**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

 **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).

