental Involvement			
TOTAL				

Name of Program _____ Signature of Director of Program Transferring Funds _____

Program(s) Receiving Funds *Please complete for each program receiving funds.*

Object Codes	Expenditure Objects	Original Amount	Changes Indicate + or – for added or subtracted	Revised Budget
1000	1. Personal Services			
2000	2. Employee Benefits			
3000	3. Purchased Services			
4000	4. Internal Services			
5000	5. Other Charges			
6000	6. Materials and Supplies			
8000	7. Capital Outlay			
9000	8. Parental Involvement			
TOTAL				

Name of Program _____ Signature of Director of Program Receiving Funds _____

Object Codes	Expenditure Objects	Original Amount	Changes Indicate + or – for added or subtracted	Revised Budget
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TOTAL				

Name of Program _____ Signature of Director of Program Receiving Funds _____

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9000	8. Parental Involvement			
TOTAL				

Name of Program _____ Signature of Director of Program Receiving Funds _____