

FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department	ORGANIZATION	Fund 2600	DATE	12/21/2015	
	FTR: 151218-2016-07 adjust 2016 CYF grant budgets					
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	\$1,345 Independent Living	CYF-ADM 81554	9700	0	0	9700
2	\$1,119 Ind Living-Education & Training	CYFSUPRT 81463	17784	0	0	17784
3	(\$65,636) Kinship Care Revenue	CYFALTCR 80785	847301	0	0	847301
4						
5						
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(\$63,172) 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	\$345 CYF Print, Sta & Office Supplies	CYF-ADM ABPRAA	100,600	0	861.00	99739
2	\$1,000 CYF Travel Expense	CYF-ADM ABTTAA	347924	0	0	347924
3	\$1,119 Ind Living-Education & Training	CYFDSSIA ETILAA	17784	0	5000	12784
4	(\$65,636) Kinship Care Benefits	CYFALTCR ACKCAA	847301	0	0	847301
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(\$63,172) Transfer To Total						
EXPLANATION: Adjusts the 2016 budget to amounts available for Chafee Independent Living, Education & Training Vouchers and Kinship Care Benefits.			ACTION			
			Dept/Committee	Date	Approved	Denied
			Department Head	1/6/2016	<i>Lynn Green</i>	
			Oversight Committee			
			County Executive	1-12-16	<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.						