**REQUEST to TRANSFER OAA TITLE IIIB, IIIC1 and/or IIIC2 FUNDS**

|  |  |
| --- | --- |
| SUA use only | Approved  Y  N Date:       SUA Initials: |

Note to AAA:Upon approval, report transfer sum(s) on Form 150, pg 1, Line C or D (applicable year).

|  |  |  |
| --- | --- | --- |
| Date: | AAA: | |
| Contact Name: | | Tele: |
| Email: | | Contract # |

**Note**: FY ’23-24 transfer requests may be submitted beginning October 1, 2023 but not later than June 30, 2024. Submit to Community Services and Supports Unit at [SUA.Email@odhs.oregon.gov](mailto:SUA.Email@odhs.oregon.gov)

**No more than 30%**

**No more than 40%**

**Percentage based upon Fiscal-Year Allocation**

1. Requested sum and OAA title:

|  |  |
| --- | --- |
| **$**      from IIIB into IIIC1 | **$**      from IIIB into IIIC2 |
| **$**      from IIIC1 into IIIB | **$**      from IIIC2 into IIIB |
| **$**      from IIIC1 into IIIC2 | **$**      from IIIC2 into IIIC1 |

Please provide rationale for the above transfer(s).

Text

Description automatically generated with medium confidence