2017 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGAN	NIZATION	Fund 2600		DATE	12/14/2017	
		171214-2017- 16 MA_CM REV INCREASE TO CC							
	TRANSFER AMOUNT(S) FROM		1	FOR A		OR ACCOUNT	R ACCOUNTING USE ONLY		
Amo	unt in Whole	Account Title	Account Nu	ımber (ORGN	Budget	Encumbered	Expended	Balance	
\$\$				BJT) `	Amount	Amount	Amount		
1	\$35,000	MA CASE MANAGEMENT	CYFSUPRT	81430					
2									
3									
4									
5									
6									
7									
8 9									
10	¢25 000	Transfer From Total							
10	\$35,000	TRANSFER AMOUNT(S) TO			E/		ING USE ONL	V	
۸ma	unt in Whole	Account Title	Account Number		Budget	Encumbered	Expended	Balance	
\$\$		Account Title	Account Number		Amount	Amount	Amount	Dalalice	
1		SCHOOL BASED MENTAL HEALTH SRVS	CYFCTCCI	CVSCAA	Amount	Amount	Amount		
2	φοσ,σσσ	COTTO DE BROED MEINTRE HERETTI CITA	011 01001	01007.11					
3									
4									
3									
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8									
9	405.000				<u> </u>				
10		35,000 Transfer To Total							
EXPLANATION:						ACTION Date	Approved	Denied	
Add \$35,000 to Catholic Charites for MA Case Management - Must Earn. Charities will seek reimbursement for MA Casae Management				Department Head		12/19/2017		Deflied	
		ed under treatment services. Provider will be allowed	to keep	Oversight Committee		12/17/2017	Z Gran		
		,000, but only if earned for case management services							
betw	een Septembe	er 1, 2017, and December 31, 2017.		County Execu	tive				
				Finance Committee					

Initial Request to be submitted to Controller for fund availability. The Department Head will assume

responsibility for getting oversight committee approval before submitting request.