

2015 FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department	ORGANIZATION	Fund 2600	DATE			
	FTR: 151109-2015-41 Consortium IMAA Incr						
TRANSFER AMOUNT(S) FROM			FOR ACCOUNTING USE ONLY				
Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance	
1	\$38,769	Income Maintenance Admin Alloc	EACCWW 81350	3830458	-	6272235	\$2441.77
2							
3							
4							
5							
6							
7							
8							
9							
10	\$38,769	Transfer From Total					
TRANSFER AMOUNT(S) TO			FOR ACCOUNTING USE ONLY				
Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance	
1	\$2,293	Adams County IM Payments	EACCACO IMCCAA	302142	-	246349	35793
2	\$10,501	Columbia County IM Payments	EACCCCO IMCCAA	703685	-	515066	188619
3	\$12,454	Dodge County IM Payments	EACCDCO IMCCAA	1029572	-	655624	373948
4	\$1,873	Juneau County IM Payments	EACCJCO IMCCAA	340902	-	279898	61004
3	\$3,046	Richland County IM Payments	EACCRCO IMCCAA	774702	-	572684	202018
4	\$8,602	Sauk County IM Payments	EACCSAU IMCCAA	679445	-	568873	110.582
5							
6							
7							
8							
9							
10	\$38,769	Transfer To Total					
EXPLANATION: This BAF recognizes and distributes additional funding to the IMAA consortia partners for estate recovery funds awarded to them by the State of WI for 3rd and 4th quarter 2014 and 1st quarter 2015.			ACTION:				
			Dept/Committee	Date	Approved	Denied	
			Department Head	11/9/2015	<i>Lynn Green</i>		
			Oversight Committee				
			Controller	11/9/15	<i>[Signature]</i>		
			County Executive	11-16-15	<i>[Signature]</i>		
			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.							