**Texas Workforce Commission**

**Child Care Local Match Agreement Amendment**

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| **General Amendment Terms** |

Amendments must be executed by both the Contributor and the Board prior to the current agreement end date.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Contributor:** |  | | | **Amendment No.:** |  |
| **Effective Date of Amendment:** | |  | | | |
| **Program Number of Match Agreement being amended:** | | |  | | |

**The Contributor and the Board seek to amend the Local Match Agreement referenced above in the following manner (CHECK ALL THAT APPLY):**

**MODIFICATION TO PLEDGED LOCAL MATCH CONTRIBUTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CURRENT DONATION AMOUNT:** | | | $ | | |
| **INCREASE:** | $ | | | **DECREASE:** | | $ | **NEW AMOUNT:** | $ |
| **CURRENT TRANSFER AMOUNT:** | | | $ | | |
| **INCREASE:** | $ | | | **DECREASE:** | | $ | **NEW AMOUNT:** | $ |
| **CURRENT CERTIFICATION AMOUNT:** | | | | $ | |
| **INCREASE:** | $ | | | **DECREASE:** | | $ | **NEW AMOUNT:** | $ |

**DONATION/TRANSFER PAYMENT OR CERTIFICATION SCHEDULE**

**MODIFICATION TO AGREEMENT PERIOD**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT AGREEMENT PERIOD:** | **FROM\*:** | | |  | **TO:** | |  |
| **NEW AGREEMENT PERIOD END DATE:** | | **TO:** |  | | |

**\*This date remains the same throughout the period of the Agreement.**

**MODIFICATION TO GENERAL TERMS OF AGREEMENT (including Use of Funds Description)**

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| **OTHER (DESCRIBE):** |  |

**All other terms, conditions, and certifications of the Agreement not herein amended remain in effect and constitute promised performances by the Contributor and the Board.**

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| **Signatures** |

The person signing this Agreement on behalf of the Contributor or the Board hereby warrants that he or she has been fully authorized by the organization to:

* execute **this agreement on behalf of the organization; and**
* **validly and legally bind the organization to all the terms, performances, and provisions of this Agreement.**

**For the faithful performance of this Agreement, as amended, the parties below affix their signatures and bind their agencies.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Contributor Signature:** | | |  | | **Date:** |  |
| **Printed Name:** | |  | | | | |
| **Title:** |  | | | **E-mail (optional):** | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Board Signature:** | | |  | | **Date:** |  | |
| **Printed Name:** | |  | | | | | |
| **Title:** |  | | | **E-mail (optional):** | | |  |

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| Cash Contributions |

Use of funds description for cash contributions: The description below addresses the Board’s planned use of local and federal funds resulting from donation and transfer of funds agreements. Use of funds must be in compliance with the state’s CCDF State Plan in effect for the contract period.

No restrictions can be placed on use of funds by contributor.

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| **Direct Child Care** |
| The funds will be used for:   * direct child care services; * for eligible children and families meeting TWC and Board eligibility criteria; and * at child care providers eligible under TWC rules. | | | |
| **Source of Local Funds:** | |  | |
| **Planned Local and Federal Funding Amount for Direct Child Care:** | | | $ |

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| Cash Contributions (cont.) |

|  |  |
| --- | --- |
| **Child Care Quality Improvement** | |
| The funds will be used for quality improvement activities allowable under TWC rule § 809.16. | | | |
| **Source of Local Funds:** |  | | |
| **Planned Local and Federal Funding Amount for Child Care Quality Improvement:** | | | $ |

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| **Administration and Operations** |
| The funds will be used for administration and operations in accordance with applicable federal regulations and TWC policies. | | |
| **Planned Local and Federal Funding Amount for Administration and Operations:** | | $ |

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| --- | --- |
| **Total planned local and federal funds resulting from donations and transfers:** | $ |

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| Certification of Expenditures |

Use of funds description for Certification of Expenditures: The descriptions below describe:

* the allowable child care services or activities that resulted in local certified expenditures,
* the source of the local funds, and
* the Board’s planned use of the matched federal funds resulting from the certification of expenditures.

Use of funds must be in compliance with the state’s CCDF State Plan in effect for the contract period.

No restrictions can be placed on use of funds by contributor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Planned Local Fund Use** | | | | |
| **Direct Child Care** | | | | |
| Expenditures certified by the contributor resulted from: | | | | |
| * **direct child care services provided by the following child care provider, organization, or entity:** | | | | |
|  | | | |
| * direct child care services provided to children under 13 years of age; and * the amount of local match expenditures being proportional to the low-income population in the area served using the expenditures. | | | | |
| **Source of Local Funds:** | |  | | |
| **Planned Local Funding Amount for Direct Child Care:** | | | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certification of Expenditures (cont.) | | | | |
| **Child Care Quality Improvement** | | |
| Expenditures certified by the contributor resulted from quality improvement activities allowable under TWC rule § 809.16. | | |
| **Source of Local Funds:** |  | |
| **Planned Local Funding Amount for Child Care Quality Improvement:** | | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned Federal Fund Use** | | | |
| **Direct Child Care** | | | |
| The federal funds will be used in the following order of priority: | | | |
| 1. **for direct child care services provided (include a brief description of use of the funds):** | | | |
|  | | |
| 1. for eligible children and families meeting TWC and Board eligibility criteria; and 2. at child care providers eligible under TWC rules. | | | |
| **Planned Federal Funding Amount for Direct Child Care:** | | $ |

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| --- | --- | --- |
| **Child Care Quality Improvement** | | |
| The funds will be used for quality improvement activities allowable under TWC rule § 809.16. | | |
| **Planned Federal Funding Amount for Child Care Quality Improvement:** | $ |

|  |  |  |
| --- | --- | --- |
| **Administration and Operations** | | |
| The funds will be used for administration and operations in accordance with applicable federal regulations and TWC policies | | |
| **Planned Federal Funding Amount for Administration and Operations:** | $ |

|  |  |
| --- | --- |
| **Total planned local and federal funds resulting from certifications of expenditures:** | $ |

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| Donation/Transfer Payment(s) (Local Funds) Schedule |

In compliance with the Contributor Agreement section of this agreement, the contributor will remit payment or reports of actual expenditures in accordance with the completed schedule below. Pursuant to TWC rule § 800.73(a)(2), the donation(s)/transfer(s) must occur within the effective program year in which the funds are allocated.

Private donor cash donations—submit one original signed form to: TWC’s Workforce Board Grants department, 101 East 15th Street, Room 104T, Austin, Texas 78778-0001.

| **1.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| --- | --- | --- | --- | --- |
| **2.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **3.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **4.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **5.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **6.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **7.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **8.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **9.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **10.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **11.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
| **12.** | **Donation/Transfer Date:** |  | **Actual Amount:** | $ |
|  | **TOTAL** | | | $ |

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| Public Entity Certification of Expenditures (Local Funds) Schedule |

In compliance with the Contributor Agreement section of this agreement, the contributor will remit payment or reports of actual expenditures in accordance with the completed schedule below. Pursuant to TWC rule §800.73(a)(2), the certification(s) must occur within the effective program year in which the funds are allocated.

Public Entity Transfers and Certifications—submit one copy of the signed form to the e-mail address [ccm.agreements@twc.texas.gov](mailto:ccm.agreements@twc.texas.gov).

|  | **Certif****ication Period** | | | |  | **Reporting Date** |  | **Planned Amount of Expenditures** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | From |  | to |  |  |  |  | $ |
| **2.** | From |  | to |  |  |  |  | $ |
| **3.** | From |  | to |  |  |  |  | $ |
| **4.** | From |  | to |  |  |  |  | $ |
| **5.** | From |  | to |  |  |  |  | $ |
| **6.** | From |  | to |  |  |  |  | $ |
| **7.** | From |  | to |  |  |  |  | $ |
| **8.** | From |  | to |  |  |  |  | $ |
| **9.** | From |  | to |  |  |  |  | $ |
| **10.** | From |  | to |  |  |  |  | $ |
| **11.** | From |  | to |  |  |  |  | $ |
| **12.** | From |  | to |  |  |  |  | $ |

|  |  |
| --- | --- |
| **TOTAL** | $ |
| **Explanation is required below if reporting dates are outside the contract end date:** | |
|  | |

Please call the Board’s assigned contract manager if you have questions. An individual may receive and review information that TWC collects by sending an e-mail to [open.records@twc.texas.gov](mailto:open.records@twc.texas.gov) or writing to TWC Open Records Unit, 101 East 15th Street, Room 266, Austin, Texas 78778-0001.