

**2020 FUND TRANSFER REQUEST**

	<b>AGENCY</b>	Human Services Department	<b>ORGANIZATION</b>	Fund 2610	<b>DATE</b>	12/29/2020		
	<b>FTR:</b>	201229 - 23 Alzheimers						
<b>TRANSFER AMOUNT(S) FROM</b>				<b>FOR ACCOUNTING USE ONLY</b>				
	Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)		Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$16,000	Alzheimers Family Support	43000	85381				
2								
4								
5								
6								
7								
8								
9								
10								
	<b>\$16,000</b>	<b>Transfer From Total</b>						
<b>TRANSFER AMOUNT(S) TO</b>				<b>FOR ACCOUNTING USE ONLY</b>				
	Amount in Whole \$\$	Account Title	Account Number		Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$4,000	Caregiver Support Services	43343	36111				
2	\$12,000	Catered Meals	41000	36401				
3								
4								
3								
4								
5								
6								
7								
8								
9								
10								
	<b>\$16,000</b>	<b>Transfer To Total</b>						
<b>EXPLANATION:</b>					<b>ACTION</b>			
Bringing in increased amount of Alzheimer's Family and Caregiver funds received from DHS for 2020.					<b>Dept/Committee</b>	<b>Date</b>	<b>Approved</b>	<b>Denied</b>
					Department Head	1/6/2021	<i>J. Fossman</i>	
					Oversight Committee			
					Controller			
					County Executive			
					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.								